

Benefits Schedule

PallasHEALTH Individual Medical Plans

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亞洲保險
ASIA INSURANCE



PallasHEALTH

BENEFITS SCHEDULE

Listed below are the full benefits available. All limits and monetary amounts shall in all instances be in US\$. Benefits payable in respect of any one *insured person* are subject to an all inclusive limit per *period of insurance* of \$5,000,000. Cover is subject to *our* policy terms and conditions and all claims must be *reasonable and customary*. In the event of any discrepancy, the policy terms and conditions, endorsements and *benefit schedules* shall prevail. You can select deductible options ranking from \$500 to \$10,000. The deductible applies across Module I and Module II.

MODULE I – HOSPITAL AND SURGERY PLANS

Limit per <i>period of insurance</i>	\$5,000,000
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HOSPITAL BENEFITS

The benefits listed in this section are applicable when rendered while an *insured person* is inpatient at a hospital.

<i>Hospital room and board</i>	Standard Private Room Fully Covered
<i>Parental accommodation</i>	Fully Covered
<i>Other Medical Expenses</i>	Fully Covered
<i>Intensive Care Unit</i>	Fully Covered
<i>Professional fees</i>	Fully Covered
Psychiatrist's fees	Fully Covered

SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE

Professional fees, diagnostic scans and tests, medicines and drugs including five post-surgical follow ups.

Also covers the following on the day of, and directly related to, the surgery or endoscopic examination: *hospital room and board*, theatre fees, dressings, *medicines and drugs*, pathology fees, and *surgical implants*.

This benefit does not cover the following unless Module II Outpatient Benefits are purchased: 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.

Hospital treatment of cancer	Hospital Benefits section applies
Specialist consultations; <i>diagnostic scans and tests; medicines and drugs</i> ; chemotherapy, radiotherapy and target therapy related to <i>active cancer treatment</i>	Fully Covered
<i>Follow up cancer care</i> following the completion of <i>active cancer treatment</i>	Fully Covered

KIDNEY DIALYSIS

<i>Kidney dialysis</i> received while admitted to hospital or out of hospital	Fully Covered
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PRE-HOSPITALISATION BENEFITS

<i>Pre-hospitalisation benefits</i> before admission for up to 30 days before a covered <i>confinement</i>	Fully Covered
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POST-HOSPITALISATION BENEFITS

<i>Post-hospitalisation benefits</i> for up to 90 days following a covered <i>confinement</i>	Fully Covered
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HOSPITAL AND SURGERY PLANS – CONTINUED

EMERGENCY ROOM TREATMENT

Emergency room treatment	Fully Covered
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EMERGENCY DENTAL TREATMENT

Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident	Fully Covered
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LOCAL TRANSPORT BY AMBULANCE

Transport to and from hospital prescribed by an attending physician	Fully Covered
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PRIVATE NURSING, HOME NURSING

Private nursing in hospital when certified necessary by an attending physician	Fully Covered
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Home nursing prescribed by attending physician	\$135 per day up to a maximum of \$5,400 per period of insurance
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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 or claimed against other insurance. Where you are hospitalised in ward for a covered confinement in a private or public hospital	\$300 per day up to a maximum of 60 days per period of insurance
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REHABILITATION TREATMENT

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. Pre-authorisation is required for this benefit.	\$355 per day up to a maximum of \$31,950 per period of insurance Maximum of 90 days per disability
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HOSPICE OR PALLIATIVE TREATMENT

Hospice or Palliative Treatment	\$100,000 lifetime benefit
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EXTERNAL PROSTHESIS

External Prosthesis and any services associated with selection, fitting or repair	\$5,000 per period of insurance
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SPECIAL TERMS APPLYING TO CERTAIN DISABILITIES

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* is as stated below.

Chronic Conditions	Fully Covered
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Complications of pregnancy	Fully Covered
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Congenital and hereditary conditions	Fully Covered
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Neonatal disabilities Applicable only to Newborn Additions (please refer to the Terms and Conditions)	Fully Covered
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Organ transplantation – transplantation costs	Fully Covered
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Organ transplantation – direct cost of surgery to remove an organ for transplant from a donor	30% of the total transplantation cost
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HOSPITAL AND SURGERY PLANS – CONTINUED	
MEDICAL EVACUATION & REPATRIATION	
All members insured under this policy are enrolled into the Emergency Medical Assistance (EMA) Program provided by APRIL Assistance. Benefits and applicable terms and conditions are shown in the "Emergency Medical Assistance (EMA) Program" leaflet.	Included
SECOND MEDICAL OPINION AND TELECONSULTATION SERVICE	
Second Medical Opinion and Teleconsultation service provided by Teladoc Health	Included
AREA OF COVER	
Area of Cover Options	Worldwide; Worldwide excluding North America & The Caribbean
Out of Area Cover	<p>Services rendered outside of the area of cover are covered up to \$50,000 <i>per 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>

MODULE II – OUTPATIENT BENEFITS

GENERAL PRACTITIONER AND SPECIALIST CONSULTATION FEES

General Practitioner consultation fees	Fully Covered
Specialists consultation fees	Fully Covered
Psychiatrists, <i>physician</i> consultations, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a psychiatrist/ <i>physician</i> for <i>mental and nervous conditions and behavioural or developmental disorder</i> .	\$10,000 per period of insurance
<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>disability</i> .	Fully Covered

COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE

Combined limit for all benefits listed in the <i>Complementary Medicine</i> and <i>Traditional Chinese Medicine</i> section	\$2,000 per period of insurance
Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Chinese medicine practitioner, naturopath, homeopath, Ayurveda practitioner, acupuncturist and bone setter No <i>referral</i> required.	Maximum 1 visit per day Up to the combined limit
Consultation fees for the following <i>complementary medicine</i> practitioners without <i>referral</i> : Chiropractor, osteopath, psychologist and podiatrist Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i> : Dietician, and speech therapist. A <i>referral</i> from your attending <i>physician</i> must be submitted at the same time as your claim.	Fully Covered Up to the combined limit

DIAGNOSTIC SCANS AND TESTS PRESCRIBED BY AN ATTENDING PHYSICIAN

Lab tests, analysis	Fully Covered
X-Ray	Fully Covered
ECG	Fully Covered
Scans and endoscopic exams	Fully Covered

HEARING AIDS

Hearing aids prescribed by an attending <i>physician</i>	\$500 per appliance per period of insurance
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MEDICAL APPLIANCES AND MOBILITY AIDS

Slings and bandages	Fully Covered
Purchase or rental of <i>mobility aids</i>	Fully Covered Maximum two <i>mobility aids</i> per <i>disability</i>
Rental of <i>medical appliances</i>	Fully Covered
Purchase of <i>medical appliances</i>	\$1,000 per period of insurance

MEDICINES AND DRUGS

<i>Medicines and drugs</i>	Fully Covered
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MEDICAL CHECK UP & VACCINATIONS

Medical check up	\$1,000 per period of insurance
Vaccinations	Fully Covered

MODULE III – MATERNITY BENEFITS

MATERNITY

The following prenatal and post-natal services are covered: *Physician* consultation fees, *diagnostic scans and tests*, *medicines and drugs*, vitamins and supplements. Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.
Complications of pregnancy following assisted conception.
Therapeutic abortions.
Complications of childbirth.
A *waiting period* of 366 days applies (please refer to the Terms and Conditions)

\$15,000 per pregnancy

MODULE IV – DENTAL AND OPTICAL BENEFITS

DENTAL – TREATMENT PERFORMED BY A DENTIST OR UNDER A DENTIST'S SUPERVISION

Minor dental treatment

\$1,000 per *period of insurance*

Major dental treatment

80% up to \$2,500 per
period of insurance

OPTICAL

Eye examinations, frames, prescription contact lenses & prescription lenses

\$300 per *period of insurance*

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 <i>period of insurance</i>	\$1,000,000
In the event of accident or sudden severe <i>illness</i> of the member	
Limited to one (1) <i>emergency</i> evacuation and/or repatriation attributable to any single medical condition by a Member	
Medical evacuation or medical transport to the <i>nearest adequate registered hospital</i>	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 <i>illness</i> of a family member	
Compassionate Home Travel	Round trip transportation ticket by air in standard economy or by train in 1 st class for 1 member on the contract

MH HK 2025/10

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