

BENEFITS SCHEDULE

MyHEALTH

www.april-international.com



Please print only if necessary

BENEFITS SCHEDULE

This benefits schedule provides a summary of the cover we provide *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 Singapore Dollars (SGD). Cover is subject to *our* policy terms and conditions. In the event of any discrepancy, the policy terms and conditions, endorsements and *benefit schedules* shall prevail.

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	\$2,000,000	\$4,000,000	\$4,500,000
HOSPITAL BENEFITS			
<i>Pre-authorisation</i> is required for the following services.			
<i>Hospital room and board</i>	<i>Single Occupancy Room</i>		
<i>Intensive Care Unit</i>	Fully Covered		
<i>Parental accommodation</i>	Fully Covered		
<i>Theatre fees</i>	Fully Covered		
<i>Blood, dressings, medicines and drugs</i>	Fully Covered		
<i>Surgical implants</i>	Fully Covered		
<i>Diagnostic scans and tests</i>	Fully Covered		
<i>Rental of mobility aids</i>	Fully Covered		
<i>Orthopaedic braces, supports and air boots</i>	Fully Covered		
<i>Professional fees</i>	Fully Covered		
<i>Hospital treatment of mental and nervous conditions</i>	Fully Covered Up to 30 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>
POST-HOSPITALISATION BENEFITS			
<i>Post-hospitalisation benefits</i> after discharge from a covered <i>confinement</i>	Fully Covered Up to 90 days after a covered <i>confinement</i>		
ORGAN TRANSPLANTATION			
<i>Organ transplantation</i>	<i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply		
Direct <i>expenses of 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	

HOSPITAL AND SURGERY PLANS

HOSPITAL CASH BENEFIT	ESSENTIAL	EXTENSIVE	ELITE
Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>you</i> . <i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation.	\$140 per night to a maximum of 30 nights		\$270 per night to a maximum of 30 nights
REHABILITATION TREATMENT <i>Pre-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 <i>hospital</i> for a covered <i>confinement</i> .	Up to 60 days	Up to 80 days	Up to 100 days
EXTERNAL PROSTHESIS			
<i>External prosthesis</i> and any services associated with selection, fitting or repair	\$1,400	\$2,800	\$4,100
SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE <i>Pre-authorisation</i> is required for this benefit.			
<i>Professional fees</i> including one post-surgical follow-up. Also covers the following on the day of, and directly related to, the <i>surgery</i> or 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 <i>illness</i> 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>Hospital</i> treatment of cancer	<i>Hospital</i> Benefits section applies		
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		
KIDNEY DIALYSIS			
Kidney dialysis 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
EMERGENCY ROOM TREATMENT			
Emergency Room Treatment	Fully Covered		
EMERGENCY DENTAL TREATMENT			
<i>Emergency 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			
<i>Hospice</i> or <i>palliative treatment</i>	\$65,000 lifetime benefit		\$135,000 lifetime benefit

HOSPITAL AND SURGERY PLANS

SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES 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.	ESSENTIAL	EXTENSIVE	ELITE
<i>Chronic Conditions</i>	Fully Covered		
Complications of pregnancy	No Cover	Fully Covered	
<i>Congenital and hereditary conditions</i> lifetime per person	No Cover	\$135,000 lifetime benefit	\$270,000 lifetime benefit
<i>Neonatal 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

AREA OF COVER

The plan will either provide cover worldwide or worldwide excluding USA.

Services rendered outside of the area of cover are covered up to \$65,000 *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.

Sudden illness or *injury* does not include any *disability* 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 *physician* or other medical practitioner; or undertaken in whole or in part for the purpose of obtaining medical care.

OUTPATIENT MODULE

The following Outpatient modules 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 <i>per period of insurance</i>	Up to overall limit <i>per period of insurance</i>	
OUTPATIENT CO-INSURANCE PERCENTAGE			
<i>Outpatient co-insurance percentage</i>	Choice of Nil or 20%		
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 <i>your claim</i> . Treatment is limited to 10 sessions <i>per referral</i> after which a new <i>referral</i> and medical report from <i>your attending physician</i> must be submitted. The <i>referral</i> requirement is waived for the first 3 sessions <i>per period of insurance</i> .	\$500	Fully Covered	
OUTPATIENT PSYCHIATRIC			
<i>Physician</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 lifetime benefit	\$6,800 lifetime benefit
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>	\$1,400 Maximum two <i>mobility aids</i> <i>per disability</i>	Maximum two <i>mobility aids</i> <i>per disability</i>	
Slings and bandages			
Purchase or rental of <i>medical appliances</i>			

OUTPATIENT MODULE

The following Outpatient modules can be combined with any *Hospital and Surgery* Module.

COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE	ESSENTIAL	EXTENSIVE	ELITE
Combined limit for all benefits listed in the <i>Complementary Medicine</i> and Traditional Chinese Medicine section	\$250	\$1,100	\$1,400
<p>Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i>:</p> <p>Chiropractor, dietician, chiropodist, osteopath, podiatrist, speech therapist.</p> <p>A <i>referral</i> from your attending <i>physician</i> must be submitted at the same time as <i>your</i> claim. The <i>referral</i> requirement is waived for the first 3 sessions of chiropractic, osteopathy, chiropody and podiatry <i>per period of insurance</i>.</p>	No Cover	Fully Covered Up to the combined limit	
<p>Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment:</p> <p>Acupuncturist, bone setter, Chinese medicine practitioner, naturopath, homeopath.</p> <p>No <i>referral</i> required.</p>	Up to \$65 per visit	Up to \$140 per visit	Up to \$200 per visit
	Maximum one consultation per day Up to the combined limit		
FOLLOW-UP CANCER CARE			
<p>These services shall be covered following the completion of <i>active cancer treatment</i>:</p> <p><i>Medicines and drugs</i> prescribed to prevent a recurrence of cancer and related specialist consultations.</p>	Fully Covered		
MEDICAL CHECK-UP AND VACCINATIONS			
<p><i>Medical check-up</i></p> <p>No <i>referral</i> required for <i>medical check-up</i>.</p>	No Cover	\$300	\$850
<p>Vaccinations</p> <p>No <i>referral</i> required for vaccinations.</p>	No Cover	\$100	\$400
ROUTINE OUTPATIENT MATERNITY			
<p><i>Physician</i> consultation fees, <i>diagnostic scans and tests</i>, <i>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.</p> <p>Waiting period 8.1.1 of the Policy Terms and Conditions</p>	No Cover		\$6,500 per pregnancy
HORMONE REPLACEMENT THERAPY			
<p><i>Physician</i> consultation fees, <i>diagnostic scans and tests</i>, <i>medicines and drugs</i> prescribed by a <i>physician</i> for <i>hormone replacement therapy</i></p>	No Cover		\$400 per <i>period of insurance</i>

DENTAL AND OPTICAL MODULE

Available to anyone who has selected a *Hospital* and *Surgery* module.

	ESSENTIAL	EXTENSIVE	ELITE
<i>Minor dental treatment</i>	\$1,400		
<i>Major dental treatment</i> <i>Major dental treatment</i> waiting period of 300 days prior to the date of service applies (Policy Terms and Conditions Section 8.1.3)	No Cover	\$3,400	
Eye tests, 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 *Hospital* and *Surgery* on a NIL deductible basis, plus an optional Outpatient module. Please refer to waiting period 8.1.1 of the Policy Terms and Conditions.

	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</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 <i>assisted conception</i> . Therapeutic abortions.	Fully Covered up to the overall maternity limit		
Maternity Cash Benefit Where <i>you</i> deliver your infant at no cost to us 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 US\$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:	<p>Visa and inoculation requirements for foreign countries</p> <p>Lost luggage and passport assistance while the member is traveling outside his/her <i>Home Country</i> or <i>Usual Country of Residence</i></p>
---	---

MEDICAL ASSISTANCE

Medical <i>Referral</i> Service	Access to a global network of appointed and credentialed doctors, specialists and <i>hospitals</i>
<i>Hospital</i> Admission including Admission Deposits	In the event of an emergency 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

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:

Liberty Insurance Pte Ltd

Registration No. 199002791D

GST Registration No. M2-0093571-3

51 Club Street #03-00 Liberty House

Singapore 069428

Tel : 1800-LIBERTY(5423 789) | Fax : (+65) 6223 6434

Arranged by:

APRIL Singapore Pte Limited

Co. Reg. No. 200613924G

31 Boon Tat Street #02-01

Singapore 069625

Tel: (+65) 6736 0057 | Fax: (+65) 6557 0796

Email: contact.sg@april.com

