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 of 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 THB (฿).

All the claims must be *reasonable and customary*. Services rendered in the *USA* must be within *our* preferred network, except for emergencies. Otherwise, 40% *co-insurance* will be applied.

OVERALL MAXIMUM ANNUAL LIMIT	**ESSENTIAL**	**EXTENSIVE**	**ELITE**
The overall limit per person per *period of insurance*	฿ 10,000,000	฿ 32,750,000	฿ 65,500,000
MEDICAL PROVIDER NETWORK			
The medical providers where *you* may receive treatment as per the benefits listed in the *Hospital* and *Surgery*, *Outpatient*, *Dental* and Optical and Maternity modules	**Standard**: Full coverage is available at all medical providers, except for selected providers in Asia. Treatment at these selected providers will be subject to a 40% *co-insurance*.	Select *your* network from the choices below: **Standard**: Full coverage is available at all medical providers, except for selected providers in Asia. Treatment at these selected providers will be subject to a 40% *co-insurance*. **Premium**: Full coverage is available at all medical providers.	
The Standard & Premium Medical Networks list is available at: https://assets.april.fr/april-international/Resources/pdf-resources-standard-and-premium-medical-networks-en.pdf			
AREA OF COVER			
Area of Cover Options	Europe and *ASEAN* excluding Singapore	Select *your area of cover* from the choices below: Worldwide Excluding *USA* Europe and *ASEAN* excluding Singapore	
Out of Area Cover	Services rendered outside of the area of cover are covered up to ฿ 1,637,500 per *period of insurance* and for up to 30 days of treatment only if they are directly caused by a *sudden illness or injury* occurring during the first 30 *travel days* of any trip outside the area of cover		

***HOSPITAL* AND *SURGERY* MODULE** One of these plans must be selected to form the basis of *your* cover	**ESSENTIAL**	**EXTENSIVE**	**ELITE**
ANNUAL *DEDUCTIBLE*			
Only applies to the *Hospital* and *Surgery* Plan		**For members aged 0-10:** ฿ 8,200 per visit **For members aged 11 or above:** Nil ฿ 16,375 ฿ 32,750 ฿ 81,875 ฿ 163,750 ฿ 327,500	Nil ฿ 16,375 ฿ 32,750 ฿ 81,875 ฿ 163,750 ฿ 327,500

HOSPITAL AND *SURGERY* MODULE – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
HOSPITAL BENEFITS *Pre-authorisation is required for the following services*			
Hospital room and board	*Standard Private Room*		
Intensive Care Unit	Fully Covered		
Parental Accommodation	No cover	Fully Covered	
Theatre Fees	Fully Covered		
Blood, dressings, *medicines and drugs* / General *hospital* costs	Fully Covered		
Surgical implants	Fully Covered		
Diagnostic scans and tests, including *invasive endoscopic examinations*	Fully Covered		
Rental of *mobility aids*	Fully Covered		
Professional fees	Fully Covered		
Orthopaedic braces, supports and air boots	Fully Covered		
Hospital treatment of *mental and nervous conditions*	No Cover	Fully covered for up to 20 days	Fully covered for up to 60 days
PRE-HOSPITALISATION BENEFITS			
Pre-hospitalisation benefits before admission for a covered *confinement*	No Cover (covered under *Outpatient* if applicable)	฿ 32,750 up to 60 days before a covered *confinement*	Fully covered up to 60 days before a covered *confinement*
POST-HOSPITALISATION BENEFITS			
Post-hospitalisation benefits after discharge from a covered *confinement*	฿ 16,375 up to 60 days after a covered *confinement*	฿ 32,750 up to 60 days after a covered *confinement*	Fully Covered up to 90 days after a covered *confinement*
ORGAN TRANSPLANTATION			
Organ transplantation	฿ 491,250	฿ 4,912,500	฿ 8,187,500
Direct *expenses* of surgery to remove an organ for transplant from a donor	No cover	Up to *organ transplantation* limit	
PRIVATE NURSING, HOME NURSING			
Private nursing in *hospital* when certified necessary by attending *physician*	No cover	Fully Covered	
Home nursing prescribed by attending *physician*	Covered under *post-hospitalisation benefits* or *Outpatient* benefits (if applicable) following *inpatient* admission		
EXTERNAL PROSTHESIS			
External prosthesis and any services associated with selection, fitting or repair when required as a direct result of a *disability* first occurring during a *period of* *insurance*	฿ 16,375	฿ 32,750	฿ 65,500

HOSPITAL AND SURGERY MODULE - CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
SURGERY OR *INVASIVE ENDOSCOPIC EXAMINATION* PERFORMED WHILE A DAY-PATIENT, IN A *CLINIC*, OR A *PHYSICIAN*'S OFFICE *Pre-authorisation* is required for this benefit.			
Professional Fees for surgery and one post-surgical follow up Also covers the following on the day of, and directly related the surgery or *invasive 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 *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; *diagnostic scans and tests*; *medicines and drugs*; chemotherapy and radiotherapy related to *active cancer treatment*	Fully Covered		
KIDNEY DIALYSIS			
Kidney dialysis received while admitted to *hospital* or out of *hospital*	฿ 163,750	฿ 1,637,500	Fully Covered
HIV/AIDS			
All-inclusive lifetime limit for services rendered in connection with *HIV/AIDS* including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS Please refer to *waiting period* in terms and conditions	No Cover	฿ 327,500 lifetime benefit	
***EMERGENCY* ROOM TREATMENT**			
Treatment as a result of an injury within 48 hours of an accident; or acute exacerbation of a disability which requires urgent medical or surgical intervention to avoid permanent damage to your life or health	Covered under *Outpatient* benefits	Fully Covered	
EMERGENCY DENTAL TREATMENT			
Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident	฿ 163,750	Fully Covered	
LOCAL TRANSPORT BY AMBULANCE			
Transport by road ambulance to and from *hospital* when prescribed by an attending *physician*	Fully Covered		
HOSPICE OR PALLIATIVE TREATMENT			
Hospice or palliative treatment	No cover	฿ 1,637,500 lifetime	
***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	฿ 3,000 per night Up to 10 nights	฿ 5,000 per night Up to 20 nights	฿ 7,000 per night Up to 30 nights

***HOSPITAL* AND SURGERY MODULE - CONTINUED**	**ESSENTIAL**	**EXTENSIVE**	**ELITE**
RETURN HOME CASH BENEFIT			
Where *you* request to travel out of Thailand to receive *medically necessary inpatient* or day patient treatment, *we* will make a cash payment directly to *you*. As regards to the return journey, *we* will pay the price of reasonable costs for an economy-class air ticket for the beneficiary requiring treatment. *We* will only pay an economy-class air ticket to *you*. Important notes: ► The benefit is not payable in respect of any *pre-existing conditions* ► All treatment must be approved in advance by *us* and needs to be cost-effective compared to Thailand	฿ 15,000	฿ 25,000	฿ 35,000
REHABILITATION TREATMENT *Pre-authorisation* is required for this benefit			
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*	No Cover	฿ 32,750	฿ 65,500
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES AND TREATMENTS *Pre-authorisation* is required for the following benefits			
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 and treatments is as stated below.			
Complications of pregnancy	No Cover	฿ 1,637,500 per pregnancy	Fully Covered
Congenital and *Hereditary conditions* lifetime per person	No Cover	฿ 1,637,500 lifetime	Fully Covered
Neonatal disabilities lifetime per person Applicable only to Newborn Additions (please refer to the Terms and Conditions)	No Cover	฿ 1,637,500 lifetime	Fully Covered
Reconstructive Surgery	Fully Covered		
Stem Cell Treatment If it is associated with a bone marrow or peripheral blood stem cell transplant, including harvesting of stem cells immediately prior to a treatment. Subject to in-house doctor's review	Up to *organ transplantation* limit		
Chronic conditions	Covered		
MEDICAL CHECKUP			
Medical Checkup For members who buy an *Outpatient* module, cover for this benefit will be provided as per the sum stated on the *Outpatient* module.	No Cover	฿ 3,000	฿ 6,000
EMBEDDED ROUTINE *OUTPATIENT* BENEFITS Deductibles do not apply to this benefit.			
General Practitioner and *Specialist* consultation fees, prescribed *Medicines and drugs*, and prescribed *Diagnostic scans and tests*. For members who buy an *Outpatient* module, cover for this benefit will be provided as per the sum stated on the *Outpatient* module.	up to ฿ 2,500 per visit max 5 visits per year	No Cover	
EMBEDDED SERVICES			
Teleconsultation service	Unlimited		
Second Medical Opinion			
24/7 Medical Assistance			

***OUTPATIENT* MODULE** The following *Outpatient* modules are optional and can be combined with any *Hospital* and Surgery Module.				
ANNUAL LIMIT FOR *OUTPATIENT* BENEFITS	**CORE**	**ESSENTIAL**	**EXTENSIVE**	**ELITE**
Annual cumulative limit for all benefits shown in the *Outpatient* Benefits section	฿ 40,000	฿ 163,750	Up to overall annual policy limit	
***CO-INSURANCE* PERCENTAGE**				
Outpatient co-insurance percentage	Nil	Choice of nil or 20% 20% *co-insurance* will be waived at *Panel Network* providers (through direct billing services and upon e-card presentation). *Co-insurance* does not apply to *medical checkup* and vaccinations.		
Direct billing	Direct Billing available at *Panel Network* providers only	Nil *co-insurance*: Full Network 20% *co-insurance*: *Panel Network* only		
Our *Panel Network* comprises GP, *specialist* and *physiotherapy clinics* in Thailand, Hong Kong, Singapore and Vietnam. Find the full listing at https://assets.april.fr/april-international/Network/pdf-april-panel-network-list.pdf				
ROUTINE *OUTPATIENT*				
General Practitioner consultation fees	Fully Covered Panel Only	Fully Covered		
Specialist consultation fees	Fully Covered Panel Only	Fully Covered		
Medicines and drugs	Fully Covered Panel Only	Fully Covered		
Hormone replacement therapy *Medicines and drugs* prescribed by a *physician* for hormone replacement therapy. Coverage is provided for Hormone Replacement Therapy (HRT) when deemed *medically necessary* to treat conditions such as premature ovarian insufficiency or failure. This benefit does not extend to HRT primarily intended to manage symptoms related to natural aging processes or gender reassignment. A *physician*'s prescription and supporting medical documentation are required for coverage.	Fully Covered Panel Only	Fully Covered		
Diagnostic scans and tests	Fully Covered Panel Only	Fully Covered		
Physiotherapy A *referral* for *physiotherapy* must be submitted at the same time as *your* claim. Treatment is limited to 10 sessions per *referral* after which a new *referral* and medical report from *your* attending *physician* must be submitted.	Fully Covered Panel Only	Fully Covered		
OUTPATIENT PSYCHIATRY				
Physician consultation fees, *diagnostic scans and tests*, *medicines and drugs* prescribed by a *physician* for *mental and nervous conditions*	No Cover		฿ 114,625 lifetime benefit	฿ 163,750 lifetime benefit

OUTPATIENT MODULE – CONTINUED	CORE	ESSENTIAL	EXTENSIVE	ELITE
MEDICAL APPLIANCES* AND *MOBILITY AIDS				
Purchase or rental of *mobility aids* Slings and bandages Purchase or rental of medical appliances	No Cover	฿ 16,375 Maximum two *mobility aids* per *disability*	฿ 65,500 Maximum two *mobility aids* per *disability*	฿ 114,625 Maximum two *mobility aids* per *disability*
***COMPLEMENTARY MEDICINE* AND TRADITIONAL CHINESE MEDICINE**				
Combined limit for all benefits listed in the *Complementary Medicine* and Traditional Chinese Medicine section	No Cover	฿ 16,375	฿ 32,750	฿ 80,000
Consultation fees for the following *complementary medicine* practitioners: Chiropractor, dietician, osteopath, podiatrist, speech therapist No *referral* required	No Cover	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, homeopath, bone setter, Chinese medicine practitioner No *referral* required	No Cover	฿ 1,637 per visit One consultation per day Up to the combined limit	฿ 2,456 per visit One consultation per day Up to the combined limit	฿ 6,000 per visit One consultation per day Up to the combined limit
***MEDICAL CHECKUP* AND VACCINATIONS** For the following benefits, the 20% *co-insurance* (if selected) is waived.				
Medical checkup No *referral* required	No Cover	฿ 3,000	฿ 20,000	฿ 35,000
Vaccinations No *referral* required				

DENTAL AND OPTICAL MODULE
Available to anyone who has selected an Extensive or Elite *Hospital* and *Surgery* module, plus an optional *Outpatient* module.

	ESSENTIAL	EXTENSIVE	ELITE
Minor *dental treatment*	฿ 22,925		
Major *dental treatment*, including orthodontic treatment commenced below the age of 16 *Waiting period* applies (please refer to *Waiting Periods* Section in the Policy Terms and Conditions)	No Cover	฿ 49,125 20% *co-insurance* applies	฿ 49,125
Eye examinations, prescription contact lenses and prescription lenses	No Cover		฿ 9,825

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	฿ 163,750 per pregnancy	฿ 327,500 per pregnancy	฿ 491,250 per pregnancy
The following prenatal and post-natal services up to 45 days following birth: *Physician* consultation fees, *diagnostic scans and tests*, *medicines and drugs*, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without *referral*) Delivery, including elective and *emergency* caesarean sections and up to seven (7) days of *nursery care*. Complications of pregnancy following assisted conception. *Complications of childbirth*. *Therapeutic abortions* *Waiting period* applies (Please refer to *Waiting Periods* Section in the Policy Terms and Conditions)	Up to maternity module limit		

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

MH TH 2025/06

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