

Brochure

MyHEALTH

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

Download our Easy Claim mobile app
for quicker claims reimbursement!



 april-international.com

Please print only if necessary





We have our heart set on supporting and protecting people when it matters

Our Commitment

We believe you should only have to pay for what you need, and nothing else

- › We assist you to customise your plan and find a price which best suits your budget
- › Each family member can create their own cover combination under MyHEALTH
- › We work hand in hand with our clients and healthcare professionals to help guarantee sustainable prices

We make it our mission to deliver a better healthcare experience

- › You can trust our advisors to work with you to design a cover around what matters the most—your health
- › Our plans are straightforward and simple to understand so that you can make easier, better informed decisions
- › We use technology to transform our customer experience and deliver high-standard services

We are always close to you

- › Receive 24/7 support from our customer service team
- › In case of emergency, we will assist you every step of the way, wherever you are in the world
- › We offer you access to our regional network of trusted healthcare professionals



APRIL & HAYAH partnership

About APRIL

APRIL International is part of the APRIL Group, a global insurance specialist operating worldwide through a network of 27,000 partner brokers. The Group achieved a **€860 million turnover** in 2024.

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

Our local insurance partner, HAYAH

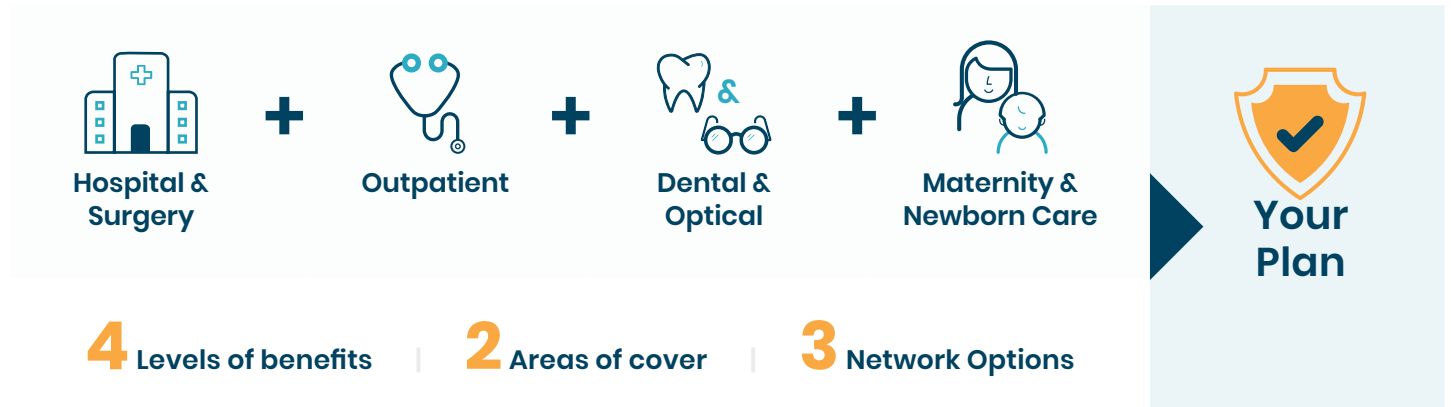


HAYAH Insurance is a UAE-based, fully digital insurance company, specializing in life, health, and savings. HAYAH is committed to making protection accessible, simple, and efficient, with a mission to empower individuals and businesses to secure their future.

Established in 2009, HAYAH combines a deep local expertise, full in-house actuarial capabilities, and a digital approach to its solutions. Today, HAYAH proudly serves the region by delivering global standards with a customer-first mindset, striving to make a lasting impact and elevate tomorrows.

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

- › Customised to your needs and budget
- › Option to choose different plans for all family members
- › Family discounts up to 15%

Simplicity

- › Cashless access to our trusted network of 3,200 medical providers in the UAE
- › Direct payment of your hospital fees
- › Simplified access to your insurance services via our Easy Claim app
- › Complimentary 24/7 teleconsultation service

Proximity

- › A Dubai-based 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

Dealing with a medical situation is never easy. We offer you the best services in the market to support you every step of the way.

Dubai's healthcare system is highly efficient, yet complex to navigate:

- Treatments and procedures are evolving every day
- Trusted medical information can sometimes be hard to find
- Medical inflation is no longer sustainable



Get the best mix of human and digital to help you navigate the system



Human-centric approach

We support you when it truly matters

1. One app to access all your services

Easy Claim is the best-rated insurance app in the market

3. TeleHEALTH

Get in touch with a doctor anytime, anywhere

5. Stress Management Counselling

Access remote mental health support.



Best digital tools of the market

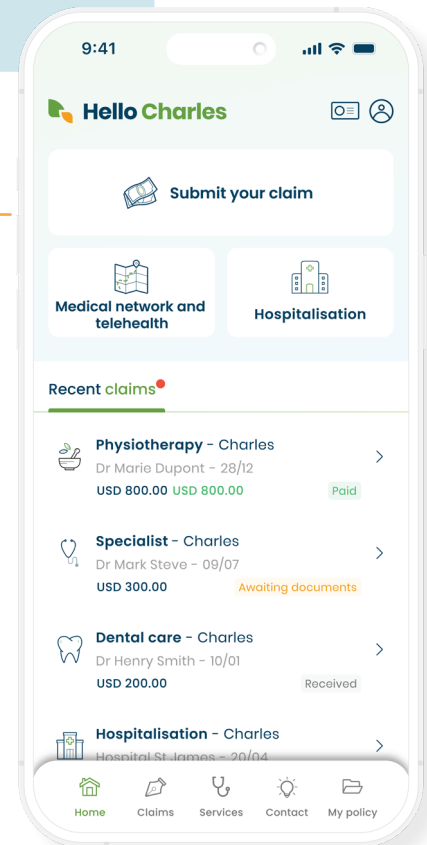
We use technology to serve our customers better

2. Direct billing

Enjoy cashless access to 3,200 hospitals and clinics

4. Second Medical Opinion

Make confident, better informed medical decisions



How to create your cover in 3 easy steps?

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

As each family member is different, you may all have different combinations under MyHEALTH.

Step 1

Select your levels of cover

* If you select Hospital & Surgery Core, your other modules will also be Core by default.

* All modules are mandatory, and each applicant must select their preferred level of cover.



Hospital & Surgery

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

Core

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.

Core

Essential

Extensive

Elite



Dental & Optical

This module may cover treatments such as dental checkups, orthodontics or prescriptions glasses or lenses or frames.

Core

Essential

Extensive

Elite



Maternity & Newborn Care

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.

Core

Essential

Extensive

Elite

Maternity and Newborn Care is available to women between 19-45.

Step 2

Choose your area of cover

Select your area of coverage depending on your situation.



Worldwide

You are covered anywhere in the world.



Worldwide excluding USA

You are covered everywhere* except the USA.

*Limited to 90 days outside Dubai for members under **Core**

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

You will be covered up to \$50,000 (or \$20,000 for the **Core** option) per period of insurance for sudden illnesses or injuries occurring during the first 30 travel days of any trip outside the area of cover.

Step 3

Select your network

Choose your network access out of our 3 options.

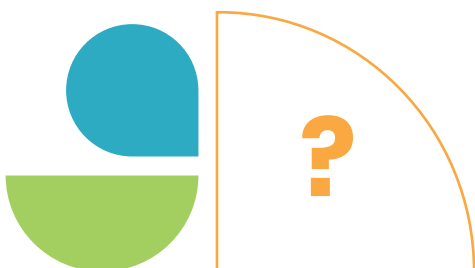


Please refer to **page 9** for details >

Green

Classic

Premium



Need further guidance?

Don't hesitate to get in touch with our team – we will be happy to help you create the best cover for you.



To give you access to the best healthcare services, we partnered with MedNet, which possesses the largest network of healthcare providers in GCC and Levant.



Enjoy direct billing services within the MedNet network. Kindly note that some benefit items might not be eligible for direct billing. Restrictions apply if you choose a co-insurance option on your outpatient benefits.

Based on your network selection, you will enjoy different levels of coverage and reimbursement within and outside your network:

Premium network

Most comprehensive network with top-range providers

- › Fully covered in Premium, Classic and Green

Classic network

Superior medical care at an affordable price

- › Fully covered in Classic and Green
- › Covered up to 70% in Premium

Green network

Most cost-effective option with access to high-quality healthcare providers

- › Fully covered in Green
- › Covered up to 70% in Classic
- › Covered up to 50% in Premium



Out of your network available in the UAE and in the GCC countries (ie boutique clinic), you will be reimbursed up to the reasonable and customary cost of your entitled network.

Add a co-insurance to your outpatient module

We offer 2 co-insurance options that you may apply to your Outpatient module to lower your annual premium:

Option 1

20% co-insurance to General Practitioner & Specialist Consultation **Only**

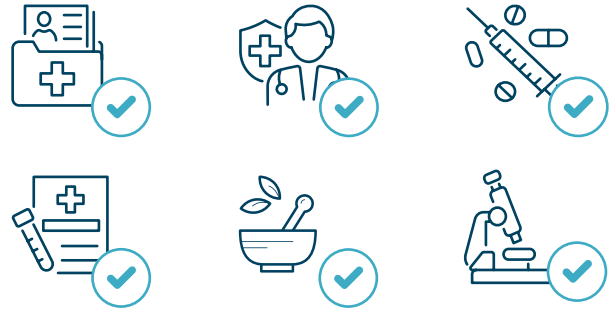


The co-insurance applies to each General Practitioner and Specialist Consultation, with a maximum out of pocket cost of USD 14 per visit.

Option 2

20% co-insurance to **All** Outpatient Benefits

Higher discount on your premium 



The co-insurance is fixed and applies to All Outpatient Benefits.

Below is an example of how the 2 options would be applied to a medical bill of USD 150.
20% co-insurance on the total bill: USD 30

Option 1



I pay **USD 14**

APRIL pays **USD 136**



Option 2



I pay **USD 30**

APRIL pays **USD 120**

We make insurance more affordable for your family

Whether you are a couple, a family with kids or an extended family, you can benefit from our discounts applicable to 2 insured persons or more.

- › Family is defined as the policyholder's spouse, partner, parent, brother, sister, child or grandchild.
- › 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 PERSONS



5% DISCOUNT

3 PERSONS



7.5% DISCOUNT

4 PERSONS



10% DISCOUNT

5 PERSONS
OR MORE



15% DISCOUNT

How to calculate your premium?

Your base premiums are determined by the following factors:

- The modules you select, your area of cover and your discounting options, if any
- Your actual age when the policy begins

YOUR PREMIUM =



Who is MyHEALTH for?

MyHEALTH is a modular health insurance cover. Our plans are 100% tailor-made to meet all of our customers' needs and budget. Here are a few examples of customers who we created MyHEALTH for:

Expatriate family established in Dubai

You are looking for a family-friendly plan that follows the needs of your children as they grow up and offers a comprehensive cover for yourself and your spouse. You want to be able to choose different levels of coverage depending on your family members' needs.

WE RECOMMEND



Hospital & Surgery

+



Outpatient

+



Dental & Optical

EXTENSIVE

WE OFFER YOU

- › Comprehensive medical checkups and vaccinations benefits to cover your children's routine visits and treatments
- › One of the most comprehensive dental coverages in the market
- › A wide range of complementary medicine coverage for all your family
- › Family discounts up to 15%
- › Complete freedom to choose your own medical providers
- › A digital app to access your family's coverage details and insurance services in one click
- › The same level of cover in Dubai, back home or wherever you travel





Young professional and digital nomad

You are looking for a budget-friendly, yet comprehensive cover to protect you in case of emergency or serious illness. You are globally mobile and want your insurance to follow you wherever you go.

WE OFFER YOU

- › Full coverage in case of hospitalisation
- › Cover for major treatments such as cancer treatment, organ transplant or kidney dialysis
- › Emergency assistance, evacuation and repatriation wherever you are in the world
- › A complimentary 24/7 teleconsultation service to help you reach a doctor anytime, anywhere
- › The best value for money!

WE RECOMMEND



Hospital &
Surgery













Outpatient

ESSENTIAL



Key benefits at a glance

SUMMARY OF KEY BENEFITS		CORE	ESSENTIAL	EXTENSIVE	ELITE
ALL MONETARY SUMS ARE IN USD					
Hospital & Surgery	Annual Limit per person	\$200,000	\$1,000,000	\$2,500,000	\$5,000,000
	Hospitalisation (inpatient and day patient costs) 			●	
	Room and board		Standard Private Room		
	Outpatient surgery 			●	
	Cancer Treatment	\$50,000		●	
	Kidney Dialysis			●	
	Organ Transplant	\$50,000	●		
			\$20,000 Direct expenses of surgery to remove an organ for transplant from a donor – donor expenses are not covered		
	Congenital and hereditary Conditions 	\$41,000		\$125,000	\$150,000
Outpatient	HIV/AIDs  	●		\$50,000	\$80,000
	Annual Limit for Outpatient Benefits	\$41,000	Up to overall limit per period of insurance		
	GPs and Specialists			●	
	Medicines and drugs	\$3,000 Fully covered within selected pharmacies		●	
	Diagnostic scans and tests			●	
	Physiotherapy with referral	Max 6 sessions	Max 25 sessions	Max 30 sessions	●
	Outpatient Mental and Nervous Conditions	\$250 30% co-insurance applies	\$3,000	\$4,000	\$4,500
	Complementary Medicine and Traditional Chinese Medicine	●	\$1,000	\$2,000	\$4,000
	Medical appliances & mobility aids	\$500	\$1,500	\$4,000	\$5,000
	Medical check-up on top of DHA minimum requirement	●	\$250	\$1,000	\$1,700
Maternity & Newborn Care	Vaccinations on top of DHA minimum requirement		●	●	
	Outpatient maternity 	Up to 3 pre-natal ultrasound scans and a maximum of 8 obstetrician visits			
	Inpatient maternity 	\$2,750			
	Enhanced maternity 	●	Additional \$4,000 per pregnancy	Additional \$6,000 per pregnancy	Additional \$8,000 per pregnancy
	Complications of pregnancy 	●	Up to overall limit per period of insurance		
Dental & Optical	Newborn Care	\$41,000	Up to overall limit per period of insurance		
	Minor dental treatment (e.g. cleaning, simple extractions)	\$150	\$300	\$1,250	\$4,500
	Major dental treatment  (e.g. implants, root canal, orthodontics)	●	\$1,000	\$2,250	
	Eye examinations	●		●	
Assistance	Frames, prescription contact lenses and prescription lenses	●	\$180	\$250	\$500
	Emergency medical evacuation and repatriation			●	
	Repatriation of remains			●	
	Compassionate Visit	Return economy airfare up to \$1,000			


 Lifetime Limit

 Pre-authorization Required

 Waiting Period Applies

 Full Cover

 No Cover



At APRIL, we make it our mission to deliver a better healthcare experience. Using the app is not only more convenient for our members – it also enables faster claims reimbursement.

Our award-winning Easy Claim app

Access all your insurances services anytime, anywhere



**Global Business
Review Awards 2022**
Most Innovative Health
Insurance App Asia



Find medical providers around you

- › Access your electronic insurance card
- › Check your coverage anytime
- › Find your APRIL contacts

Track your claims status

- › Submit your claims
- › Submit your hospitalisation requests



1. Get in touch with a doctor

Get a consultation with a licensed medical practitioner without even leaving your house. Simply send a request on Easy Claim and a doctor will call you back within 3 hours.



Included in your policy with unlimited usage



Available 24/7 in English and in many more languages from 4 AM to 4 PM, Monday to Friday

3. Stress Management Counselling

Get in touch with licensed psychologists to discuss topics such as: stress, anxiety, life transitions, couple counselling, and much more.

2. Second medical opinion

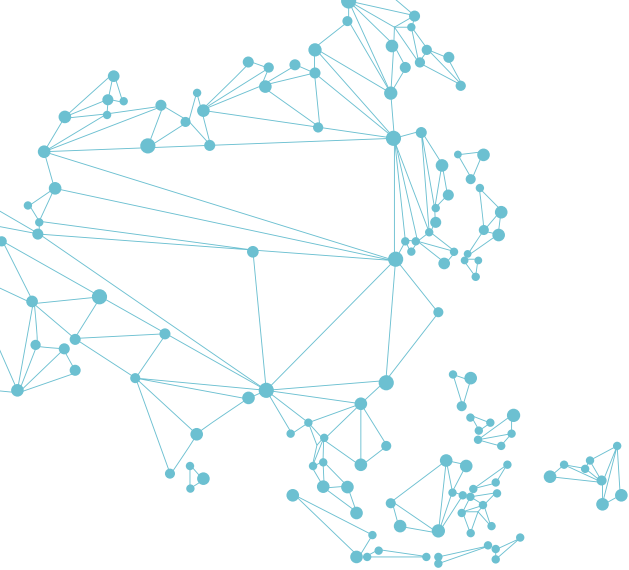
Receive a free Second Medical Opinion from the best medical experts in your pathology. Through our partner Teladoc Health, we offer you access to a network of 50,000 experts worldwide. Get an external, unbiased medical opinion to confirm a diagnosis, explore alternative treatments or simply understand your condition better.

Our TeleHEALTH services are provided by

Teladoc
HEALTH

- › 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.



Get access to up to

3,200 trusted medical facilities
in the UAE and GCC countries

For outpatient visits, simply show your APRIL electronic member card in our selected facilities to enjoy direct payment of your medical expenses.

Some treatments are not eligible for direct billing, such as medical checkups, dental treatments or traditional Chinese medicine.

Direct settlement of your inpatient costs worldwide

Within the MedNet network

Your medical provider will coordinate directly with MedNet. If your treatment is eligible for coverage, Mednet will arrange and settle the costs of treatment directly.



Outside the MedNet network And/or outside the UAE

Please send a pre-authorisation request to APRIL at least 5 working days in advance.

Our in-house team of medical experts will study your request and make sure:



The recommended treatment is the best option for you

In some cases, we might provide a second medical opinion



Your treating doctor is the most qualified



That the costs of treatment are reasonable and customary

Controlling costs on major medical treatments by negotiating rates with hospitals helps us offer sustainable premiums year after year.

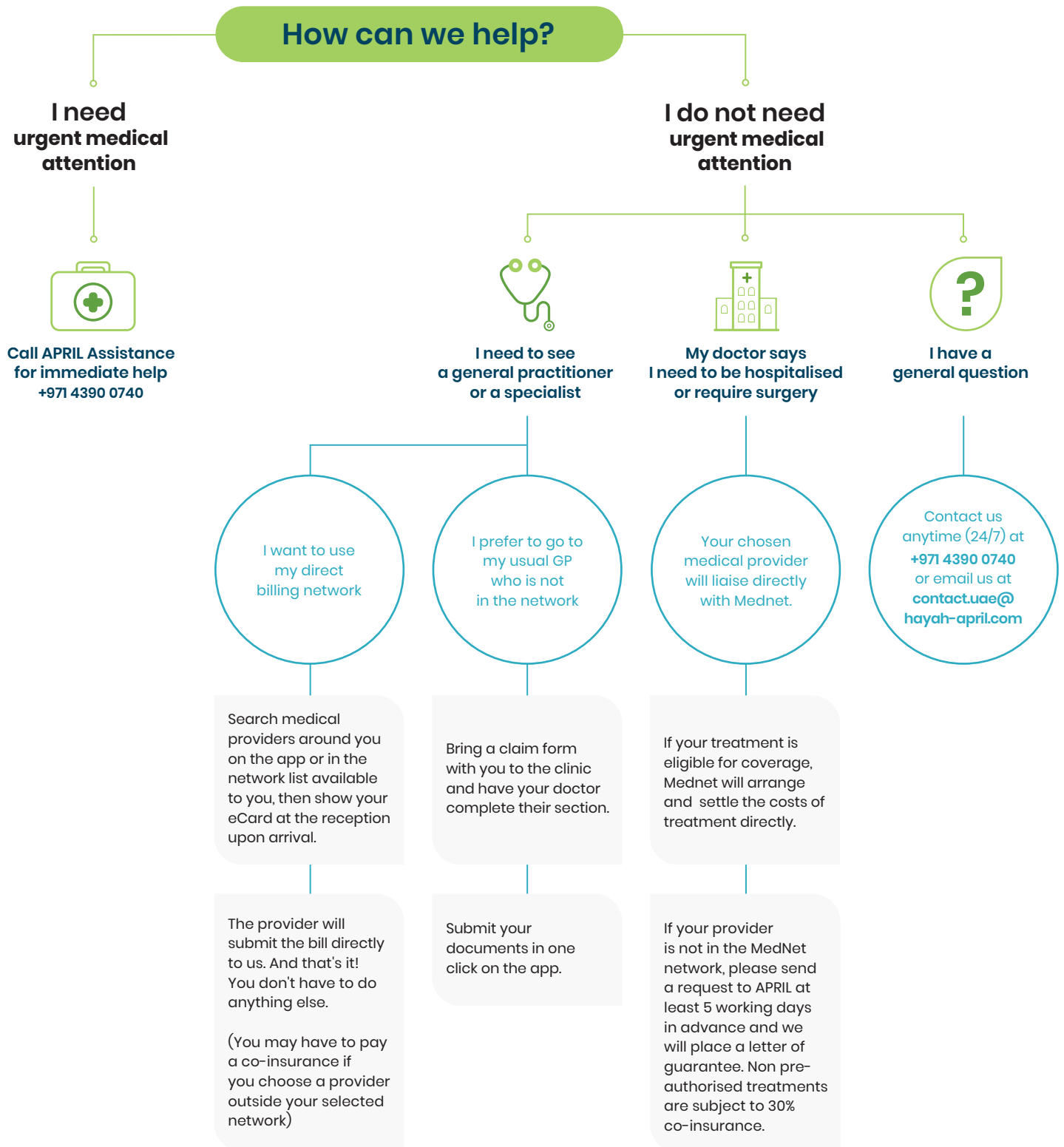
Once your request has been accepted, we will issue a Letter of Guarantee to the chosen medical facility and settle the cost of treatment directly. Today, we are able to place LOGs in a great majority of hospital worldwide.

Hospitalisations, outpatient surgery and rehabilitation treatment must be pre-authorised in advance, otherwise a 30% co-payment may apply.

24/7 Medical Assistance

In case of medical emergency, call our 24/7 assistance platform. 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.

Need support? All your services are just one click away on your Easy Claim app



Your Services

Medicine Delivery Solution & Chronic Medication Refill Program

In partnership with MedNet, get your prescription medicine delivered straight to your doorstep



Medicine Delivery Solution

No need to wait in line at the pharmacy, you can have your medicines delivered to your chosen address within 3 hours after your consultations.

Chronic Medication Refill Program

If you are diagnosed with a chronic disease such as diabetes, hypertension, and high cholesterol, you may receive these benefits:

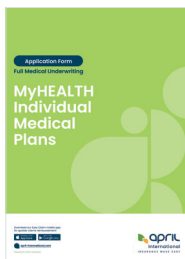
- › **Automated notifications on your mobile before your refill is due.**
- › **Up to 3 months of Chronic Medication Refill**
- › **Medication delivered** to your home or office within 24 hours



Underwriting Process

Underwriting is the process of assessing risk in order to offer insurance and set the premium you pay.

- Health insurance is all about covering the unexpected costs of healthcare. If you have been sick or treated in the past this changes your risk profile.



Full Medical Underwriting

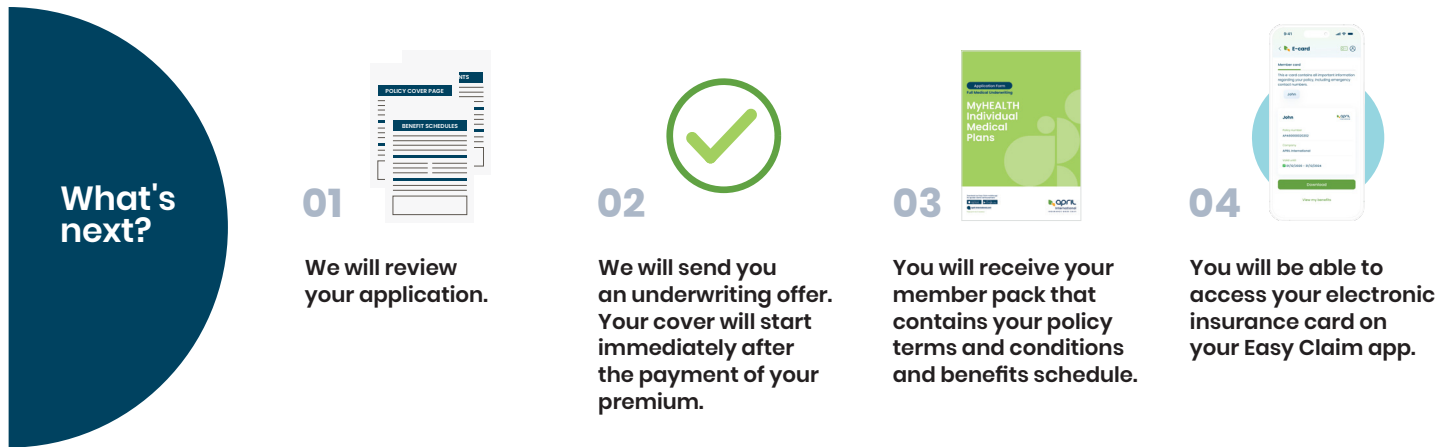
We ask you detailed questions about your medical history when you apply

- › **Complete the Full Medical Underwriting Application Form.**
- › **You must be 65 years or below to apply.**

You will receive an offer from us or we may request additional information. Please provide the additional information quickly as this can delay your cover. Coverage can start as soon as you accept our offer.

Application Process






I just sent my application:




Remember, you have a Free Look Period of 30 days from the date you receive the policy.

Payment Options

We offer the following payment options:

Annual Payment in AED	 CHEQUE	 BANK TRANSFER	 CREDIT CARD
Semi-annual Instalment (4% Surcharge)	 CREDIT CARD		
Quarterly Instalment (4% Surcharge)	 CREDIT CARD		



All our members are different and our plans have been designed to offer adapted solutions for each of them. And you can always trust our advisors to work with you to design a cover around what matters most – your health.



Frequently asked questions

Who can apply for insurance?

Anyone residing in a country acceptable to us at the time of application and not older than 65 years old.

Is there a maximum renewable age?

No.

Can you tell me more about the application method?

We offer Full Medical Underwriting. Full Medical Underwriting requires you to complete a medical questionnaire for each person to be insured. Full disclosure of your medical history must be provided. The answers you give will form the basis of any insurance policy issued. Declared conditions may be accepted as standard or covered with a premium loading. An offer will be made based on the declarations provided in the form.

Any pre-existing conditions not declared during the underwriting process can jeopardise your coverage. Subsequent to the policy being issued, if a non-disclosure is discovered, the insurer may impose an exclusion or in more serious cases, void policy in its entirety from the start. If you are uncertain about whether any particular fact needs to be disclosed, you should disclose it.

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, mental illness...

Can family members have different plans under the same policy?

Certainly!

When can coverage begin?

Coverage can begin as soon as your insurance premium is settled.

If I move or return to my home country, can I take my plan with me?

For such situations, please contact us, we will be happy to help, and discuss the various options available among the APRIL International solutions.

Am I allowed to make changes to my plan?

Yes, you can make changes to your plan 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.

Can I choose my own medical provider/doctor?

As part of your insurance services, you have access to an extensive direct billing network, which you may select when purchasing your plan. By using the network, you will enjoy cashless service at numerous high-quality providers across the UAE and GCC countries. Out of your network available in the UAE and in the GCC countries (ie boutique clinic), you will be reimbursed up to the reasonable and customary cost of your entitled network.

Outside this network or outside the region, you have the freedom to choose your own doctor or medical facility.

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 was the base increase applied.

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

Note that for the Core option, you may reserve the right to increase your premium based on the usage of your plan.

How do I renew my policy?

A few weeks prior to your policy expiring, you will receive a renewal notice. If you decide to renew, we must receive your premium and renewal confirmation on or before the start date of your renewed policy. Otherwise, it will be deemed that you have not decided to renew your policy with us.

There are certain circumstances that the policy will not cover, which are stated as exclusions. Here is an extract of some of the exclusions but you are advised to read the full list in the policy terms and conditions.

- Services which are not medically necessary;
- Services which are not reasonable and customary;
- Experimental or unproven treatment;
- Non-prescription drugs, vitamins, nutritional supplements;
- House calls or any service rendered at a person's home, office, hotel room, or similar place;
- Treatment which is covered by other insurance;
- Emergency dental treatment related directly or indirectly to biting, chewing or teeth grinding;
- Complications of pregnancy following assisted conception;
- Elective caesarian section prior to the 38th week of term;
- Treatment related to assisted conception, contraception, sterilisation, fertility or infertility, testosterone deficiency and sexual dysfunction;
- Sexually transmitted diseases;
- Cosmetic treatment, surgery or any direct or indirect complications or consequences related to cosmetic procedures;
- Sleep disorders or behavioural or developmental disorders.

What does reasonable and customary mean?

In relation to a charge, "reasonable and customary" shall mean an amount comparable to that charged by others of similar professional standing in the same locality, for the same class of hospital room, for a person of similar sex and age, for a similar disability, without regard to ability to pay or the availability or adequacy of insurance. Where an insured person stays in a hospital room above the hospital room and board level shown on the benefits schedule, reasonable and customary charges will be limited to comparable charges for the highest class of room for which the insured person is covered.

We may adjust any and all benefits payable in relation to any charges which is not a usual, reasonable and customary.

For more information, contact your insurance consultant :

Underwritten by:

HAYAH Insurance Company P.J.S.C.
Sheikh Sultan Bin Hamdan Building
Corniche Road
P.O. Box 63323
Abu Dhabi, United Arab Emirates
Tel: 800-HAYAH (42924)
Email: contact@hayah.com

Designed by:

APRIL Hong Kong Limited
9th Floor, Chinachem Hollywood Centre
1-13 Hollywood Road, Central
Hong Kong
Tel: +971 4390 0740
Email: contact.uae@hayah-april.com

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