

**Your Health First**

# **EASY CARE+ BENEFITS TABLE**

**Individuals and Families  
effective 1/1/2022**

**[www.aplusii.com](http://www.aplusii.com)**





For more than a decade, we've been taking care of our clients and their families when they need it the most.

# BENEFITS TABLE



 CORE PLAN	PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.1 <b>Maximum Annual Reimbursement</b>	<b>\$200,000</b>	<b>\$400,000</b>	<b>\$200,000</b>	<b>\$400,000</b>
1.2 <b>Hospital room and board</b> *Applicable for Zone 3 only Zone 1 and 2 only cover Standard Ward Room	Up to USD 100 per night*	Up to USD 150 per night*	Up to USD 100 per night*	Up to USD 150 per night*
1.3 <b>Intensive Care Unit</b>				
1.4 <b>Doctor's fees</b> (including surgeon's & anesthetist's fees) <b>Medical Treatment, laboratory tests, X-rays, MRI, PET, and CT scans</b>	Full Refund	Full Refund	Full Refund	Full Refund
1.5 <b>Use of operating &amp; recovery room prescriptions drugs &amp; dressings</b> • When received as an In-patient or Day-patient				
1.6 <b>Organ &amp; Bone Marrow transplants</b> • Donor costs (e.g. Search, removal, acquisition) not covered	Not Covered	Up to \$100,000	Not Covered	Up to \$100,000
1.7 <b>Reconstructive surgery following an accident</b>				
1.8 <b>Day-care treatment and Day Surgery</b> (Pre-authorization is required)	Full Refund	Full Refund	Full Refund	Full Refund
1.9 <b>Internal prosthetic devices</b>				
 PRE AND POST HOSPITAL CARE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.10 <b>General practitioners &amp; specialist consultations, prescribed drugs and dressing, physiotherapy, and chiropractic, including basic laboratory tests, X-ray, and ultrasounds</b> • Within 30 days before hospitalization and within 60 days following hospital discharge	Up to \$500	Up to \$1,000	Up to \$500	Up to \$1,000
1.11 <b>Rehabilitation and convalescence rest care</b>	Full Refund Up to 15 days	Full Refund Up to 15 days	Full Refund Up to 15 days	Full Refund Up to 15 days
1.12 <b>Ancillary charges</b> (Purchase or rental of crutches or wheelchairs)	Up to \$500 per year	Up to \$1,000 per year	Up to \$500 per year	Up to \$1,000 per year



# BENEFITS TABLE

 <b>CANCER CARE</b>		<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>
1.13	<b>In-patient, Day-patient and Outpatient Treatment</b> (eg. Chemotherapy, Radiotherapy), excluding all experimental treatments	Not Covered	Full Refund	Not Covered	Full Refund
 <b>CHRONIC MEDICAL CONDITIONS</b>		<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>
1.14	<b>Stabilisation of Acute exacerbations/episodes of chronic medical conditions</b>	Not Covered	Covered within the limits in the in-patient, daycare and out-patient sections	Not Covered	Covered within the limits in the in-patient, daycare and out-patient sections
1.15	<b>Maintenance, routine checkups, prescribed drugs, and dressings</b>	Not Covered	Up to \$2,500 per year	Not Covered	Up to \$5,000 per year
 <b>ADDITIONAL BENEFITS</b>		<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>
1.16	<b>Accidental Damage to teeth</b> (Treatment received in an emergency ward of a hospital within five days of incurring accidental damage to sound and natural teeth)	Full Refund	Full Refund	Full Refund	Full Refund
1.17	<b>Local road ambulance charges</b>	Up to \$2,025	Up to \$2,025	Up to \$2,025	Up to \$2,025
1.18	<b>Hospice and Palliative care when diagnosed as terminal</b>	Not Covered	\$50,000 Lifetime Limit	Not Covered	\$50,000 Lifetime Limit
1.19	<b>Kidney Dialysis</b>	Not Covered	Full Refund	Not Covered	Full Refund
 <b>OUTPATIENT CARE</b> - Applicable excess applies 'per visit'		<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>
2.1	<b>Maximum Annual Reimbursement</b>	Not Covered	Not Covered	<b>\$2,000</b> \$10 Co-payment/visit	<b>\$4,000</b> \$10 Co-payment/visit
2.2	<b>GP &amp; Specialist consultations</b>	Not Covered	Not Covered	Full Refund	Full Refund
2.3	<b>Prescribed drugs &amp; dressings</b>				
2.4	<b>Laboratory tests, X-rays, Diagnostic tests, and procedures</b>				
2.5	<b>Emergency ward Treatment</b>				

# BENEFITS TABLE

 <b>OUTPATIENT CARE</b> - Applicable excess applies 'per visit'		PLAN 1	PLAN 2	PLAN 3	PLAN 4
2.6	<b>MRI, PET, CT Scans Tests</b> • When received as an Outpatient.	Not Covered	Not Covered	Full Refund	Full Refund
2.7	<b>Physiotherapy (Max USD 100 per visit)</b> *Prescribed by a doctor	Not Covered	Not Covered	Not Covered	Max 10 visits / policy year
2.8	<b>Complementary Medicine Practitioners</b> • Defined as Chiropractor / Osteopath / Acupuncturist/ Homeopath *Prescribed by a doctor	Not Covered	Not Covered	Not Covered	Full Refund up to \$750/policy year
2.9	<b>Traditional Chinese Medical Practitioner</b> (Including Medicine) • Must be a registered Traditional Chinese Medical practitioner				Up to a combined max. of 10 visits per year
 <b>Medical Evacuation &amp; Repatriation Services</b> (Prior Approval from Insurer compulsory)				ALL PLANS	
3.1	<b>Evacuation /Repatriation</b> Emergency medical evacuation to the nearest hospital or emergency medical repatriation	Full Cover			
3.2	<b>Transportation of mortal remains or burial at the place of death</b>	Full Cover			
3.3	<b>Compassionate Visit by a relative of the Insured</b> (Applicable when hospitalisation exceeds five consecutive days)	Full Cover \$125/day (Max 7 days)			
	<b>One economy class return airfare</b> <b>Accommodation for compassionate visit by a relative accompanying the insured</b>				
3.4	<b>Return of minor children</b> (<19, unmarried and at school) if left alone when Insured is hospitalised. One-way economy class airfare per eligible child	Full Cover			
3.5	<b>Early Return</b> One economy class return airfare	Full Cover			
3.6	<b>Temporary replacement colleague (transport costs)</b>	Full Cover			

Remarks: All amounts in US Dollars.  
 For complete terms and conditions and explanation of benefits, refer to Chapter III of the General Conditions.





International  
Healthcare

**For more information, contact us:**

**HEADQUARTERS**

1704 Westlands Centre  
20 Westlands Road  
Quarry Bay, Hong Kong

**BUSINESS DEVELOPMENT TEAM**

bd@aplusii.com  
+852 2891 3608

**#YourHealthFirst**



LEARN MORE AT

[www.aplusii.com](http://www.aplusii.com)