



Policy Guide

MyHEALTH China



WELCOME TO APRIL INTERNATIONAL!

Thank you for choosing us to protect you and your loved ones. Throughout the duration of your plan, wherever you are, we'll be there for you to make sure you can make the best of your international health insurance.

This guide contains all the practical and useful information you will need for a full understanding of your plan and its services. **Please read your Benefits Schedule and Terms and Conditions carefully.**

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1. How to use your plan?



?

**SEVERAL
MODULES
TO CHOOSE FROM**

**3
LEVELS OF COVER**

**2
CO-INSURANCE
OPTIONS**

**3
LEVELS OF DEDUCTIBLES**

**3
AREAS OF COVER**

A > BENEFITS

« *What benefits does my plan provide?* »

YOUR COVER



Inpatient
Benefits



Outpatient
Benefits



Maternity
Benefits



Dental & Optical
Benefits

ESSENTIAL

EXTENSIVE

ELITE

20% of actual costs or NIL

USD 0
RMB 0

USD 1,500
RMB 10,200

USD 3,000
RMB 20,400

Worldwide
(Excluding areas
not covered)

Worldwide
Excluding USA

Greater China

MyHEALTH is a flexible plan composed of different modules that you carefully selected when you applied for your policy. To find out more about what your specific policy covers and what your benefit limits are, please refer to your **Benefits Schedule** which is available on your mini-app on WeChat.

MEDICAL AND EMERGENCY ASSISTANCE
Included in all plans

B > YOUR POINTS OF CONTACT

■ CUSTOMER SERVICE



One point of contact for all enquiries:

+86 20 8128 1172

(Overseas, including Hong Kong, Macau and Taiwan regions of China)

+800 988 0898

(Mainland China)

For medical assistance, **press 1**
24/7

For general enquiries, **press 3**
Monday to Friday, 9 am to 5:30pm (Beijing Time)



General Enquiries

shcontact@globalhealthasia.com





Treatment Pre-approval Requests

provider@globalhealthasia.com



C > MEMBER PACK

Your Member Pack (sent by email) contains the following documents and information:

-  **Policy documents**
-  **Terms and Conditions**
-  **Benefits Schedule**
-  **Invoice** (upon request)

You can access additional documents on your member portal, available at myapril.april.asia. Please make sure that you download the mini-app on WeChat and the APRIL Easy Claim app as soon as your policy starts to access your member cards.

D > YOUR TeleHEALTH SERVICES

TeleHEALTH services are included in your policy with unlimited number of consultations. They are available in English and Mandarin

TELECONSULTATION

If you are feeling ill or have any general health questions, you can get in touch with a licensed medical practitioner anytime, anywhere. There is no limit to the number of consultations.

Simply send an email to: aig_cn@advance-medical.com.cn, and a medical practitioner will call you back within 3 hours (service hours only).



Save time

You no longer need to travel and wait in a doctor's office, take time off from work or pull your kids out of school. This service is available from 9 AM to 9 PM (Monday to Sunday) in English and Mandarin.



Save money

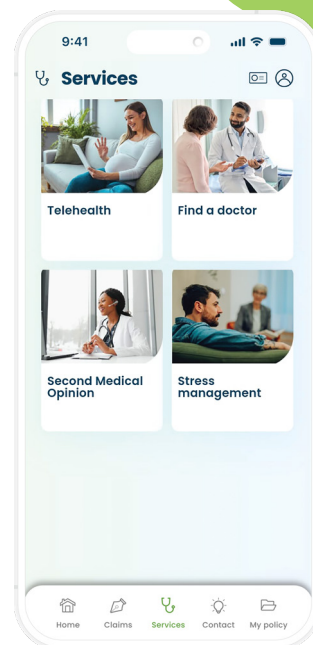
TeleHEALTH is included in all policies, even you have a Hospitalisation & Surgery only plan. You can also enjoy free teleconsultations outside your area of cover. Last but not least, simply save on your gas, parking, taxi or MRT expenses!



No hassle

You don't need to leave home if you are feeling sick or search for a medical facility if you are in a foreign country. Many minor health issues can be self-treated at home. TeleHEALTH also allows you to limit the risks of acquiring an infection from another patient.

Included
in all
MyHEALTH
policies



SECOND MEDICAL OPINION

For more serious conditions, you can receive a free Second Medical Opinion from the best medical experts in your pathology. Through our partnership with Teladoc Health, you have access to a network of 50,000 experts to answer all your questions.

Not understanding your diagnosis? Thought of more questions since leaving your appointment or confused about the next steps for treatment?

Use our Second Medical Opinion service to receive an external and unbiased medical opinion, explore alternative treatments or simply understand your condition better.

How does it work?



You may send your request by email directly to our partner Teladoc Health. Please refer to your Digital Services Guide for more information.

IN PARTNERSHIP WITH



- > Global leader in virtual care
- > 43 million members worldwide
- > Covering more than 175 countries
- > 90% members satisfaction

TeleHEALTH is not an emergency service. In case of emergency, please contact our 24/7 assistance platform.

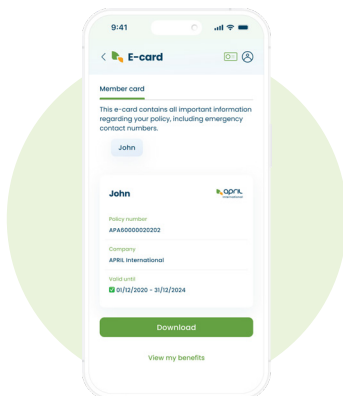
2. How to use direct billing?

A > YOUR DIRECT BILLING SERVICES

You have access to an extensive network of hospitals, clinics and healthcare providers where you can enjoy direct billing services in Mainland China and across Asia.



SEE YOUR HEALTHCARE PROVIDER



SHOW YOUR MEMBER CARD



ENJOY DIRECT BILLING SERVICES

● In Mainland China:

- › You have access to over 800 facilities across Mainland China.
- › The listing of participating medical providers is available on the mini-app on WeChat.
- › To enjoy direct billing services, simply show your member card, available on the mini-app.

● In the rest of Asia:

- › You have access to over 4,800 across Asia, including countries such as Hong Kong, Singapore, Thailand, Vietnam and many more.
- › Our direct billing providers list is available at <http://healthbyapril.com/generalnetwork> or on your member portal.
- › Show your APRIL member card (available on the APRIL Easy Claim app) to participating providers to enjoy direct billing.

Please refer to your Digital Services Guide for more information on how to use direct billing.

❓ « Are there some expenses or treatments that are not eligible for Direct Billing? »

- ✗ Any items that haven't been prescribed by your attending physician
- ✗ Any items that are not covered by your policy
- ✗ Routine medical examinations or check-ups and vaccinations
- ✗ Physiotherapy (unless pre-approval is granted) and complementary medicine
- ✗ Dental treatments and optical benefits
- ✗ Treatments for pre-existing conditions
- ✗ Test or treatment of psychiatric, psychological, mental or nervous disorders
- ✗ Treatments for general exclusions

Note: For treatments above USD250 (or equivalent amount in RMB), your provider will request pre-authorisation from us

If you are planning to receive any complex procedures such as outpatient surgery, scans, MRIs, laboratory tests, etc, please contact us at least 5 working days in advance of your visit to enable us to undertake the necessary verification and approval process (so that we can provide the treating facility with the necessary verification and approval) before your visit.

B > HOW TO SUBMIT YOUR CLAIMS FOR MEDICAL EXPENSES

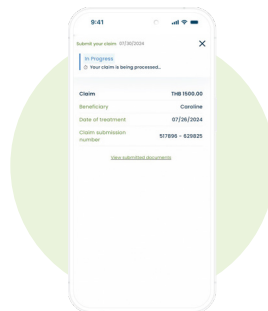
If your healthcare practitioner is not part of our direct billing network or if your treatment is not eligible for direct billing, please follow these simple steps to submit your claims for medical expenses.



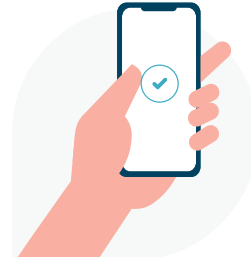
SEE YOUR HEALTHCARE PRACTITIONER



PAY FOR YOUR MEDICAL EXPENSES



SEND YOUR INVOICES VIA THE APP OR VIA YOUR MEMBER PORTAL



GET REIMBURSED WITHIN A FEW DAYS!

For all electronic claims, please keep all your original documents for a maximum period of 1 year.

For claims above USD500, please send your original documents to:
GlobalHealth (Shanghai) Enterprise Management Consulting Company Limited An APRIL Company
Suite 2228, 22F Tomson Commercial Building 710 Dong Fang Road Pudong, Shanghai 200120, China

C > LIST OF DOCUMENTS REQUIRED

« Which documents and information are required for claims? »

Diagnosis and/or symptoms requiring treatment must appear on your documents

- › Detailed invoices (including breakdown of medicine if any) and payment receipts
- › Official Fapiao (we only recognise official fapiao issued by medical providers registered in China). Fapiao is not required for claims outside Mainland China.
- › A Claim Form (for claims submitted by post)

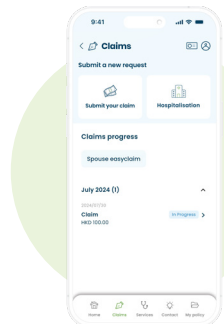
For claims above USD500, please submit your original documents by post.

For electronic claims submission, we reserve the right to request a Claim Form at anytime.

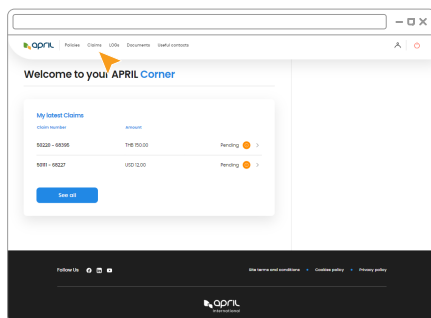
Claims must be submitted within 90 days of treatment.

D > HOW TO CHECK THE STATUS OF YOUR CLAIMS?

Once you have submitted your claim, you will be able to follow its status:



On Easy Claim:
From the Home page under **Recent claims** or on the Requests page



On your Member Portal:
click on **Claims**

Once your claim has been settled, you will be able to download your EOB (Explanation of Benefits) directly on the app or on your portal. You will also receive an email notification informing you that your claim has been settled.

Please make sure you include all the documents mentioned above, otherwise your claim may be pending for reimbursement.

- › If you have not submitted your bank account information, log into your Member Portal and enter it under the Policies tab.

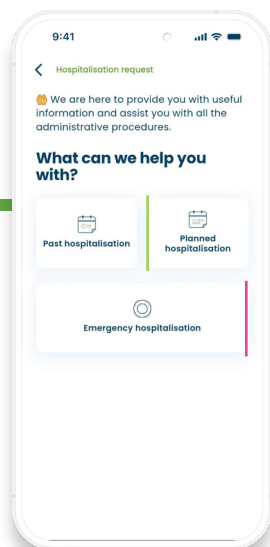
3. What to do in case of hospitalisation or medical emergency

A

NON-EMERGENCY HOSPITALISATION OR TREATMENT

For any planned hospitalisation or treatment, you must request pre-approval from APRIL **as soon as possible and no later than 48 hours in advance**

Submit your request on Easy Claim. Click on the **Hospitalisation** button, fill in the required fields and attach the relevant documents.



B

EMERGENCY HOSPITALISATION

If you need to be hospitalised urgently, please contact **+86 20 81281172** or immediate help. Whenever possible, please state your policy number and member number. You can also provide your member card to the hospital who will arrange to call us.

Your emergency numbers can be found on your Easy Claim app and on the back of your member card

OR



Fill in the **Advance Request Form** with the help of your attending physician (downloadable on your Member Portal) including the name of the medical facility, planned admission date and full breakdown of estimated cost and send it to provider@globalhealthasia.com

When your request for pre-authorisation or Letter of Guarantee is approved, we will provide you with the supporting documents (written approval or Letter of Guarantee).

If you are not capable of calling us before your hospitalisation, please make sure that you contact APRIL within the 48 hours following your admission to hospital or as soon as reasonably possible.

APRIL will assess your request.

If some information is missing, we will contact you or your attending physician or hospital to finalise your request, so make sure that the phone number you indicated is correct.

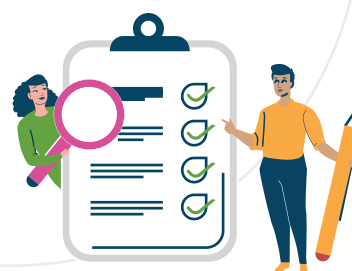
When your request for hospitalisation or planned treatment is approved, we will provide you with the supporting documents (written approval or Letter of Guarantee).

With APRIL, you are not obliged to consult a particular doctor or go to a particular hospital. You are free to choose your own doctor or the hospital where you want to be treated.

However, if you have a serious health problem, our experts will always look at each individual case. The local experience of our medical teams means we are able to make the best possible assessment of the treatment plans and rates offered by healthcare providers to ensure the treatments being proposed are appropriate and medically required and that they are in line with the usual and customary rates in the region.



Requesting a pre-approval is compulsory. If you don't request a pre-approval, we will apply a 40% CO-INSURANCE on your medical expenses. Please refer to page 13 for the full list of treatments requiring pre-approval.



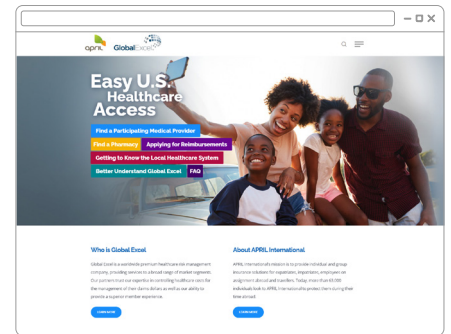
C > FOR HOSPITALISATIONS IN THE UNITED STATES

Members who opted for our Worldwide area of cover will be eligible for coverage within our network of partner hospitals.

01. Go to omhc.com/April
02. Select **Find a Participating Medical Provider**
03. Enter your home location (zip, city, county or state) and click **Search**
04. Select **Passport to Healthcare Primary PPO Network**
05. Select **Hospitals & Facilities**, then Hospitals
06. The list of participating hospitals will be displayed

Services rendered outside this network will be subject to 40% co-payment. This only applies for Hospital & Surgery care, except in case of emergency.

Direct billing services will not be provided in the United States.



D > YOUR MEDICAL ASSISTANCE SERVICES



Call +86 20 8128 1172 and press 1 for assistance

Please state your AIG number, which can be found in your Easy Claim app

In the event of an emergency, you may call the Travel Guard hotline **24 hours a day, 365 days a year**. Medical assistance services are included in all MyHEALTH plans regardless your level of coverage. Please refer to your **Emergency Assistance Program** available on your [Member Portal](#) for more detailed information.

Wherever you are in the world, our team will assist in transferring you to the most appropriate medical facility to receive the treatment you need and/or transport you back home after receiving your medical treatment.

4. About your policy



A > HOW DOES CO-INSURANCE WORK?

1. Co-insurance on High-Cost Providers

If you selected Extensive for your Hospital & Surgery 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>.

2. Optional 20% co-insurance

On our outpatient plans, we offer a 20% co-insurance. Here's how the co-insurance is calculated:



Co-insurance will only be applied to your eligible **outpatient expenses**, subjected to any high-cost provider co-insurance if applicable.



B > HOW DO DEDUCTIBLES WORK?

A deductible is the amount you are responsible for before the insurance plan starts to pay for medical expenses. For instance, if your deductible is USD1,500, you must pay that amount out of your own pocket before we begin covering your medical expenses. The annual deductible is per person per year and only applies to your hospital and surgery plan.



C > GENERAL EXCLUSIONS

« *WHAT IS NOT COVERED BY MY POLICY?* »

There are certain items that your policy will not cover, which are referred to as exclusions. **Please read your Terms and Conditions carefully for the full list of general exclusions.** Here are the most common exclusions:

- ✗ Services which are not medically necessary
- ✗ Treatment which is covered by other insurance
- ✗ Cosmetic surgery and reconstructive surgery
- ✗ Sleep disorders
- ✗ Weight disorders
- ✗ Vitamins and health supplements
- ✗ Teeth whitening
- ✗ Treatment related to assisted conception, contraception, sterilisation, fertility or infertility
- ✗ All treatments related to sexually transmitted diseases



D > TREATMENTS REQUIRING PRE-AUTHORISATION

« *In which cases do I need to request pre-authorisation from APRIL?* »

Some major treatments and procedures require the pre-authorisation of our medical team:

- Any hospitalisation, surgery, day care (if applicable) or childbirth (if covered by a rider);
- Cancer treatment
- Stem cell treatment
- Rehabilitation treatment

You must receive APRIL's prior approval for your treatment. Please submit your treatment request on Easy Claim or fill in our [Advance Request Form](#) (available on your Member Portal) and return it to us.



Requesting a pre-approval is compulsory. If you don't request a pre-approval, we will apply a **40% CO-INSURANCE** on your medical expenses.

5. Premium payment and policy update

A > HOW CAN I PAY MY PREMIUMS?

When your policy is due for renewal, you will receive a renewal notice with details of the amount to be paid.

Your premium amount may change on the anniversary date of your plan depending on the benefits and the options you selected. Changes to your premium are not based on the level of claims you have made. In fact, our calculation is based on the overall number of claims made by the persons insured under MyHEALTH.

Because healthcare costs are rising every year, we might also adjust your premiums to keep pace with medical inflation. This is in addition to any age related increase(s) which may apply to your policy.

B > HOW CAN I MAKE CHANGES TO MY PLAN?

We would be pleased to assist with making any changes to your plan. You can:

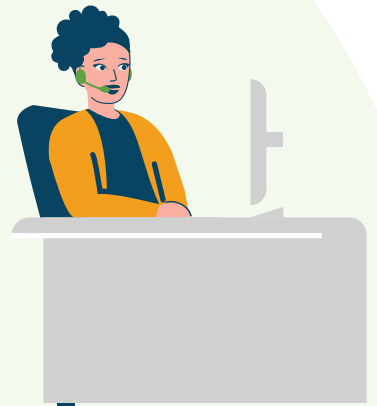
■ At renewal:

- › Adjust the level of your cover to suit your needs
(if you choose to upgrade your benefits, you may have to go through our underwriting process)

■ Anytime throughout your policy year:

- › Update your address, phone number or bank details
- › Add a dependant (newly married or newborn)
- › Change your last name following a marriage or a divorce

To make any of these changes to your plan, please contact your insurance broker or a member of our team at shcontact@globalhealthasia.com. We will send you the appropriate forms to fill in and walk you through the process step by step.



For more information, contact your insurance consultant :

Underwritten by:

AIG Insurance Company China Limited
Unit 31F/021 & 33F/042, Hang Seng Bank Tower,
No. 1000 Lujiazui Ring Road, China (Shanghai)
Pilot Free Trade Zone, Shanghai 200120, P.R.China
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Macau and Taiwan regions of China)
+800 988 0898 (Mainland China)

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