

## Benefits Schedule

# MyHEALTH Thailand

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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 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 THB ฿.

<b>HOSPITAL AND SURGERY PLANS</b>			
One of these plans must be selected to form the basis of your cover			
<b>ANNUAL LIMIT</b>	<b>ESSENTIAL</b>	<b>EXTENSIVE</b>	<b>ELITE</b>
The overall limit per person per period of insurance	฿ 16,375,000	฿ 32,750,000	฿ 65,500,000
<b>HOSPITAL NETWORK</b> The hospitals where you may receive treatment as per the benefits listed in your Hospital and Surgery Plan	Standard: Free choice of provider Optional: For treatment in Thailand, Singapore and Hong Kong, Specified Inpatient Providers only*		
<b>HOSPITAL BENEFITS</b> Pre-authorization is required for the following services			
Hospital room and board	Standard Private Room		
Intensive Care	Fully Covered		
Parental Accommodation			
Theatre Fees			
Blood, dressings, medicines and drugs / General hospital costs			
Surgical implants			
Diagnostic scans and tests			
Rental of mobility aids			
Professional fees / Specialist fee			
Orhopaedic braces, supports and air boots			
Hospital treatment of mental and nervous conditions	Fully covered for up to 10 days	Fully covered for up to 20 days	Fully covered for up to 60 days
<b>PRE-HOSPITALISATION BENEFITS</b>			
Pre-hospitalisation benefits before admission for a covered confinement	฿ 16,375 up to 60 days before a covered confinement	฿ 32,750 up to 60 days before a covered confinement	Fully covered up to 60 days before a covered confinement
<b>POST-HOSPITALISATION BENEFITS</b>			
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

\* The Specified Inpatient Providers list is available at <http://healthbyapril.com/specified-hospitals>

<b>HOSPITAL AND SURGERY PLANS – CONTINUED</b>			
<b>ORGAN TRANSPLANTATION</b>	<b>ESSENTIAL</b>	<b>EXTENSIVE</b>	<b>ELITE</b>
Organ transplantation	£ 1,637,500	£ 4,912,500	£ 8,187,500
Organ Transplant Donor Costs	Up to organ transplant limit		
<b>PRIVATE NURSING, HOME NURSING</b>			
Private nursing in hospital when certified necessary by attending physician	Fully Covered		
Home nursing prescribed by attending physician			
<b>EXTERNAL PROSTHESIS</b>			
External prosthesis and any services associated with selection, fitting or repair	£ 16,375	£ 32,750	£ 65,500
<b>SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE</b> Pre-authorization is required for this benefit.			
Professional fees including one post-surgical follow up. Also covers the following on the day of, and directly related to, the surgery or 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 Bene fits 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		
<b>CANCER TREATMENT</b> 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		
<b>KIDNEY DIALYSIS</b>			
Kidney dialysis received while admitted to hospital or out of hospital	£ 163,750	£ 1,637,500	Fully Covered
<b>HIV/AIDS</b>			
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	£ 327,500 lifetime benefit		
<b>EMERGENCY ROOM TREATMENT</b>			
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	Fully Covered		
<b>EMERGENCY DENTAL TREATMENT</b>			
Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident	Fully Covered		
<b>LOCAL TRANSPORT BY AMBULANCE</b>			
Transport by ambulance to and from hospital prescribed by an attending physician	Fully Covered		
<b>HOSPICE OR PALLIATIVE TREATMENT</b>			
Hospice or palliative treatment	No cover	£ 1,637,500 lifetime	

## HOSPITAL AND SURGERY PLANS – CONTINUED

### SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES

ESSENTIAL

EXTENSIVE

ELITE

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.

Complications of pregnancy	No Cover	Fully Covered	
Congenital and Hereditary conditions lifetime per person	No Cover	B 1,637,500 lifetime	Fully Covered
Neonatal disabilities lifetime per person Please refer to waiting period in terms and conditions	No Cover	B 1,637,500 lifetime	Fully Covered
Reconstructive Surgery	Fully Covered		

### MEDICAL CHECKUP

Medical Checkup	No Cover	B 3,000	B 6,000
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### AREA OF COVER

Area of Cover Options	Worldwide; Worldwide Excluding USA, Europe and ASEAN excluding Singapore
Out of Area Cover	Services rendered outside of the area of cover are covered up to B 1,637,500 per period of insurance only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover.

### ANNUAL DEDUCTIBLE

Only applies to the Hospital and Surgery Plan	<p>Nil</p> <p>B 16,375</p> <p>B 32,750</p> <p>B 81,875</p> <p>B 163,750</p> <p>B 327,500</p>
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## OUTPATIENT PLANS

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	B 40,000	B 163,750	Up to overall annual policy limit	
CO-INSURANCE PERCENTAGE				
Co-insurance applies to all services under the outpatient module if rendered at a non-panel network provider. Co-insurance does not apply to medical checkups and vaccinations	Nil coinsurance Cover in Panel only	Choice of nil or 20% Full reimbursement at panel clinic/hospital		
GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES				
General Practitioner consultation fees	Fully Covered Panel Only		Fully Covered	
Specialist consultation fees				
<p><b>Physiotherapy</b></p> <p>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</p>				
OUTPATIENT PSYCHIATRIC				
Physician consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician for mental and nervous conditions	No Cover		B 114,625 lifetime benefit	B 163,750 lifetime benefit

## OUTPATIENT PLANS – CONTINUED

The following Outpatient modules are optional and can be combined with any Hospital and Surgery Module

MEDICINES AND DRUGS	CORE	ESSENTIAL	EXTENSIVE	ELITE
Medicines and drugs	Fully Covered Panel Only	Fully Covered		
<b>DIAGNOSTIC SCANS AND TESTS</b>				
Diagnostic scans and tests	Fully Covered Panel Only	Fully Covered		
<b>MEDICAL APPLIANCES AND MOBILITY AIDS</b>				
Purchase or rental of mobility aids Slings and bandages Purchase or rental of medical appliances	No Cover	B 16,375 Maximum two mobility aids per disability	B 65,500	B 114,625
<b>COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE</b>				
Combined limit for all benefits listed in the Complementary Medicine and Traditional Chinese Medicine section	No Cover	B 16,375	B 32,750	B 80,000
Consultation fees for the following complementary medicine practitioners, no referral required. Chiropractor, dietician, osteopath, podiatrist, speech therapist		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	B 1,637 per visit	B 2,456 per visit	B 6,000 per visit
		One consultation per day Up to the combined limit		
<b>FOLLOW UP CANCER CARE</b>				
These services shall be covered following the completion of active cancer treatment: Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations.	Fully Covered Panel Only	Fully Covered		
<b>MEDICAL CHECKUP AND VACCINATIONS</b>				
Medical checkup No referral required	No Cover	Combined limit of B 3,000	Combined limit of B 20,000	Combined limit of B 35,000
Vaccinations No referral required				

## DENTAL AND OPTICAL BENEFIT

Available to anyone who has selected a Hospital and Surgery module

	ESSENTIAL	EXTENSIVE	ELITE
Minor dental treatment	R 22,925		
Major dental treatment, including orthodontic Waiting period applies (Please refer to Waiting Periods Section if the Policy Terms and Conditions)	No Cover	R 49,125	
Eye examinations, prescription contact lenses and prescription lenses	No Cover		R 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	R 163,750 per pregnancy	R 327,500 per pregnancy	R 491,250 per pregnancy
<p>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).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.</p> <p>Complications of pregnancy following assisted conception.</p> <p>Therapeutic abortions.</p> <p>Please refer to waiting period in terms and conditions</p>	Up to maternity module 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.

<b>IN THE EVENT OF ACCIDENT OR SUDDEN SEVERE ILLNESS OF THE MEMBER</b> (To a combined limit of THB ฿32,750,000)	<b>Included in every plan</b>
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)	฿ 32,750
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
<b>IN THE EVENT OF THE DEATH OF THE MEMBER</b> (To a combined limit of THB ฿491,250)	
Repatriation of mortal remains	Fully Covered
Presence of a person to accompany the deceased	Return economy class airline ticket or 1st class railway ticket & hotel accommodation up to ฿ 6,550 per night for a maximum of 10 nights
Return of member's family members	One-way economy class airline ticket
<b>IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD</b>	
Sending urgent messages	Included
<b>IN THE EVENT OF THE DEATH OR CRITICAL ILLNESS OF A FAMILY MEMBER</b>	
Compassionate Home Travel (subject to 's prior agreement)	Return economy class airline ticket or 1st class railway ticket
<b>OTHER TRAVEL ASSISTANCE SERVICES</b>	
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>
<b>MEDICAL ASSISTANCE</b>	
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

For more information, contact your insurance consultant :

Underwritten by:

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