



An  **april** brand
International

Your Health First

EASY CARE+ BENEFITS TABLE





Individuals and Families
effective 1/1/2022





BENEFITS TABLE

 CORE PLAN	PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.1 Maximum Annual Reimbursement	\$200,000	\$400,000	\$200,000	\$400,000
1.2 Hospital room and board *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 Intensive Care Unit				
1.4 Doctor's fees (including surgeon's & anesthetist's fees) Medical Treatment, laboratory tests, X-rays, MRI, PET, and CT scans	Full Refund	Full Refund	Full Refund	Full Refund
1.5 Use of operating & recovery room prescriptions drugs & dressings • When received as an In-patient or Day-patient				
1.6 Organ & Bone Marrow transplants • Donor costs (e.g. Search, removal, acquisition) not covered	Not Covered	Up to \$100,000	Not Covered	Up to \$100,000
1.7 Reconstructive surgery following an accident				
1.8 Day-care treatment and Day Surgery (Pre-authorization is required)	Full Refund	Full Refund	Full Refund	Full Refund
1.9 Internal prosthetic devices				
 PRE AND POST HOSPITAL CARE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.10 General practitioners & specialist consultations, prescribed drugs and dressing, physiotherapy, and chiropractic, including basic laboratory tests, X-ray, and ultrasounds • 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 Rehabilitation and convalescence rest care	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 Ancillary charges (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

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

BENEFITS TABLE

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

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



For more information, contact us:

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