

BENEFITS COMPARISON

YourHEALTH BENEFITS

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BENEFITS COMPARISON

This Benefit Comparison provides a summary of the cover we provide per *period of insurance* unless stated otherwise. All limits and monetary amounts shall in all instances be in US\$. 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.

You may select from three plans, Essential, Extensive, or Elite. All plans have standard benefits, so you may select as they appear below. Benefits with “Alternative Options” may be tailored by selecting one of the listed options or, where there are no options listed, requesting a benefit level of your choice.

HOSPITAL AND SURGERY PLANS			
ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per <i>period of insurance</i>	\$3,000,000	\$4,000,000	\$5,000,000
HOSPITAL BENEFITS			
<i>Hospital room and board</i>	Standard Private Room Fully Covered Alternative Option: Semi Private Room Fully Covered		
<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>Orthopaedic braces, supports and boots</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>Professional fees</i>	Fully Covered		
<i>Hospital treatment of mental and nervous conditions</i>	\$15,000 per <i>period of insurance</i>		
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>		
POST-HOSPITALISATION BENEFITS			
<i>Post-hospitalisation benefits</i> following a covered <i>confinement</i>	Fully Covered for up to 90 days following discharge from a covered <i>confinement</i>		
ORGAN TRANSPLANTATION			
<i>Organ transplantation</i>	<i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply		
<i>Direct expenses of surgery</i> to remove an organ for transplant from a donor	\$50,000 per <i>period of insurance</i>		
PRIVATE NURSING, HOME NURSING			
<i>Private nursing in hospital</i> when certified necessary by attending <i>physician</i>	Fully Covered		
<i>Home nursing</i> prescribed by attending <i>physician</i>	\$10,000 per <i>period of insurance</i>		

HOSPITAL AND SURGERY PLANS - CONTINUED			
HOSPITAL CASH BENEFIT	ESSENTIAL	EXTENSIVE	ELITE
<p>Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>you</i></p> <p>In Hong Kong, <i>hospital</i> cash is payable for each night while admitted to a ward bed of a Hong Kong Hospital Authority Hospital. No per-day fee will be reimbursed for a confinement claimed under this benefit</p> <p><i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation</p>	\$150 per night to a maximum of 30 nights per <i>period of insurance</i>	\$200 per night to a maximum of 30 nights per <i>period of insurance</i>	\$250 per night to a maximum of 30 nights per <i>period of insurance</i>
REHABILITATION TREATMENT			
<p><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></p> <p><i>Pre-authorization</i> is required for this benefit</p>	Up to 60 days per <i>period of insurance</i>	Up to 80 days per <i>period of insurance</i>	Up to 100 days per <i>period of insurance</i>
EXTERNAL PROSTHESIS			
<p><i>External prosthesis</i> and any services associated with selection, fitting or repair</p>	\$1,000 per <i>period of insurance</i>	\$3,500 per <i>period of insurance</i>	\$10,000 per <i>period of insurance</i>
SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE			
<p><i>Professional fees</i> including one post-surgical follow up</p> <p>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></p> <p>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</p>	Fully Covered		
CANCER TREATMENT			
The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.			
<p><i>Hospital</i> treatment of cancer</p>	<i>Hospital</i> Benefits section applies		
<p>Specialist consultations; <i>diagnostic scans and tests</i>; <i>medicines and drugs</i>; chemotherapy and radiotherapy related to <i>active cancer treatment</i></p>	Fully Covered		
KIDNEY DIALYSIS			
<p>Kidney dialysis received while admitted to <i>hospital</i> or out of <i>hospital</i></p>	Fully Covered		
HIV/AIDS			
<p>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.</p> <p>Waiting period 8.1.4 applies</p>	\$100,000 lifetime benefit	\$150,000 lifetime benefit	
ALCOHOL AND DRUG REHABILITATION			
<p>Inpatient stay at a recognised facility offering a program of rehabilitation for alcohol and drug abusers. Including but not limited to accommodation fees, counselling, therapy and <i>physician</i> led detoxification programmes</p> <p>Waiting period 8.1.6 applies</p> <p><i>Pre-authorization</i> is required for this benefit</p>	No Cover	<p>No Cover</p> <p>Alternative Options: \$5,000 lifetime benefit \$10,000 lifetime benefit</p>	
EMERGENCY ROOM TREATMENT			
<p>Emergency Room Treatment</p>	Fully Covered		
EMERGENCY DENTAL TREATMENT			
<p><i>Emergency dental treatment</i> to repair damage to sound natural teeth within 14 days of <i>accident</i></p>	Fully Covered		

HOSPITAL AND SURGERY PLANS - CONTINUED

LOCAL TRANSPORT BY AMBULANCE	ESSENTIAL	EXTENSIVE	ELITE
Transport to and from <i>hospital</i> prescribed by a <i>physician</i> by road ambulance or another form of transport when required	Fully Covered		
HOSPICE OR PALLIATIVE TREATMENT			
<i>Hospice or palliative treatment</i>	\$50,000 lifetime benefit	\$100,000 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 we will pay for losses directly or indirectly arising from the following <i>disabilities</i> is as stated below.			
<i>Complications of pregnancy</i> Waiting period 8.1.1 applies	Fully Covered		
<i>Congenital conditions and hereditary conditions</i> lifetime per person	\$50,000 lifetime benefit	\$100,000 lifetime benefit	\$100,000 lifetime benefit Alternative Option: Fully Covered
<i>Assisted conception</i> and Infertility treatment Ovulation induction induced via certain oral or injectable infertility medication, Artificial Insemination, and Advanced Reproductive Technology (ART) procedures and In vitro fertilisation (IVF) with embryo transfer Waiting period 8.1.5 applies <i>Pre-authorization</i> is required for this benefit	No Cover	No Cover Alternative Option: IVF Treatment: \$4,000 per cycle, 3 cycles lifetime 50% <i>co-insurance percentage</i> applies Other treatment: \$10,000 per <i>period of insurance</i>	
<i>Neonatal disabilities</i> lifetime per person (applicable only to children added under Section 9.1) Waiting period 8.1.2 applies	\$100,000 lifetime benefit	\$150,000 lifetime benefit	\$250,000 lifetime benefit
Out of Area Cover <i>Sudden illness or injury</i> outside your area of cover	30 <i>travel days</i> per trip up to \$250,000 per <i>period of insurance</i> Amendable Limit		

OUTPATIENT BENEFITS

ANNUAL LIMIT FOR OUTPATIENT BENEFITS	ESSENTIAL	EXTENSIVE	ELITE
Annual cumulative limit for all benefits shown in the Outpatient Benefits section	\$5,000 per <i>period of insurance</i> Alternative Options: No Outpatient Cover; or \$2,500 per <i>period of insurance</i>	Fully Covered Alternative Options: \$10,000; \$20,000 per <i>period of insurance</i>	Fully Covered

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	Fully Covered		

OUTPATIENT MENTAL AND NERVOUS CONDITIONS

<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>	\$5,000 per <i>period of insurance</i>	\$10,000 per <i>period of insurance</i>	\$20,000 per <i>period of insurance</i>
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OUTPATIENT BEHAVIOURAL OR DEVELOPMENTAL DISORDERS

<i>Physician</i> , <i>psychologist</i> and psychotherapist consultation fees, occupational therapy 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		No Cover Alternative Option: \$5,000 per <i>period of insurance</i>
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MEDICINES AND DRUGS

<i>Medicines and drugs</i>	Fully Covered		
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OUTPATIENT BENEFITS - CONTINUED

OVER THE COUNTER DRUGS	ESSENTIAL	EXTENSIVE	ELITE
Western medication purchased from a pharmacy for treatment of acute and chronic conditions	No Cover		\$200 per <i>period of insurance</i>
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>	\$1,000 per <i>period of insurance</i>	\$5,000 per <i>period of insurance</i>	\$10,000 per <i>period of insurance</i>
Slings and bandages			
Rental of <i>medical appliances</i>	Maximum two <i>mobility aids</i> per <i>disability</i>	Maximum two <i>mobility aids</i> per <i>disability</i>	Maximum two <i>mobility aids</i> per <i>disability</i>
Purchase of <i>medical appliances</i>			
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	\$1,000 per <i>period of insurance</i>	\$5,000 per <i>period of insurance</i> Alternative Option: \$1,000 per <i>period of insurance</i>	\$7,500 per <i>period of insurance</i> Alternative Options: \$4,000; or \$3,000 per <i>period of insurance</i>
<i>Physiotherapy</i> Without a <i>referral</i> from your attending <i>physician</i>	Up to \$100 per visit Maximum 3 visits per <i>period of insurance</i> Up to the combined limit		
Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i> : Chiropractor and osteopath	Fully Covered		
Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i> : Dietician, podiatrist, occupational therapist and speech therapist. A <i>referral</i> from your attending <i>physician</i> must be submitted at the same time as your claim	Up to the combined limit for all benefits listed in the <i>Complementary Medicine</i> and <i>Traditional Chinese Medicine</i> section		
Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Acupuncturist, bone setter, Chinese medicine practitioner No <i>referral</i> required	Up to \$80 per visit	Up to \$100 per visit	Up to \$150 per visit
	Maximum one consultation per day Up to the combined limit for all benefits listed in the <i>Complementary Medicine</i> and <i>Traditional Chinese Medicine</i> section		
FOLLOW UP CANCER CARE			
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		
MEDICAL CHECK UP, VACCINATIONS AND OPTICAL			
<i>Medical check up</i> No <i>referral</i> required for <i>medical check up</i>	No Cover	No Cover Alternative Options: \$250; \$500; \$750; \$1,000; \$1,500 per <i>period of insurance</i>	
Vaccinations No <i>referral</i> required for vaccinations	No Cover	No Cover Alternative Option: \$500 per <i>period of insurance</i>	
Frames and prescription lenses and contact lenses	No Cover	No Cover Alternative Options: \$300; or \$400 per <i>period of insurance</i>	
HORMONE REPLACEMENT THERAPY			
General Practitioner & Specialist Consultation Fees and <i>medicines and drugs</i> for female menopause	No Cover	No Cover Alternative Option: \$2,000 per <i>period of insurance</i>	

MATERNITY AND CHILDBIRTH

MATERNITY AND CHILDBIRTH Waiting period 6.1.1 applies to all benefits listed in this section	ESSENTIAL	EXTENSIVE	ELITE
<p>The following prenatal and post-natal services up to 60 days following birth: <i>Physician consultation fees, diagnostic scans and tests, medicines and drugs, vitamins and supplements</i></p> <p>The following for Natural Delivery and Elective Caesarean Section: <i>Hospital room and board, professional fees, midwife fees, theatre fees</i></p> <p>Nursery Care</p> <p>Therapeutic abortions</p>	No Cover	<p>Options: \$5,000; \$10,000; \$15,000; \$20,000; \$25,000; or \$30,000 per pregnancy</p> <p><i>Hospital room and board selection (standard private room or semi private room) applies to Maternity Benefits as well as Hospital and Surgery benefits</i></p>	
<p>The following services for complications of childbirth including emergency surgery. This includes birth by emergency caesarean section: <i>Hospital room and board, professional fees, midwife fees, theatre fees</i></p>	No Cover	<p>Options: \$10,000; \$20,000; \$30,000; Fully Covered per pregnancy</p>	

DENTAL BENEFITS

DENTAL Treatment performed by a dentist or under a dentist's supervision	ESSENTIAL	EXTENSIVE	ELITE
<p><i>Minor dental treatment</i></p>	<p>No Cover</p> <p>Alternative Options: \$500; or \$1,000 per period of insurance</p> <p>Co-Insurance percentage Options: No co-insurance; 10%; 20% <i>co-insurance percentage</i> (applies to selected limit for all claims submitted under the <i>major dental treatment</i> category)</p>		
<p><i>Major dental treatment</i></p> <p>Waiting period 8.1.3 applies</p>	<p>No Cover</p> <p>Alternative Options: \$1,000; \$1,500; \$2,000; or \$2,500 per period of insurance</p> <p>Co-Insurance percentage Options: No co-insurance; 10%; 20% <i>co-insurance percentage</i> (applies to selected limit for all claims submitted under the <i>major dental treatment</i> category)</p>		

EVACUATION, REPATRIATION AND ASSISTANCE SERVICES BY APRIL INCLUDED IN ALL HOSPITAL AND SURGERY PLANS

In case of accident, illness or serious medical problems, APRIL Assistance will be here to assist you, 24 hours a day, 7 days a week. All services and benefits subject to APRIL's prior agreement.

1. Round-the-Clock Telephone Access

Call collect to the 24-hour dedicated hotline for assistance. Trained multilingual personnel including a medical team will be ready to assist.

2. Medical Referral Service

Access a global network of appointed and credentialed doctors, specialists or hospitals by calling the 24-hour Hotline for referral to a suitable provider nearest you.

3. Emergency Medical Evacuation and Medically Supervised Repatriation (covered up to US\$500,000 per event)

If the member has a serious medical condition and adequate medical facilities are not available locally, we will organise a medically supervised emergency evacuation to the nearest facility capable of providing the required level of care. The choice of transportation depends on the nature of the medical problem, the degree of urgency, as well as practical conditions such as access to airport, weather conditions and the distance to be covered. After thorough medical evaluation between APRIL Assistance medical staff and with the member's treating doctor, we will decide whether the member's condition is sufficient to warrant an Emergency Medical Evacuation.

Once the member's condition has stabilised, the member will be repatriated to an appropriate hospital nearest to the member's place of residence. The decision to repatriate has to be made by the APRIL Assistance's physician, in consultation with the attending physician.

4. Hospital Admission Guarantee

In the event of an emergency admission, we will make arrangements to issue a hospital letter of guarantee.

5. Visit to bedside by a friend / relative

If a member is alone and hospitalised outside his/her country of origin for 7 consecutive days, we will organise a return economy class air ticket for the member's family to visit the member.

6. Return of dependent children

Should a member's dependent children be left unattended due to member's hospitalisation abroad, we will organise a one way ticket(s) to return the member's dependent children (below 18 years of age) to their place of residence. If an escort is required, we will also make such arrangements.

7. Return to Place of Work

Once a member has recovered from a medical condition giving rise to a repatriation organised by us, and is fit to return to work, we will organise a one-way economy class transport to his/her place of work if this is outside his/her Country of Residence. This has to be undertaken within 30 days of the member's recovery.

8. Repatriation of Mortal Remains (covered up to US\$15,000 per member)

In the event of a member's death, we will return a member's mortal remains to his/her Country of Residence or Home Country. The cost of a transport coffin for repatriation of the body by air is covered up to US\$5,000. We will also arrange a return economy class airline ticket and hotel accommodation up to US\$150 per night for a maximum of 10 nights for a person to accompany the deceased member, if the member was alone at the time of death. April Assistance will also organise the return trip to the Home Country of the insured family members who are travelling with the member, up to the cost of a one-way economy class airline ticket or 1st class railway ticket unless the original return tickets can be used or changed.

9. Compassionate Home Travel

Covers the costs of a return economy airfare, up to US\$1,000, to the member's Home Country if an immediate family member (i.e. one of your dependants, siblings or parents) passes away during the period of insurance. The trip must take place within 8 days of the death. Pre-approval must be requested and April Assistance shall have the right to require an official death certificate.

10. Emergency Travel Service Assistance

APRIL Assistance will assist the member in making reservations for an air ticket or hotel accommodation on an emergency basis when traveling overseas. All expenses will be borne by the member.

11. Dispatch of Essential Medication not available locally

When necessary, we will dispatch essential medication that is not available locally, subject to local rules and regulation. We will organise the cost of dispatching medication at the member's expense.

12. Travel Related Services

APRIL Assistance will provide the following travel-related information:

- Visa and inoculation requirements for foreign countries
- Weather and temperatures for foreign countries
- Exchange rates of major currencies
- Address, telephone number and opening hours of the nearest appropriate consulate or embassy.
- Lost luggage assistance while the member is traveling outside his/her Home Country or Usual Country of Residence.
- Lost passport assistance while the member is traveling outside his/her Home Country or Usual Country of Residence.

Underwritten by:

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