






# Benefits at a glance

SUMMARY OF BENEFITS	EMERGENCY	BASIC <sup>1</sup>	ESSENTIAL	COMFORT	PREMIUM
<b>Upper limit on medical expenses per year and per plan member</b>	<b>€/US\$250,000</b>	<b>€/US\$500,000</b>	<b>€/US\$1,000,000</b>	<b>€/US\$1,500,000</b>	<b>unlimited</b>
 <b>HOSPITALISATION</b>					
Hospitalisation in case of emergency or accident	✓	✓	✓	✓	✓
Hospitalisation and other types of care in case of chronic illness	✗	✓	✓	✓	✓
Hospitalisation for the treatment of mental or nervous disorders	✗	✗	✗	up to €//\$ 8,000/year and a maximum of 15 days/year	up to 30 days/year
Hospital room	Two-bed room	Two-bed room	Standard private room up to €//\$75/day	Standard private room	Standard private room
Rehabilitation following hospitalisation covered by APRIL International	up to 20 days	up to 20 days	up to 20 days	up to 30 days	up to 60 days
Medical repatriation and medical transport	✓	✓	✓	✓	✓
 <b>OUTPATIENT BENEFITS AND PREVENTION (optional)</b>					
Consultations with general practitioners and specialists including for the monitoring of chronic illnesses	✗	2 consultations per year covered at 100%. From the 3rd consultation onwards, covered up to €//\$80 per consultation	5 consultations per year covered at 100%. From the 6th consultation onwards, covered up to €//\$100 per consultation.	10 consultations per year covered at 100%. From the 11th consultation onwards, covered up to €//\$200 per consultation.	✓
Psychiatrists and psychologists	✗	✗	✗	up to 5 consultations/year and a maximum of €//\$200 per consultation	up to 20 consultations/year and a maximum of €//\$200 per consultation
Physiotherapy	✗	up to €//\$1,000/year	up to €//\$2,000/year	up to €//\$4,000/year	✓
Alternative medicine	✗	✗	up to €//\$500/year	up to €//\$1,000/year	up to €//\$2,000/year
Drugs, diagnostic tests and x-rays	✗	100% (up to €//\$2500/year for drugs prescribed on outpatient basis)	✓	✓	✓
Advanced medical imaging	✗	up to €//\$2,000/year	up to €//\$4,000/year	up to €//\$8,000/year	✓
Health checks and hearing tests (every two years)	✗	✗	up to €//\$200	up to €//\$800	up to €//\$2,000/year
 <b>DENTAL: waiting period of 3 to 6 months<sup>2</sup> (optional)</b>					
Upper limit per year	✗	€//\$500	€//\$1,000	Years 1 & 2: up to €//\$2,000 Years 3 and more: up to €//\$3,000	Years 1 & 2: up to €//\$4,000 Years 3 and more: up to €//\$5,000
 <b>VISION: waiting period of 6 months<sup>2</sup> (optional)</b>					
Lentilles de contact (upper limit per year)	✗	up to €//\$150	up to €//\$200	up to €//\$300	up to €//\$400
Frame and lenses (maximum 1 pair every 2 years)	✗		up to €//\$250		
Traitements au laser pour correction de la vision (myopie, hypermétropie, astigmatisme, kératocône)	✗	✗	✗	up to €//\$500	up to €//\$700
 <b>MATERNITY: waiting period of 10 months<sup>2</sup> (optional)</b>					
> Maternity benefits under the Essential package are only available if you choose cover in zones 3, 4 and 5. For more information on the countries included, please refer to paragraph 2.2 of the General Conditions.					
Childbirth: consultations, pre- and post-natal care, hospitalisation, private room, living expenses and medical and surgical fees	✗	✗	Up to €//\$3,000 / pregnancy (increased to €//\$6,000 / pregnancy for medically-required surgical delivery)	Up to €//\$6,000 / pregnancy (increased to €//\$12,000 / pregnancy for medically-required surgical delivery)	Up to €//\$12,000 / pregnancy (increased to €//\$20,000 / pregnancy for medically-required surgical delivery)

<sup>1</sup> Not available if you choose cover in the United States, the Bahamas, Puerto Rico or Worldwide cover.

<sup>2</sup> For more information see paragraph 4.2 of General Conditions.