

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 US\$. All the claims must be *reasonable and customary*. TeleHEALTH services are included.

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>	\$100,000 or \$500,000	\$1,000,000	\$2,000,000
HOSPITAL BENEFITS			
<i>Pre-authorization</i> is required for the following services			
<i>Hospital room and board</i>	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		
<i>Intensive Care Unit</i>		Fully Covered	
<i>Parental accommodation</i>		Fully Covered	
Theatre fees		Fully Covered	
Blood, dressings, <i>medicines and drugs</i> / General hospital costs		Fully Covered	
<i>Surgical implants</i>		Fully Covered	
<i>Diagnostic scans and tests, including invasive endoscopic examinations</i>		Fully Covered	
Rental of <i>mobility aids</i>		Fully Covered	
<i>Professional fees</i> / Specialist fee		Fully Covered	
Surgeon's fees		Fully covered	
Anaesthetist's fees		Fully covered	
Orthopaedic braces, supports and air boots		Fully covered	
<i>Hospital treatment of mental and nervous conditions</i>	Fully Covered Up to 10 days	Fully Covered Up to 20 days	Fully Covered Up to 30 days
PRE-HOSPITALISATION BENEFITS			
<i>Pre-hospitalisation benefits</i> before admission for a covered <i>confinement</i>	\$500 up to 30 days before a covered <i>confinement</i>	\$1,000 up to 60 days before a covered <i>confinement</i>	\$1,000 up to 60 days before a covered <i>confinement</i>
POST-HOSPITALISATION BENEFITS			
<i>Post-hospitalisation benefits</i> following a covered <i>confinement</i>	\$500 up to 30 days after a covered <i>confinement</i>	\$1,000 up to 60 days after a covered <i>confinement</i>	\$1,000 up to 60 days after a covered <i>confinement</i>
ORGAN TRANSPLANTATION			
<i>Organ transplantation</i>	\$100,000	\$250,000	\$250,000
Direct <i>expenses</i> of <i>surgery</i> to remove an organ for transplant from a donor		\$10,000	
PRIVATE NURSING, HOME NURSING			
Private nursing in <i>hospital</i> when certified necessary by attending <i>physician</i>		Fully Covered	
Home nursing prescribed by attending <i>physician</i>	No Cover	\$135 per day up to 30 days	

HOSPITAL AND SURGERY PLANS – CONTINUED

HOSPITAL CASH BENEFIT	ESSENTIAL	EXTENSIVE	ELITE
Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>us</i> . <i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation. <i>Hospital</i> cash benefit is not available if <i>you</i> 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 <i>Pre-authorization</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 30 days	Up to 60 days	Up to 90 days
EXTERNAL PROSTHESIS			
<i>External prosthesis</i> 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 IN A PHYSICIAN'S OFFICE			
<i>Professional fees, 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 <i>surgery</i> or <i>invasive endoscopic examination: hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and 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		Fully covered	
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>	\$5,000	\$50,000	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)	\$10,000 lifetime benefit	\$25,000 lifetime benefit	\$100,000 lifetime benefit
EMERGENCY ROOM TREATMENT			
EMERGENCY ROOM TREATMENT 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 Room</i> Treatment which does not lead to <i>confinement</i> or not related to an <i>accident</i>	\$100	\$150	\$200
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	

HOSPITAL AND SURGERY PLANS – CONTINUED

HOSPICE OR PALLIATIVE TREATMENT	ESSENTIAL	EXTENSIVE	ELITE
<i>Hospice or palliative treatment</i>	No Cover	\$25,000 lifetime benefit	\$50,000 lifetime benefit

SPECIAL LIMITS 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.

<i>Chronic Conditions</i>	Fully Covered		
<i>Complications of pregnancy</i>	No Cover	\$25,000	Fully Covered
<i>Congenital and hereditary conditions</i> lifetime per person	No Cover	\$25,000 lifetime benefit	\$100,000 lifetime benefit
Neonatal <i>disabilities</i> lifetime per person (applicable only to children added under Section 10.1) Newborn Addition waiting period of 365 days prior to the date of birth applies (Policy Terms and Conditions Section 9.1.2)	No Cover	\$25,000 lifetime benefit	\$100,000 lifetime benefit
<i>Stem Cell Treatment</i> , including harvesting immediately prior to a treatment	No Cover	\$20,000 lifetime benefit	\$40,000 lifetime benefit

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 <i>period of insurance</i> only if they are directly caused by <i>sudden illness or injury</i> occurring during the first 30 travel days of any trip outside the area of cover

ANNUAL DEDUCTIBLE

Only applies to the <i>Hospital and Surgery</i> Plan	Nil \$500 \$1,000 \$2,500 \$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	\$5,000	Up to overall limit per <i>period of insurance</i>	
CO-INSURANCE PERCENTAGE			
Outpatient <i>co-insurance percentage</i>	Nil		
GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES			
General Practitioner consultation fees	Fully Covered		
Specialist consultation fees	Fully Covered		
<p><i>Physiotherapy</i></p> <p>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.</p> <p>The <i>referral</i> requirement is waived for the first 3 sessions <i>per period of insurance</i></p>	Fully Covered		
OUTPATIENT MENTAL AND NERVOUS CONDITIONS			
<i>Physician</i> consultation fees, psychologist, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a <i>physician</i> for <i>mental and nervous conditions</i>	No Cover	\$3,500 lifetime benefit	\$5,000 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> Slings and bandages Purchase or rental of <i>medical appliances</i>	\$500 Maximum two <i>mobility aids</i> per <i>disability</i>	\$2,000 Maximum two <i>mobility aids</i> per <i>disability</i>	\$3,500 Maximum two <i>mobility aids</i> per <i>disability</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	\$2,000	\$3,000
<p>Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i>:</p> <p><i>Dietician</i> following <i>illness</i> or <i>injury</i></p> <p>No <i>referral</i> required:</p> <p>Chiropractor, osteopath, podiatrist, speech therapist following <i>illness</i> or <i>injury</i></p>	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, Ayurveda practitioner, bone setter, Chinese medicine practitioner, naturopath, homeopath</p> <p>No <i>referral</i> required.</p>	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			
<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		

OUTPATIENT PLANS – CONTINUED

MEDICAL CHECKUP AND VACCINATIONS	ESSENTIAL	EXTENSIVE	ELITE
<p><i>Medical checkup</i> including standalone screenings, e.g. mammography, prostate cancer screening No <i>referral</i> required</p>	\$200 combined limit	\$500	\$600
<p>Vaccinations No <i>referral</i> required</p>		\$150	\$200

DENTAL AND OPTICAL BENEFIT

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

	ESSENTIAL	EXTENSIVE	ELITE
<i>Minor dental treatment</i>	\$700		
<p><i>Major Dental treatment</i> Waiting period of 300 days to the data of service applies (Policy Terms and Conditions Section 8.1.3)</p>	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	\$5,000 per pregnancy	\$8,000 per pregnancy	\$15,000 per pregnancy
<p>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</i>, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without <i>referral</i>).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.</p> <p>Complications of pregnancy following <i>major or minor assisted conception</i></p> <p>Therapeutic abortions.</p> <p>Please refer to waiting period in terms and conditions</p>	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-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