

Brochure

MyHEALTH

Get the flexibility to cover
what really matters for
your family and yourself



APRIL & AIG partnership

American International Group, Inc. (AIG) is a leading global insurance organisation. We provide a wide range of property casualty insurance, life insurance, retirement solutions and other financial services to customers in approximately **70 countries and jurisdictions**. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange.

AIG Insurance Company China Limited (AIG China), a member company of AIG, is a registered property insurer in China, with branch offices in Beijing, Shanghai, Guangdong Province, Shenzhen, Jiangsu Province, Zhejiang Province, and marine insurance operation center in Shanghai.



About AIG



3.99% of the total foreign P&C market share

2 Billion GPW in 2023

400+ Partners/Brokers

~600 Employees

About APRIL

APRIL International is part of the APRIL Group, a global insurance specialist operating worldwide through a network of 15,000 partner brokers. The Group achieved a **€630 million turnover** in 2023.

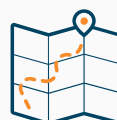
Drawing on the expertise and the financial strength of the Group, APRIL International has been established in Asia for over **25 years**.



150,000+ members



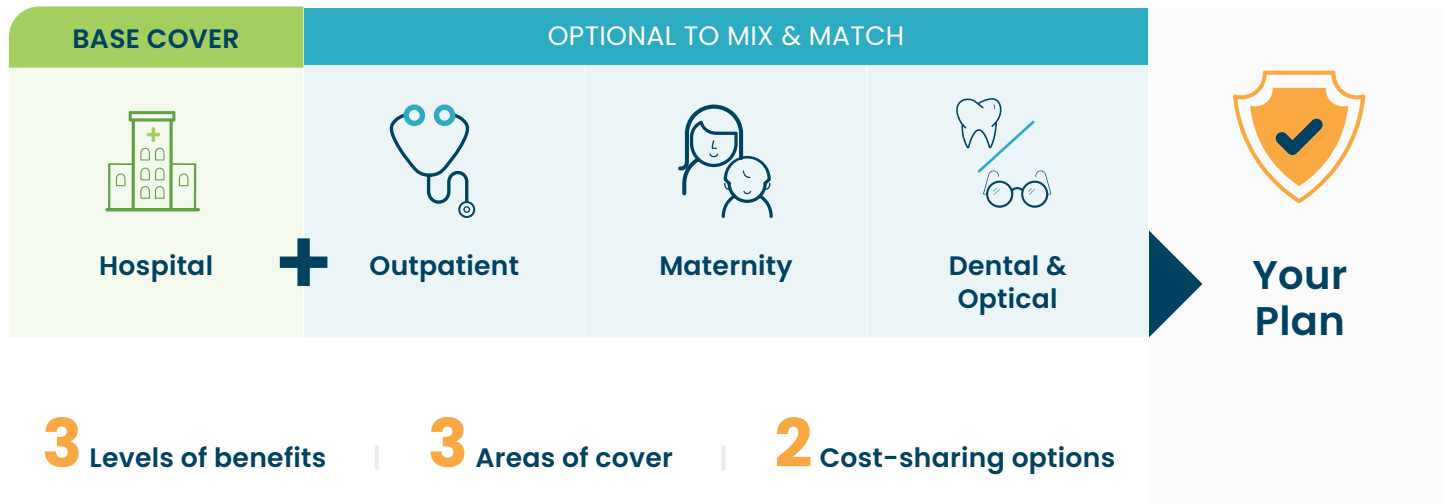
350+ multilingual employees



180 countries

Why choose MyHEALTH?

MyHEALTH is composed of different modules, levels of cover and customisation options to help you create the adapted cover for you and your family.



Up to **50** Combinations to create



Flexibility

- › Customise your plan to your needs and budget
- › Option to choose different plans for each family member
- › Family discounts up to 10%

Simplicity

- › Cashless access to thousands of medical providers in Asia
- › Direct billing arrangement for your hospital fees
- › Complimentary 24/7 teleconsultation service

Proximity

- › A dedicated customer service team to assist you
- › A 24/7 multilingual assistance platform in case of emergency
- › We always support you in case of hospitalisation or major health issue

How to create your cover in 4 easy steps

Personalise your cover by mixing and matching modules and levels of cover to get the protection you need depending on your situation.

Step 1: Select your base cover

Protect yourself in case of hospitalisation or major health conditions.

We offer 3 levels of cover:

Step 2: Add optional modules

You may add optional benefits depending on your needs.



Hospital

This base cover also includes emergency assistance, repatriation and medical evacuation services.

Essential

Extensive

Elite



Outpatient

If you need to visit a general practitioner, a specialist or buy some prescription medicine, this will be covered under our Outpatient module.

Essential

Extensive

Elite



Dental & Optical

This module may cover treatments such as dental checkups or prescription glasses or lenses.

Essential

Extensive

Elite



Maternity

If you are planning for a baby, Maternity coverage will be a must. This will cover your pre- and post-natal care, delivery and newborn care.

Essential

Extensive

Elite

Step 3: Choose your area of cover

Select your area of coverage depending on your situation.

Step 4 (optional): Add cost-sharing options

Save money on your annual premium by adding cost-sharing options.



Worldwide

You are covered anywhere in the world.
*Excluding Non-Covered Areas



Worldwide excluding USA

You are covered everywhere except the USA.
*Excluding Non-Covered Areas



Greater China

You are covered in Mainland China, Hong Kong, Macau and Taiwan.

In case of accident or emergency hospitalisation outside your area of cover:

You will be covered up to RMB 680,000/USD 100,000 per period of insurance for sudden illnesses or injuries occurring during the first 30 travel days of any trip outside the area of cover.



Add a deductible on your Hospital module



Add a co-insurance on your Outpatient module

Please refer to page 6 for details >

Add cost-sharing options

01 Add a deductible to your Hospital module

A deductible is the amount you pay before your insurance starts covering medical costs. For example, if your deductible is USD 1,500, you will need to pay this amount yourself before the insurance contributes to your medical bills. This annual deductible is charged per person, each year, and it covers various services, including hospital stays and surgeries.



02 Add a co-insurance to your Outpatient module

You can also choose to apply a 20% co-insurance to your Outpatient module to reduce your annual premium. The co-insurance is applied to eligible outpatient expenses only, and subjected to any high-cost provider co-insurance if applicable (see next page). Here is how it is calculated:



Note: This co-insurance will be waived if you visit a medical provider from our Panel Network, which is composed of selected clinics from the APRIL network in Hong Kong. To be fully covered and enjoy direct billing services, make sure you show your APRIL member card at the reception of the clinic.

Add cost-sharing options

03 Plan feature: High-Cost Providers

If you selected Extensive for your Hospital module, you will be subject to a 40% coinsurance if you visit a High-Cost Provider. The co-insurance will apply to your Inpatient and Outpatient expenses.

	ESSENTIAL	EXTENSIVE	ELITE
High-Cost Provider	No reimbursement	60% reimbursement	Fully covered
Non High-Cost Provider	Fully covered		

The High-Cost Providers list can be found at <https://assets.april.fr/april-international/Network/pdf-network-aig-high-cost-providers-list-en.pdf>. Listing is subject to change.

04 Family Discounts We make insurance more affordable for your family

Whether you are a couple, a family with kids, you can benefit from our discounts starting two insured persons.

- › Family is defined as the policyholder's spouse or partner, or children.
- › The discount is based on the number of persons insured at the start of the policy.
- › Family members can have different plans, but they must all have the same policy start and end date.



2 or 3 persons

5% DISCOUNT



4 persons and above

10% DISCOUNT

Outpatient direct billing network

Access high-quality healthcare providers directly:

Gain direct access to a carefully selected network of top-tier healthcare providers across Asia

Experience hassle-free cashless services:

Opt for direct billing within our network to enjoy a seamless, cashless experience, eliminating the need for upfront payments



Direct settlement of your hospital costs

No upfront payment:

We settle your medical costs directly with hospitals

48-hour pre-approval:

Secure your treatment with ease by requesting pre-approval at least 48 hours in advance

Letter of Guarantee (LOG):

Upon approval, we will issue an LOG to the hospital, ensuring you won't have to pay high-cost treatments out of pocket

Wide hospital acceptance:

We are able to place LOGs in a large network of hospitals worldwide.

Digital services

Policy documents available on your member portal and Easy Claim



Digital claim submission (up to USD 500)



Complimentary, unlimited telehealth service



Complimentary Second Medical Opinion

24/7 medical assistance

- › In the event of an emergency, you may call our hotline 24 hours a day, 365 days a year.
- › Medical assistance services are included in all MyHEALTH plans regardless your level of coverage.



Frequently asked questions

Who can apply for insurance?

Anyone residing in a country that is acceptable to us at the time of application and who is not older 65 years old for Full Medical Underwriting can apply. Children may be covered as dependants in a policy.

Is there a maximum renewable age?

99 years old.

What is a pre-existing condition?

A pre-existing condition is an illness or a health condition that is known at the time you submit your application. It can be related to a hospitalisation that occurred in the past or an illness that is congenital (i.e. what you are born with). Furthermore, it can be linked to a major condition that you have suffered in the past or currently suffering from. This includes conditions such as asthma, high blood pressure, heart diseases and mental illness.

Can family members have different plans under the same policy?

Yes, family members may select different plans. However, the deductibles and area of cover selection must be the same for all members under the same policy.

When can coverage begin?

Coverage can begin as soon as you accept our underwriting offer and your insurance premium is paid.

Am I allowed to make changes to my plan?

Yes, you can make changes to your plan selection at renewal. Just let us know in writing as soon as you receive your renewal offer. Changes to your coverage will likely result in a change in premium and any upgrades in coverage will be subject to underwriting.

If you wish to add a dependant to your plan after your policy has started, you will be allowed to do so within 30 days following a marriage, a birth or an adoption.

Is there any treatments requiring pre-authorization from AIG?

Yes, the following treatments require a pre-authorization at least 48 hours in advance: any hospitalisation, surgery, day care or childbirth, cancer treatment, stem cell treatment, rehabilitation treatment.

Non pre-authorized treatments are subject to 20% co-payment outside the United States, and 40% in the United States.

How are my premiums determined at renewal?

On an annual basis, we may adjust premiums to ensure the plan keeps up with medical costs. Your renewal premium is affected by the annual adjustments that we make and we will inform you at renewal what the base increase applied was.

In addition to the annual adjustment that we make, the following factors contribute to the overall determination of your renewal premiums.

- The published rates in effect at the time of your renewal for your plan selection and your age on the first day of your renewed policy;
- Any underwriting premium loadings that you accepted at the start of the policy;
- Family discounts based on the headcount at renewal (if applicable);
- Any changes that you make to your plan at renewal; and
- Any increase in age band

For more information, contact your insurance consultant :

Underwritten by:

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