



Your Health First

Worldwide Plans Benefits Table

effective 1/1/2022

Administrators

APRIL Hong Kong Limited

9th Floor, Chinachem Hollywood Centre
1-13 Hollywood Road, Central Hong Kong

Tel: + 852 2891 3608 Fax: + 852 2891 3229 Email: cs@aplusii.com

Benefits Table - effective 1/1/2022

Note: The General Conditions can be provided upon request.

Important notice:

- Only expenses which are <u>'reasonable & customary'</u> can qualify for reimbursement. (for all plans and options)
- Unless indicated otherwise, all <u>ceilings</u> mentioned in this table are applicable <u>per Insured</u> and per Insurance Year.
- For <u>definitions of the terms</u> used in this table, reference is explicitly made to article 1.2. ('Definitions') of Chapter I of the General Conditions.
- 4) Pre-existing conditions are covered subject to acceptance by the medical consultant at the time of enrolment. Level of cover is according to the limits of the plan chosen.

	Hospitalisation	Global 80	Global 100	Global 100 Plus
BENEFITS	a) Hospitalisation	a) Hospitalisation b) Outpatient 80% c) Other Benefits	a) Hospitalisation b) Outpatient 100% c) Other Benefits	a) Hospitalisation b) Outpatient 100% c) Maternity treatment d) Other Benefits
Maximum total reimbursement per Insured and per insurance year Premiums and claims shall be payable in US\$, EUR, GBP or CHF, according to the currency in which the policy has been concluded. *	\$ 1,350,000 € 1,000,000 GBP 900,000 CHF 1,500,000	\$ 2,025,000 € 1,500,000 GBP 1,350,000 CHF 2,250,000	\$ 4,050,000 € 3,000,000 GBP 2,700,000 CHF 4,500,000	\$ 4,050,000 € 3,000,000 GBP 2,700,000 CHF 4,500,000

`	no ponej nao boon concidada.				
			ſ		
		Hospitalisation	Global 80	Global 100	Global 100 Plus
Inpatient Care (with overnight stay in hospital) Important: Precertification is always required except in case of emergency (see article 2.1.3.4. 'precertification' in General Conditions). Failure to comply with the precertification requirement could lead to a reduction of the reimbursement.					
Ho	spital accommodation				
	- Room & board (standard private room or semi-private if private room is not available)	Full Cover	Full Cover	Full Cover	Full Cover
	- Intensive Care Unit (ICU)	Full Cover	Full Cover	Full Cover	Full Cover
	One accompanying parent for child under age 16 having to stay overnight in hospital	Full Cover up to 14 days	Full Cover up to 14 days	Full Cover up to 14 days	Full Cover up to 14 days
Do	ctors' fees (including surgeon's & esthetist's fees)	Full Cover	Full Cover	Full Cover	Full Cover
- us - la C - pı - pl - lo	her medical expenses, including: se of operating room and recovery room b exams / - medical imaging (X-ray, T, MRI, etc.) rescription drugs and dressings hysiotherapy gopaedic treatment, speech therapy, ccupational therapy and ergo therapy	Full Cover	Full Cover	Full Cover	Full Cover
che	ncer treatment (e.g. radiotherapy, motherapy) and diabetes, kidney dialysis, cluding all experimental treatments	Full Cover	Full Cover	Full Cover	Full Cover
Psychiatric inpatient hospital care Full Cover up to \$ 13,500 / € 10,000 / GBP 9,000 / CHF 15,000		Full Cover up to \$ 13,500 / € 10,000 / GBP 9,000 / CHF 15,000	Full Cover up to \$ 13,500 / € 10,000 / GBP 9,000 / CHF 15,000	Full Cover up to \$ 13,500 / € 10,000 / GBP 9,000 / CHF 15,000	
	idental Damage to teeth (treatment eived in an emergency ward of a hospital	Full Cover	Full Cover	Full Cover	Full Cover

Full Cover

Full Cover

Full Cover

within 5 days of incurring an accidental damage to sound and natural teeth)

Full Cover

^{*} Euro, GBP and CHF only available to residents in the European Union and Switzerland

Reconstructive Surgery following an accident	Full Covel	Full Covel	Full Covel	Full Covel	
Hospital Cash Benefit: daily allowance, only when room, board & treatment costs are not claimed to the policy	\$ 67.50 / € 50 / GBP 45 / CHF 75 per night up to 60 nights	\$ 135 / € 100 / GBP 90 / CHF 150 per night up to 60 nights \$ 270 / € 200 / GBP 180 / CHF 300 per night up to 60 nights		\$ 270 / € 200 / GBP 180 / CHF 300 per night up to 60 nights	
Organ transplant We cover doctors' fees, hospital accommodation (standard private room) and other related medical expenses during hospital stay. Excluded from cover: costs related to the search for a donor, costs for acquisition of the organ, costs incurred for removal of organ from the donor	Full Cover (Prior approval from the Insurer's Medical Consultant)	Full Cover (Prior approval from the Insurer's Medical Consultant) Full Cover (Prior approval from the Insurer's Medical Consultant)		Full Cover (Prior approval from the Insurer's Medical Consultant)	
Rehabilitation and convalescence rest / care (when the admission immediately follows hospitalisation)	Full Cover up to 30 days	Full Cover up to 30 days	Full Cover up to 60 days	Full Cover up to 60 days	
	Hospitalisation	Global 80	Global 100	Global 100 Plus	
2. Outpatient Care	•				
GP Fees of a GP (General Practitioner, Family Doctor)	Not Covered	80%	Full Cover	Full Cover	
Specialist Fees of a Specialist Doctor	Not Covered	80%	Full Cover	Full Cover	
Consultations, Diagnosis tests,lab tests, medical imaging (cf. X-Ray, Ct, MRI, etc.) by GP and Specialist, Prescribed Drugs, Treatments by Physiotherapists related to inpatient treatments within 15 days prior to admission and up to 30 days following hospital release	Up to maximum of \$ 2,000 / € 1,500 / GBP 1,333 / CHF 3,000 / if related to Inpatient treatment	Full Cover	Full Cover	Full Cover	
Outpatient psychiatric care, ergotherapy, logopaedics and / or speech therapy, occupational therapy Only care prescribed by or performed by a Doctor can qualify for reimbursement. The covered amount includes fees of Doctor and / or (treatment fees of) Medical Practitioner, but does not include prescription drugs which are covered according to the provisions of paragraph below.	Not Covered	50% up to \$ 1,350 / € 1,000 / GBP 900 / CHF 1,500	50% up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	50% up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	
Prescription drugs Only drugs that are prescribed by a Doctor and that are not available without prescription can be reimbursed.	Not Covered	80% Full Cover		Full Cover	
Diagnostic tests, lab tests, medical imaging (cf. X-ray, CT, MRI, etc.)	Not Covered	80%	Full Cover	Full Cover	
Traditional Chinese Medicine	Not Covered	80%	Full Cover	Full Cover	
Cancer treatment (e.g. radiotherapy, chemotherapy) and diabetes, kidney dialysis, excluding all experimental treatments	Full Cover	Full Cover	Full Cover	Full Cover	
Physiotherapy prescribed by a Doctor	Not Covered	80% up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	Full Cover up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	Full Cover up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	
Medical aids (including hearing aids, orthopaedic appliances & stockings, artificial limbs, wheelchair)	Not Covered	80% up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	Full Cover up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	Full Cover up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	
		-,			

Reconstructive Surgery following an accident

Full Cover

Full Cover

Full Cover

Full Cover

Treatments performed by Complementary Medical Practitioners: Chiropractor / Osteopath / Acupuncturist / Homeopath These treatments must be prescribed by a registered medical Doctor.	Not Covered	80% up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000	Full Cover up to \$ 4,050 / € 3,000 / GBP 2,700 / CHF 4,500	Full Cover up to \$ 4,050 / € 3,000 / GBP 2,770 / CHF 4,500
Day-care treatment and Day surgery	Full Cover (precertification required)	Full Cover (precertification required)	Full Cover (precertification required)	Full Cover (precertification required)
Preventive care & wellness benefits A waiting period of 12 months applies - well baby care - medically required vaccinations (adults & children) - one routine eye test per insurance year - one adult physical examination every 2 years including: - one (bilateral) mammogram and one pap-smear test every 2 years (females as of age 35) - one PSA-test every 2 years (males as of age 50)		Full Cover combined cover of up to \$ 675 / € 500 / GBP 450 / CHF 750	Full Cover combined cover of up to \$ 1,012.50 / € 750 / GBP 675 / CHF 1,125	Full Cover combined cover of up to \$1,012.50 / €750 / GBP 675 / CHF 1,125

3. Medical Evacuation and Repatriation Services * (Prior Approval from Insurer compulsory)				
Evacuation / Repatriation Emergency medical evacuation to the nearest hospital or emergency medical repatriation	Full Cover			
Transportation of mortal remains or burial at the place of death	Full Cover			
Compassionate Visit by a relative of the Insured (Applicable when hospitalisation in excess of 5 consecutive days)				
One economy class return airfare	Full Cover			
Accommodation for compassionate visit by a relative accompanying the insured	\$ 125 / € 100 / GBP 80 / CHF 150 per day (Max 7 days)			
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			
Early Return One economy class return airfare	Full Cover			
Temporary replacement colleague (transport costs)	Full Cover			
For complete terms and conditions and explanation of benefits, refer to Chapter III of the General Conditions				

^{*} This service is provided by AXA Assistance

	Hospitalisation Global 80		Global 100	Global 100 Plus	
4. Other Benefits					
Local ambulance to nearest hospital	Full Cover up to \$ 2,025 / € 1,500 / GBP 1,350 / CHF 2,250	Full Cover up to \$ 2,025 / € 1,500 / GBP 1,350 / CHF 2,250	Full Cover up to \$ 2,025 / € 1,500 / GBP 1,350 / CHF 2,250	Full Cover up to \$ 2,025 / € 1,500 / GBP 1,350 / CHF 2,250	
Dental treatment following an accident (surgical reconstruction covered under hospitalisation benefits)	Covered under Accidental Damage to teeth	Covered under Accidental Damage to teeth	Covered under Accidental Damage to teeth	Covered under Accidental Damage to teeth	
Nursing at home	Not Covered	80%. Annual max. reimbursement of \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000 up to 60 days	Full Cover. Annual max. reimbursement of \$2,700 / € 2,000 / GBP 1,800 / CHF 3,000 up to 60 days	Full Cover. Annual max. reimbursement of \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000 up to 60 days	

Maternity - waiting period of 12 months applies - benefit limits on a per pregnancy basis - elective caesarean surgery excluded				80%
- Pregnancy	Not Covered	80% up to \$12,000	Not Covered	
Childbirth The covered amount includes doctors' fees, hospital accommodation and other related medical expenses during hospital stay.	Not Covered	Not Covered	Not Covered	80% up to \$ 12,000 / € 8,900 / GBP 8,000 / CHF13,350
- Prescribed Caesarean	Not Covered	Not Covered	Not Covered	
Chronic Conditions (not pre-existing):	Covered	Covered	Covered	Covered
Complication of Pregnancy	Covered	Covered	Covered	Covered
Congenital Conditions	Covered	Covered	Covered	Covered
AIDS / HIV Treatment	Covered	Covered	Covered	Covered
Hormone Replacement therapy	Covered	Covered	Covered	Covered
Expenses related to sterilisation (waiting period of 12 months applies)	One sterilisation per insured and per lifetime			
Hospice and palliative care in case of Terminal Illness	\$ 100,000 / € 75,000 / GBP 65,000 / CHF 90,000 per insured and per lifetime	\$ 100,000 / € 75,000 / GBP 65,000 / CHF 90,000 per insured and per lifetime	\$ 100,000 / € 75,000 / GBP 65,000 / CHF 90,000 per insured and per lifetime	\$ 100,000 / € 75,000 / GBP 65,000 / CHF 90,000 per insured and per lifetime

Note: 'Covered' means treatment is reimbursed according to the limits of the plan chosen.

Additional Options

5. Dental and Optical

Eligibility

The optional dental insurance is only open to persons a) who are accepted into the medical insurance plan and b) who are contracting into the Global 80, Global 100 or Global 100 Plus medical plans.

Dental & Optical plans are not available with Deductible of \$ 6,750 / € 5,000 / GBP 4,500 / CHF 7,500.

The choice for taking out the dental insurance has to be made on per family level in the sense that all members of the same family, i.e. the Insured and his / her dependants who are accepted into the medical insurance, have to a) take out the dental insurance or not (i.e. all family members or none); b) opt for the same Dental and Optical plan (Dental & Optical Standard or Dental & Optical Plus).

Benefits

Deductibles do not apply to Dental & Optical benefits. Only expenses that are 'reasonable and customary' can qualify for reimbursement, subject to the limits and ceilings as mentioned in following benefit table.

	Dental and Optical Standard	Dental and Optical Plus
Max. reimbursement per insured per year	\$ 3,375 / € 2,500 / GBP 2,250 / CHF 3,750	\$ 6,750 / € 5,000 / GBP 4,500 / CHF 7,500
Basic dental care Includes up to 2 periodic check-ups per year, prophylactic treatments, fillings, root canal treatment, extraction, paradental treatment, treatment of paradontosis, treatment of gums, etc. A waiting period of 6 months applies.	80% up to \$ 2,025 / € 1,500 / GBP 1,350 / CHF 2,250	Full Cover up to \$ 2,700 / € 2,000 / GBP 1,800 / CHF 3,000
Major dentistry Bridges, implants, orthodontic treatment and dental prostheses (dentures, crowns, inlays). The amount covered includes the fees of the Dentist (or Dental Surgeon). Orthodontic treatment is only covered if started before age 17 (seventeen). A waiting period of 12 months applies.	80% up to \$ 1,350 / € 1,000 / GBP 900 / CHF 1,500	80% up to \$ 4,050 / € 3,000 / GBP 2,700 / CHF 4,500

Vision care	80% up to	Full Cover up to
Glasses, frames, contact lenses.	\$ 135 / € 100 / GBP 90 / CHF 150	\$ 270 / € 200 / GBP 180 / CHF 300
Sunglasses are excluded from cover.	GBP 90 / CHF 150	GBP 180 / CHF 300

Plans can be subscribed in US dollars, Euro, Great Britain Pound (GBP) or Swiss Francs (CHF)

7. Cover Area	- Worldwide - Worldwide Excluding USA / Canada				ding USA / Canada
8. Deductible	US\$ EUR GBP CHF				
	0	0	0	0	Available for all 4 medical plans
	675	500	450	750	
Applicable only to benefits of the 4 main plans, per insured and per insurance year.	1,350	1,000	900	1,500	
	2,700	2,000	1,800	3,000	Only available with Global 80,
	6,750	5,000	4,500	7,500	Global 100 or Global 100 Plus

9. Accidental death and dismemberment (AD&D) - Not available to Hong Kong applicants and policies subscribed in Hong Kong

This cover will guarantee the payment of a lump sum in case you die in an accident or you incur a permanent disability of at least 20% caused by an accident.

Lump Sum after accidental death

6. Currency

- up to a maximum of US\$ 675,000 / € 500,000 / GBP 450,000 / CHF 750,000 with a minimum of US\$ 67,500 / € 50,000 / GBP 45,000 / CHF 75,000
- cover is available for you and your adult dependants

Lump Sum after permanent disability

- from at least a permanent disability degree of 20%:
- cash benefit = sum insured x degree of disability

10. Loss of Income (TI / PD) - Not available to Hong Kong applicants and policies subscribed in Hong Kong

Temporary incapacity (TI)

With the temporary incapacity plan option, you will feel more secure knowing your family will be protected financially if you are totally unable to perform your professional occupation due to illness or accident. You can choose the level of income benefit that is appropriate to you and your family:

- up to 80% of pre-disability gross monthly salary;
- subject to a maximum of \$ 13,500 / € 10,000 / GBP 9,000 / CHF 15,000 per month and a minimum of \$ 1,350 / € 1,000 / GBP 900 / CHF 1,500.

Income protection during 24 months

We will pay you a regular income for as long as you are unable to return to work. After a waiting period of 90 days, the income will start up to a maximum of 24 months.

If you are still unable to resume work after 24 months then you will receive a lump sum through the Permanent Disability plan if the PD option below has been contracted.

Permanent disability (PD) (can be taken out only as supplement option to Temporary Incapacity)

With this option, you receive a lump sum in case you are affected by a permanent disability of at least 33.33% caused by illness or accident. You can choose the level of sum insured that is appropriate to you:

- up to 80% of pre-disability gross monthly salary multiplied by 48 months;
- subject to a maximum of \$ 648,000 / € 480,000 / GBP 432,000 / CHF 720,000 and a minimum of \$ 64,800 / € 48,000 / GBP 43,200 / CHF 72,000;
- when disability is between 33.33% and 66.67%, then cash benefit = sum insured x ((3 x n) 1), n = degree of disability (%);
- when disability is above 66.67%, then cash benefit = sum insured.

Additional payment of \$ 33,750 / € 25,000 / GBP 22,500 / CHF 37,500

If from the start of the disability you need the assistance of a third person to perform the basic activities of daily living (such as feeding, washing yourself) and your degree of disability exceeds 66.67%, then an additional sum of \$ 33,750 / € 25,000 / GBP 22,500 / CHF 37,500 will be paid.