



**Policy Guide** 

## MyHEALTH China











## WELCOME TO APRIL INTERNATIONAL CARE!

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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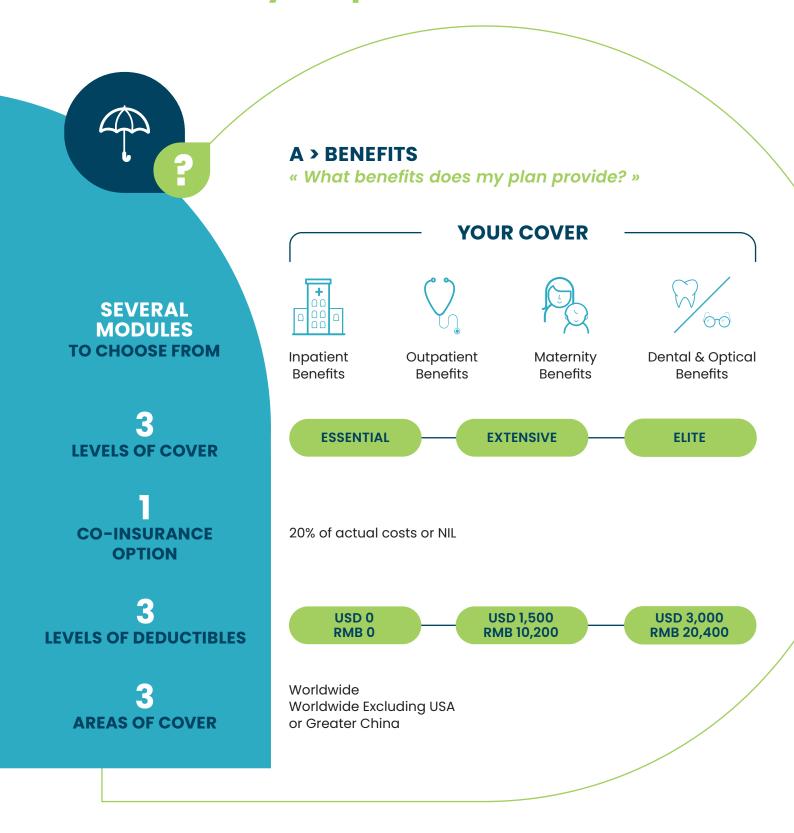
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## 1. How to use your plan?



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

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 <a href="myapril.april.asia">myapril.april.asia</a>. 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. Simply send a request on Easy Claim and a doctor will call you back within 3 hours.



#### Save time

Save timeYou 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 (Mondayto 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.

#### 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.



#### **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.

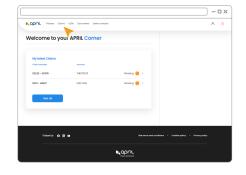


#### D > HOW TO CHECK THE STATUS OF YOUR CLAIMS?

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



On Easy Claim: from the homepage, simply click on **See my claims history** 



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.

<sup>)</sup> 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



#### 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.



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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

#### 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.

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#### > 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

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.





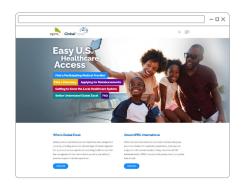
#### C > FOR HOSPITALISATIONS IN THE UNITED STATES

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 AIG Travel 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 Essential or 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	40% coinsurance		Fully covered
Non High-Cost Provider	Fully covered		

The High-Cost Providers list can be found at <a href="https://assets.april.fr/april-international/Network/pdf-network-aig-high-cost-providers-list-en.pdf">https://assets.april.fr/april-international/Network/pdf-network-aig-high-cost-providers-list-en.pdf</a>

#### 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 **outpatient expenses**. This is in addition to the potential **40% co-insurance outlined above**.



#### **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:

- X Services which are not medically necessary
- X Treatment which is covered by other insurance
- X Cosmetic surgery and reconstructive surgery
- X Sleep disorders
- X Weight disorders
- X Vitamins and health supplements
- X Teeth whitening
- X Treatment related to assisted conception, contraception, sterilisation, fertility or infertility
- X 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 treatment above RMB50,000
- Any hospitalisation, surgery, day care (if applicable) or childbirth (if covered by a rider);
- Use of any medical auxiliary equipment;
- Emergency medical expenses in the covered territory and outside the covered territory;
- Chemotherapy, radiation therapy, blood or peritoneal dialysis for the first time (if applicable);
- Hospitalisation for treatment of AIDS/infected human immunodeficiency virus;
- Emergency rescue;

You must receive APRIL's prior approval for your treatment. Please submit your treatment request on Easy Claim or fill in our <u>Advance Request Form</u> (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 <a href="mailto:shcontact@globalhealthasia.com">shcontact@globalhealthasia.com</a>. 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:

Arranged and administered by:

GlobalHealth (Shanghai) Enterprise Management Consulting Company Limited, An APRIL Company

Suite 2228, 22F Tomson Commercial Building 710 Dong Fang Road Pudong Shanghai 200120, China Tel: +86 20 81281172

Email: shcontact@globalhealthasia.com

