

# PALLASHEALTH

## BENEFITS

Listed below are the full benefits available. All limits and monetary amounts shall in all instances be in US\$. Benefits payable in respect of any one insured person are subject to an all inclusive limit per *period of insurance* of \$3,000,000. Cover is subject to our policy terms and conditions. In the event of any discrepancy, the policy terms and conditions, endorsements and *benefit schedules* shall prevail.

Effective 1 June 2017

Module I	HOSPITAL AND SURGERY Limit per period of insurance - \$3,000,000
<b>HOSPITAL BENEFITS</b> The benefits listed in this section are applicable when rendered while an <i>insured person</i> is inpatient at a <i>hospital</i> .	
<i>Hospital room and board</i>	Standard Private Room Fully Covered
<i>Parental accommodation</i>	Fully Covered
<i>Other Medical Expenses</i>	Fully Covered
<i>Intensive Care Unit</i>	Fully Covered
<i>Professional fees</i>	Fully Covered
<i>Psychiatrist's fees</i>	Fully Covered
<b>SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE</b>	
<p><i>Professional fees</i> including one post-surgical follow up.</p> <p>Also covers the following on the day of, and directly related to, the <i>surgery</i> or endoscopic examination: <i>hospital room and board</i>, theatre fees, dressings, <i>medicines and drugs</i>, pathology fees, and <i>surgical implants</i>.</p> <p>This benefit does not cover the following unless Module II Outpatient Benefits are purchased: laryngoscopy, nasopharyngoscopy, otoscopy; any <i>surgery</i> on the skin and subcutaneous tissue for <i>illness</i> other than <i>surgery</i> following a confirmed diagnosis of cancer.</p>	Fully Covered
<b>CANCER TREATMENT</b> The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.	
<i>Hospital treatment of cancer</i>	<i>Hospital Benefits</i> section applies
Specialist consultations; <i>diagnostic scans and tests</i> ; <i>medicines and drugs</i> ; chemotherapy and radiotherapy related to <i>active cancer treatment</i>	Fully Covered
<i>Follow up cancer care</i> following the completion of <i>active cancer treatment</i>	Fully Covered
<b>KIDNEY DIALYSIS</b>	
<i>Kidney dialysis</i> received while admitted to <i>hospital</i> or out of <i>hospital</i>	Fully Covered
<b>PRE-HOSPITALISATION BENEFITS</b>	
<i>Pre-hospitalisation benefits</i> before admission for up to 30 days before a covered <i>confinement</i>	Fully Covered
<b>POST-HOSPITALISATION BENEFITS</b>	
<i>Post-hospitalisation benefits</i> for up to 90 days following a covered <i>confinement</i>	Fully Covered

MEDICAL EVACUATION & REPATRIATION	
All members insured under this policy are enrolled into the Emergency Service Program provided by APRIL Assistance. Benefits and applicable terms and conditions are shown in the "Emergency Service Program" leaflet.	Included
EMERGENCY ROOM TREATMENT	
Emergency room treatment	Fully Covered
EMERGENCY DENTAL TREATMENT	
Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident	Fully Covered
LOCAL TRANSPORT BY AMBULANCE	
Transport to and from <i>hospital</i> prescribed by an attending <i>physician</i>	Fully Covered
PRIVATE NURSING, HOME NURSING	
Private nursing in <i>hospital</i> when certified necessary by an treating <i>physician</i>	Fully Covered
Home nursing prescribed by treating <i>physician</i>	\$135 per day up to a maximum of \$5,400 per <i>period of insurance</i>
HOSPITAL CASH BENEFIT	
Where you are hospitalised for a covered <i>confinement</i> at no cost to you.	\$300 per day up to a maximum of 60 days per <i>period of insurance</i>
REHABILITATION TREATMENT	
<i>Rehabilitation treatment</i> received while an inpatient at a <i>rehabilitation centre</i> . Admission to the <i>rehabilitation centre</i> must take place within 2 weeks after discharge from <i>hospital</i> for a covered <i>confinement</i> . Pre-authorization is required for this benefit.	\$355 per day up to a maximum of \$31,950 per <i>period of insurance</i> Maximum of 90 days per <i>disability</i>
HOSPICE OR PALLIATIVE TREATMENT	
<i>Hospice or Palliative Treatment</i>	\$100,000 lifetime benefit
EXTERNAL PROSTHESIS	
<i>External Prosthesis</i> and any services associated with selection, fitting or repair	\$5,000 per <i>period of insurance</i>
SECOND OPINION SERVICES	
Medical Second Opinion Services provided by Mediguide America	Included
SPECIAL TERMS APPLYING TO CERTAIN DISABILITIES	
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.	
<i>Complications of pregnancy</i>	Fully Covered
Please refer to waiting period 8.1.1 of the Policy Terms and Conditions	
<i>Organ transplantation - transplantation costs</i>	Fully Covered
<i>Organ transplantation</i> - direct cost of surgery to remove an organ for transplant	30% of the total transplantation cost

Module II		OUTPATIENT BENEFITS	
<b>GENERAL PRACTITIONER AND SPECIALIST CONSULTATION FEES</b>			
General Practitioner consultation fees			Fully Covered
Specialists consultation fees			Fully Covered
Psychiatrists, <i>physician</i> consultations, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a psychiatrist/ <i>physician</i> for <i>mental and nervous conditions</i>			\$10,000 per <i>period of insurance</i>
Physiotherapy <i>A referral for physiotherapy must be submitted at the same time as your claim.</i>			Fully Covered
<b>COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE</b>			
Combined limit for all benefits listed in the <i>Complementary Medicine</i> and Traditional Chinese Medicine section			\$2,000 per <i>period of insurance</i>
Consultation fees and medicine/consumables dispensed or used by Chinese medicine practitioner, acupuncturist and bone setter in the course of treatment. <i>No referral</i> required.			Up to \$150 per visit Maximum 1 visit per day Up to the combined limit
<i>Physiotherapy</i> without <i>referral</i>			Up to \$100 per visit Maximum 3 visits per <i>period of insurance</i> Up to the combined limit
Consultation fees for the following <i>complementary medicine</i> practitioners without <i>referral</i> : Chiropractor and osteopath  Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i> : Dietician, podiatrist and speech therapist. <i>A referral</i> from <i>your</i> attending <i>physician</i> must be submitted at the same time as <i>your</i> claim.			Up to \$100 per visit Maximum of 15 visits per <i>period of insurance</i> Up to the combined limit
<b>DIAGNOSTIC SCANS AND TESTS PRESCRIBED BY AN ATTENDING PHYSICIAN</b>			
Lab tests, analysis			Fully Covered
X-Ray			Fully Covered
ECG			Fully Covered
Scans and endoscopic exams			Fully Covered
<b>HEARING AIDS</b>			
Hearing aids prescribed by an attending <i>physician</i>			\$500 per appliance per <i>period of insurance</i>
<b>MEDICAL APPLIANCES AND MOBILITY AIDS</b>			
Slings and bandages			Fully Covered
Purchase or rental of <i>mobility aids</i>			Fully Covered Maximum two <i>mobility aids</i> per <i>disability</i>
Rental of <i>medical appliances</i>			Fully Covered
Purchase of <i>medical appliances</i>			\$1,000 per <i>period of insurance</i>
<b>MEDICINES AND DRUGS</b>			
<i>Medicines and drugs</i>			Fully Covered
<b>MEDICAL CHECK UP &amp; VACCINATIONS</b>			
<i>Medical check up</i>			\$1,000 per <i>period of insurance</i>
Vaccinations			Fully Covered

**Module III**      **MATERNITY BENEFITS**

**MATERNITY**

The following prenatal and post-natal services are covered: *Physician* consultation fees, *diagnostic scans and tests, medicines and drugs*, vitamins and supplements. Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.

*Complications of pregnancy following assisted conception.*

Therapeutic abortions.

Please refer to waiting period 8.1.2 of the Policy Terms and Conditions.

\$15,000 per pregnancy

**Module IV**      **DENTAL AND OPTICAL BENEFITS**

**DENTAL - TREATMENT PERFORMED BY A DENTIST OR UNDER A DENTIST'S SUPERVISION**

*Minor dental treatment*

\$1,000 per *period of insurance*

*Major dental treatment*

80% up to \$2,500  
per *period of insurance*

**OPTICAL**

Eye examinations, prescription contact lenses & prescription lenses

\$300 per *period of insurance*

Underwritten by:

**Liberty International Insurance Limited (Hong Kong)**  
13th Floor, Berkshire House  
25 Westlands Road  
Quarry Bay  
Hong Kong

Arranged and administered by:

**APRIL Hong Kong Limited**  
9th Floor, Chinachem Hollywood Centre  
1-13 Hollywood Road, Central  
Hong Kong  
Tel: (+852) 2526 0918 | Fax: (+852) 2526 0769  
Email: [contact.hk@april.com](mailto:contact.hk@april.com)

