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!

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 Asia 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 in Asia

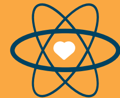
Who is APRIL?

APRIL International is part of the APRIL Group, a global insurance specialist operating worldwide through a network of 20,000 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**.

APRIL International in numbers

We are looking after



150,000 + members

Our team is composed of

350 + multilingual employees

We have members in

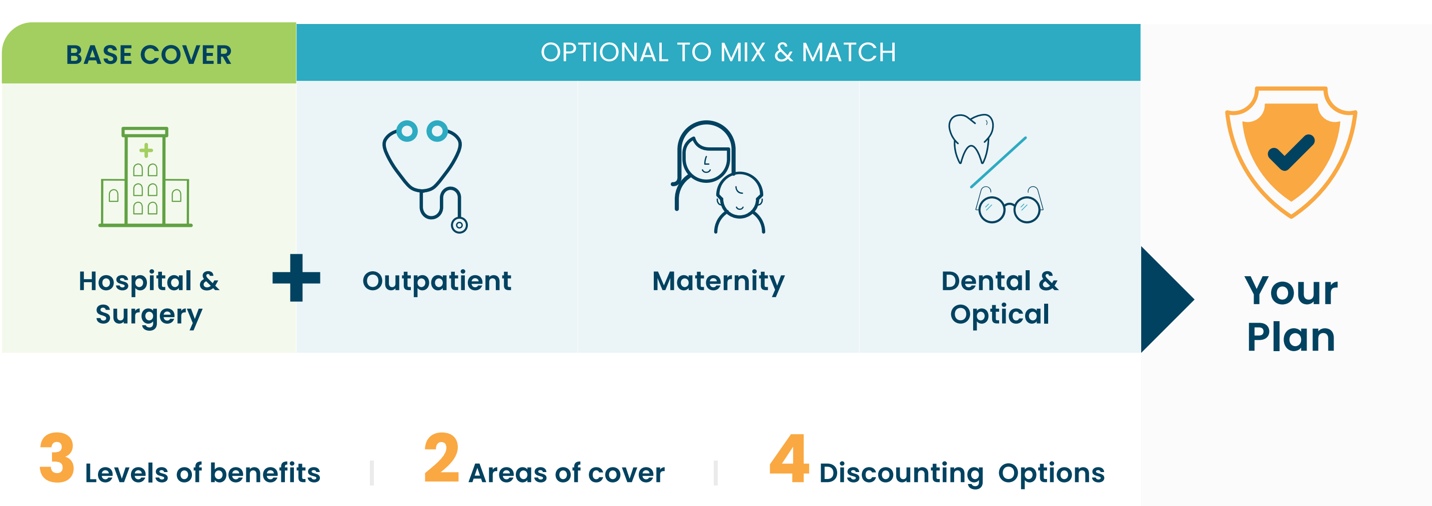
180 countries

Our local insurance partner, Liberty Insurance

- **MyHEALTH** in an onshore product insured by Liberty Insurance
- Part of the US-based Liberty Mutual Insurance Group
- Listed **78th in the US Fortune 500** list of companies in 2022

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.



3 Levels of benefits | **2** Areas of cover | **4** Discounting Options

Flexibility

- Can be customised to your needs and budget
- Option to choose different plans for each family member
- Family discounts up to 15%

Simplicity

- Cashless access to our trusted network of 4,800 medical providers in Asia
- Direct billing arrangement for your hospital fees
- Simplified access to your insurance services via our Easy Claim app
- Complimentary 24/7 teleconsultation service

Proximity

- An Asia-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.

Hong Kong'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 technology to help you navigate the system

Human-centric approach

We support you when it truly matters

Best digital tools of the market

We use technology to serve our customers better

1. One app to access all your services

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

2. Direct billing

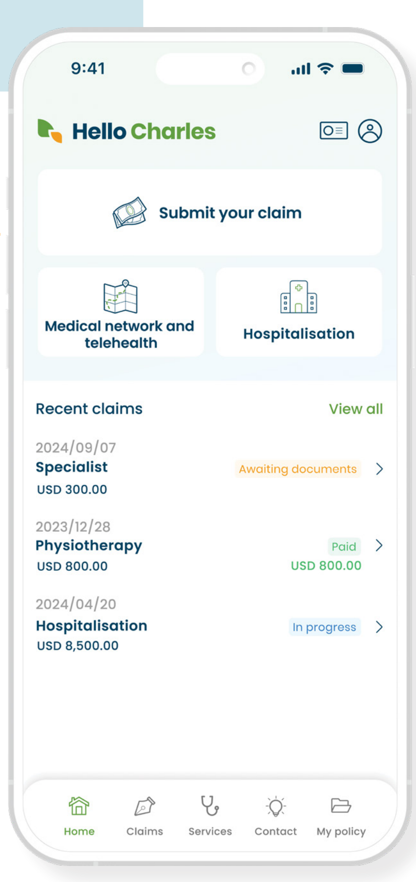
Enjoy cashless access to 4,800 hospitals and clinics

3. TeleHEALTH

Get in touch with a doctor anytime, anywhere

4. Second Medical Opinion

Make confident, better informed medical decisions



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.

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

Step 1:
Select your base cover

Protect yourself in case of hospitalisation or major health condition.

We offer 3 levels of cover:

Hospital & Surgery

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

Essential	Extensive	Elite

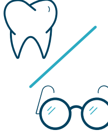
Step 2:
Add optional modules

You may add optional benefits depending on your needs.

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 dental checkups, orthodontics or prescriptions 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

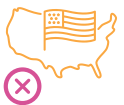
Maternity is available to women between 19-45 years of age who have selected an Extensive or Elite Hospital and Surgery on a nil deductible basis, plus an optional outpatient module.

Step 3: 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

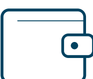
You are covered everywhere except the USA.

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

You will be covered up to $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.

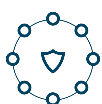
Step 4 (optional): Add discount options

Save money on your annual premium by adding discounting options.

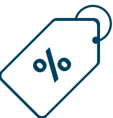


Add a deductible on your Hospital & Surgery module

Choose a Double Occupancy Room



Choose the option Specified Providers Only for Hospital & Surgery care



Add a co-insurance on your Outpatient module

Please refer to page 8 for details >

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.

Add discount options
To save money on your annual premium!

01 Add a deductible
to your Hospital & Surgery module

If you have a local insurance plan but need a top up, you might want to consider taking an annual deductible.

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 USD 1,500, you must pay that amount out of your own pocket before we begin paying your medical expenses. The annual deductible is per person per year and only applies to your hospital and surgery plan.

SINGLE OCCUPANCY ROOM

Entry level class of rooms with
1 patient per room

DOUBLE OCCUPANCY ROOM

Class of rooms that has
2 patients in each room

02 Double occupancy room cover
for Hong Kong residents

All of our hospital and surgery plans offer Double Occupancy room cover. Taking a Double Occupancy room option reduces your hospital and surgery premiums by 15%

03 Specified Providers Only
for Hospital & Surgery care

To further reduce your annual premium, add the option **Specified Providers Only** to your Hospital & Surgery module. By choosing this option, you will be fully covered in our selection of hospitals.

04 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. Here is how it is calculated:

- Only applies to Outpatient benefits
- **Waived in our Panel Network*:** composed of a wide selection of clinics from the APRIL network in Hong Kong, Singapore, Vietnam and Thailand.
- **Waived for the following benefits:** complementary medicine and traditional Chinese medicine, screening, medical checkup, vaccinations and routine outpatient maternity.

*To be fully covered and enjoy direct billing services, make sure you show your APRIL member card at the reception of the clinic.

Family Discounts

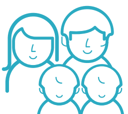
We make insurance more affordable for your family

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

- Family is defined as 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 =

Hospital & Surgery

Optional Modules

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 Hong Kong

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**

EXTENSIVE

WE OFFER YOU

- Medical checkups and vaccinations benefits to cover your children's routine visits and treatments
- Coverage for serious children conditions such as congenital and hereditary conditions or neonatal disabilities
- A wide range of wellbeing and preventive benefits for adults
- 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 Hong Kong, back home or wherever you travel

Young professional

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
- Adult preventive screening
- A complimentary 24/7 teleconsultation service to help you reach a doctor anytime, anywhere
- Dental checkups and treatments at an affordable cost

WE RECOMMEND

Hospital & Surgery

ESSENTIAL

Optional Dental

EXTENSIVE

Employees looking for a top-up

You benefit from a basic health plan provided by your employer and would like to get more comprehensive coverage in case of major illness.

WE RECOMMEND

Hospital & Surgery

EXTENSIVE

Deductible

USD5,000

WE OFFER YOU

- Comprehensive coverage for hospitalisation
- Cover for major treatments such as cancer treatment, organ transplant or kidney dialysis
- Adult preventive screening
- Full coverage for complications of pregnancy
- Emergency dental treatment

Key benefits at a glance

SUMMARY OF KEY BENEFITS		ESSENTIAL	EXTENSIVE	ELITE
		ALL MONETARY SUMS ARE IN USD		
Hospital & Surgery	Annual Limit per person	$1.5 million	$2.5 million	$4.5 million
	Hospitalisation (inpatient and day patient costs) ▤	● Full Cover	● Full Cover	● Full Cover
	Room and board	Double Occupancy Room / Single Occupancy Room		
		Double Occupancy room only applicable to Hong Kong and certain countries		
	Pre-hospitalisation benefits	● No Cover	30 days	180 days
	Post-hospitalisation benefits	● No Cover	90 days	180 days
	Parental accommodation	● Full Cover	● Full Cover	● Full Cover
	Outpatient surgery ▤	● Full Cover	● Full Cover	● Full Cover
	Cancer Treatment	● Full Cover	● Full Cover	● Full Cover
	Kidney Dialysis	$50,000	● Full Cover	● Full Cover
	Organ Transplant	● Full Cover	● Full Cover	● Full Cover
	Congenital and hereditary Conditions Ⓛ	● No Cover	$100,000	$200,000
	Neonatal Disabilities Ⓛ ◷	● No Cover	$100,000	$200,000
	Adding newborns from birth without underwriting	● No Cover	● Full Cover	● Full Cover
	Complications of Pregnancy	● No Cover	● Full Cover	● Full Cover
	HIV/AIDs Ⓛ ◷	$50,000	$100,000	● Full Cover
	Adult preventive screening	$250 (Panel Network Only)		
Assistance Included in every hospital plan	Emergency medical evacuation and repatriation	Up to $1 million		
	Repatriation of remains	● Full Cover		
	Compassionate Visit	Up to $150 per night for a maximum of 7 nights		
Optional Outpatient	Annual Limit for Outpatient Benefits	**Option 1** ● Full Cover 20% coinsurance **Option 2** $7,000 nil coinsurance	● Full Cover	● Full Cover
	Outpatient Co-insurance		Nil or 20%	
		Co-insurance waived at Panel Network Providers		
	GPs and Specialists	● Full Cover	● Full Cover	● Full Cover
	Medicines, scans and tests	● Full Cover	● Full Cover	● Full Cover
	Physiotherapy with referral	$1,000	● Full Cover	● Full Cover
	Outpatient Mental and Nervous Conditions	● No Cover	$2,500	$5,000
	Complementary Medicine and Traditional Chinese Medicine	$750	$1,750	$5,000
	Medical appliances & mobility aids	$2,000	$3,500	$7,000
	Adult preventive screening	$250	$400	● Full Cover
	Child health screening		$400	● Full Cover
	Medical check-up and vaccination		$750	$2,000
	Routine outpatient maternity	● No Cover	● No Cover	$5,000 per pregnancy
Optional Maternity	Pre- and post-natal care, delivery and newborn care ◷	$5,000 per pregnancy	$10,000 per pregnancy	$15,000 per pregnancy
Optional Dental & Optical	Minor dental treatment (e.g. cleaning, simple extractions)	$1,250		
	Major dental treatment ◷ (e.g. implants, root canal, orthodontics)	● No Cover	$2,500 Orthodontics: 50% co-insurance Other treatments: 20% co-insurance	
	Eye examinations, frames, prescription contact lenses and prescription lenses	● No Cover	● No Cover	$300

Ⓛ Lifetime Limit ▤ Pre-authorisation Required ◷ Waiting Period Applies ● Full Cover ● No Cover

april
International
Asia Insurance Industry Awards 2024
Service Provider of the Year

Our award-winning Easy Claim app

Access all your insurances services anytime, anywhere

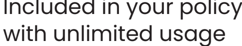
Global Business Review Awards 2022
Most Innovative Health Insurance App Asia

- 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

TeleHEALTH

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 or in French, Cantonese and many more languages (9 AM to 9 PM, Monday to Friday)

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

- **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 4,800 trusted medical facilities in Asia

For outpatient visits, simply show your APRIL member card in our selected facilities and you won't have to pay anything out of your pocket.

2 Types of Outpatient cashless networks in Asia

- Our **General Network** is composed of 4,800 top-quality medical facilities in 14 different countries in Asia, including Hong Kong, Singapore, Thailand and many more.
- Our **Panel Network** is a selection of medical facilities within this same network, albeit in Hong Kong, Singapore, Vietnam and Thailand only. Members who opted for a 20% co-insurance and/or for Outpatient Essential with a USD7,000 cap will be eligible for direct billing in this selection of facilities only.

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

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.

Find the full listing at omhc.com/April. When searching the list of participating medical providers, select Passport to Healthcare Primary PPO Network, then Hospitals & Facilities, and Hospitals.

Services rendered outside this network will be subject to 40% co-payment.

Direct settlement of your inpatient costs

For non-emergency hospitalisation or treatment, send a pre-authorisation request to us **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 20% co-payment may apply.

Your Services

24/7 Medical Assistance

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

How can we help?

I need urgent medical attention

Call APRIL Assistance for immediate help (+66) 2022 9190

I do not need urgent medical attention

I need to see a general practitioner or a specialist

- I want to use APRIL's direct billing network
  - Search medical providers around you on the app, then show your eCard at the reception upon arrival.
  - The provider will submit the bill directly to us. And that's it! You don't have to do anything else.

    (You may be responsible for items such as non- covered items, if applicable)
- I prefer to go to my usual GP who is not in the network
  - Pay for your consultation directly at the clinic.
  - Submit your documents in one click on the app.

My doctor says I need to be hospitalised or require surgery*

Non-urgent hospitalisations or treatments must be pre-authorised in advance, otherwise a 20% co-payment may apply.

Submit your request on Easy Claim at least **5 working days** prior to your treatment.

- Your treatment is **pre-authorised**.
  - Where possible, we will place a **letter of guarantee** with **the hospital and** settle the costs of treatment directly.
- Your treatment is **not pre-authorised.**
  - We will contact you immediately and discuss alternative options with you.

I have a general question

Contact us during working hours at **(+852) 2526 0918** or email us at **contact.hk@april.com**

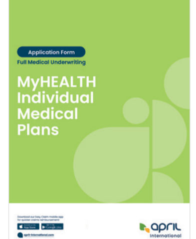
*For hospitalisations in the United States, please refer to Page 16

Underwriting Process

Underwriting is the process of assessing risk in order to offer insurance and set the premium you pay. Medical insurance underwriting considers your medical history and whether pre-existing conditions will be covered or excluded.

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 and we have three ways of underwriting to address this.

01 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

02 Moratorium Underwriting

No medical questions will be asked and we will assess the eligibility of your claim when received.

- Complete the Moratorium Underwriting Application Form.
- You must be 45 years or below to apply.

You will receive an offer letter. Your cover will start after the payment of your premium.

03 CPME (Continuous Personal Medical Exclusions)

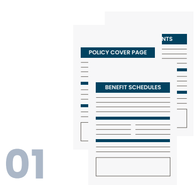
If you currently have an international health insurance plan but are not satisfied with your provider, CPME underwriting offers you the possibility to continue your cover under the same terms as your current insurer.

- Complete the CPME Application Form.
- Send us your original terms and existing Benefits Schedule.
- You must be 65 years or below to apply.

We will review your application and let you know whether it has been accepted or not.

Application Process

I just sent my application:

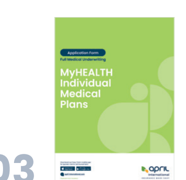


01

We will review your application and let you know whether it has been accepted or not.

02

If it has been accepted, we will send you an underwriting offer. Your cover will start immediately after the payment of your premium.



03

You will receive your member pack that contains your policy documents.

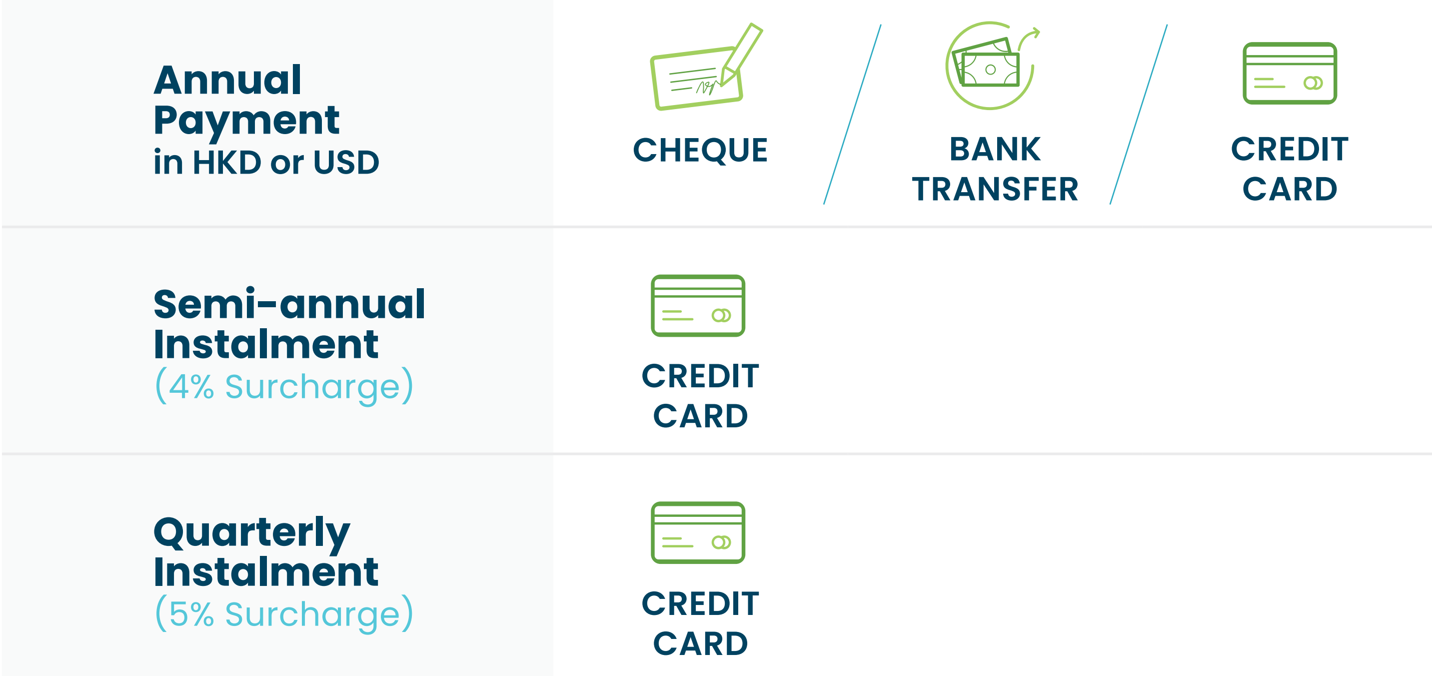
04

You will be able to access your electronic insurance card on your Easy Claim app.

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

Payment Options

You may choose to pay in USD or HKD. We offer the following payment options:



Annual Payment in HKD or USD	CHEQUE	BANK TRANSFER	CREDIT CARD
Semi-annual Instalment (4% Surcharge)	CREDIT CARD		
Quarterly Instalment (5% Surcharge)	CREDIT CARD		

april
International
Health & Protection Awards 2024
Best International Individual
Health Insurance Provider

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 for Full Medical Underwriting and CPME policies and 45 years for moratorium policies. Children may be covered as dependants in a policy.

Is there a maximum renewable age?

No.

Can you tell me more about the application method?

We offer Full Medical Underwriting, Moratorium and CPME 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, excluded and/or covered with a premium loading. An offer will be made based on the declarations provided in the form. In some cases, we may have to decline the application.

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.

If you select Moratorium underwriting you must complete the Moratorium Application Form. Under Moratorium policies, all pre-existing or related medical conditions which occurred or were treated within a 24 month period prior to the date of joining or has one of the following characteristics will be excluded from cover:

- Was foreseeable
- You have had signs or symptoms or you were aware of the condition
- You have referred the condition to a doctor or have sought advice for it
- You have received treatment for the condition or a related condition

These conditions may be covered after you have had continuous cover with us for 24 months and you have not had any symptoms or sought advice or needed or received any medication or treatment for the condition or any related condition. Once you have completed a 24 month period where none of these apply, the medical condition may then be covered.

Examples of pre-existing conditions that will never be covered include diabetes, chronic hypertension, hyperlipidaemia, ischemic heart disease, cancer, thyroid disease, and auto-immune disorders. If you have suffered from any of these conditions, or any other condition for which it is generally accepted medical advice that it should be monitored in any way, then that condition will never be covered. Any condition related to an excluded condition will also be excluded from cover.

Finally, the CPME application process allows you to continue your cover under the same terms as your previous insurer without further medical underwriting. You must complete the CPME application form and provide us your original terms and existing Benefits Schedule. We will review your application and assess whether you are eligible for a transfer to MyHEALTH. To be eligible, your previous insurer must be part of our approved list.

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. This includes conditions such as asthma, high blood pressure, heart diseases, mental illness...

Can family members have different plans under the same policy?

Certainly!

My spouse and I have insurance coverage through work but it does not extend to our children. Can I apply for a plan for just my children?

Yes, but we will name you, the parent, as the policyholder.

When can coverage begin?

Coverage can begin as soon as you accept our underwriting offer.

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

Provided there are no regulatory restrictions in the country that you move to, we will continue to offer renewals. The premiums however may change depending on the country you move to.

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?

Yes, you have the freedom to choose your own provider if you have a nil co-insurance outpatient plan. We offer an extensive Outpatient Direct Billing Network for your convenience. By using the network, you will enjoy cashless service at numerous high quality providers across Asia.

For members who opted for 20% co-insurance: you will be eligible for direct billing within our panel network only. If you choose a doctor outside of the panel network, the co-insurance will apply.

For members who opted for Outpatient Essential with a USD7,000 cap: you will be eligible for direct billing within our panel network only.

For inpatient treatment, if you have selected the option "Specified Inpatient Treatment", you will be fully covered within a selection of providers only.

Will I be penalised if I make a big claim?

Never! Our plans are community rated which means no matter how large your claims may be during any policy year, you will always have the opportunity to renew your policy at prevailing rates. You will not be rated individually.

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 band

How do I renew my policy?

Your policy auto-renews every year. One month before your renewal date, you will receive your renewal policy with debit note. If you decide to renew, we must receive your premium on or before the start date of your renewed policy. If you do not wish to renew your policy with us, please inform us before the expiry date of your current policy.

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.

a. Services which are not medically necessary to treat illness or injury or to diagnose symptoms that suggest you may have illness or injury.

b. Pre-existing conditions and any related, associated or consequential disabilities which were not disclosed to us before the period of insurance and which we have not agreed in writing to cover under this policy.

c. Treatment which is covered by insurance or a source of indemnity other than this policy.

d. Emergency Dental Treatment related directly or indirectly to biting, chewing or teeth grinding.

e. Treatment, care or tests directly or indirectly related to :
   - Major assisted conception, contraception, sterilisation, fertility or infertility, prior history of miscarriages, hypogonadism or testosterone deficiency, sexual dysfunction, or abortion other than for therapeutic reasons;
   - complications of pregnancy following major assisted conception, other than services claimed under Maternity Benefits or Routine Outpatient Maternity where specifically provided on the benefits schedule;
   - elective caesarian section prior to the 38th week of term;
   - sexually transmitted disease;
   - cosmetic treatment, surgery or any direct or indirect complications or consequences related to cosmetic procedures;
   - sleep disorders or behavioural or developmental disorders;
   - gender reassignment therapy and surgery;

f. The following services, whether or not recommended or prescribed by a physician :
   - Experimental or unproven treatment;
   - House calls, delivery of medicine or other items, or any service rendered at a person’s home, office, hotel room, or similar place;
   - Non-prescription drugs, vitamins, nutritional supplements, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy; and other complementary medicine services not specifically listed on the benefits schedule.

g. The following services, whether or not recommended or prescribed by a physician :
   - which are not reasonable and customary;
   - for medical certificates or administrative fees such as a charge for providing a claim form or medical records;
   - incurred outside the period of insurance or in any period for which the appropriate premium has not been paid;
   - incurred during the period of insurance for drugs and/or medical services consumed or provided once the period of insurance has ended; or
   - charges which are not reasonable and customary charges, meaning any charges for medical treatment which exceeds the general level of fees and charges made by other similar professional standing in the same locality where the charges are incurred, without regard to ability to pay or availability of insurance.

Important Information

This brochure is a product summary for reference only. Please refer to our policy Terms & Conditions and Benefits Schedule for full product details on our product coverage.

Cooling-off period

If you are not fully satisfied with the policy, you may return it to us by giving us written request. Such written request must be signed by you and received directly by us at 9th Floor, Chinachem Hollywood Centre, 1-13 Hollywood Road, Central, Hong Kong within 30 days after delivery of this policy to you. No premium and levy paid will be refunded if a claim payment under the policy has been made. The policy will be deemed void from the effective date. Cooling-off rights are applicable to new contracts only.

Requirement to make full disclosure

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to APRIL. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact, this will raise questions about your entitlement to insurance benefits. Consequences may include, but not limited to, cancellation of your contract, premium adjustment based on correct information, rejection of claims application.

Pre-existing condition and switching between products

Pre-existing condition in general are excluded unless there is a specific clause in the policy which provides cover for pre-existing condition. Please refer to the policy provisions for the definition of pre-existing conditions. Please be reminded that switching from one policy to another may affect what constitutes pre-existing condition under the new policy, for example the date used to determine whether a medical condition is the pre-existing condition.

Renewal

Your policy is an annual contract. Unless you have notified us in writing on or before the last day of the period of insurance that you do not wish to renew the policy, this policy will be automatically renewed by sending you a renewal policy prior to the last day of the period of insurance of your existing policy. As long as the plan is available, your policy is guaranteed renewable till terminated, subject to the terms and conditions of your policy at the moment of renewal and payment of the premium. APRIL reserves the right to revise the benefits, terms and conditions from time to time upon renewal by giving a written notice.

Premium Adjustment

The premium of your policy is primarily determined based on factors such as age, health conditions and choice of coverage of each insured person.

Premiums rates on this brochure are not guaranteed and may be changed as determined by the Company based on the plan's pool pricing and other considerations on the date of renewal. Factors causing premium adjustment on the date of renewal includes but not limited to the attained age of the insured person, medical trend and inflation, revision of benefits to cover increasing medical expenses, your usual country of residency and the overall claims and expenses incurred by and / or in relation to this plan.

Termination of your contract

Your policy will automatically terminate upon the earliest occurrence of any of the following:

1. when the policyholder / insured person passed away;
2. when any premium remains unpaid within thirty-one (31) days of the premium due date;
3. when the policy is cancelled by you by giving a written notice to us, provided no claims have been paid or outstanding; or
4. pursuant to any prohibition or restriction under any applicable law and/or regulations to provide any benefit.

If this policy is cancelled mid-term no refund will be made.

Pre-authorisation

Unless otherwise specially required in the policy, you are recommended to do pre-authorisation for planned medical treatments, (including overseas planned medical treatments) so as to prepare yourself in case if the costs of treatment exceeds the overall annual benefit limit of your plan option and/or other limits as specified in the policy.

Any planned hospitalisations, outpatient surgery and rehabilitation treatment must be pre-authorised in advance, otherwise a 20% co-payment may apply.

Claims procedure

Any claim must be made following our claim procedures provided in your policy. A completed claim form with all required claim documents must be received by us within 365days from the date service was rendered or 45 days from the date policy terminated. Where it is not reasonably possible to present the required claim documents to us within this period, they must be received by us within 365 days from the date you incurred the expense. Otherwise, we won't be able to process your claim and it may be rejected.

Deductible and co-insurance

All expenses will be paid in excess of any deductible that applies and after we have applied any co-insurance percentage, also known as co-payment percentage.

A deductible is the portion of expenses for which you or insured person is liable for a benefit to be payable under the Policy. The amount payable by you or insured person as deductible for a benefit is stated on the schedule. The deductible is on annual basis and will be re-applied for every policy year. Please refer to the policy for details.

Reasonable and Customary

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.

Medically Necessary

Medically necessary shall mean such procedures, treatments, supplies or medical services possessing an identifiable relationship to either a covered disability or symptom(s) of a disability which if existing would be covered under the policy. It refers to necessary and appropriate medical treatment, services or supplies, i.e. :

a. a therapeutic service required to treat or prevent damage to life or health where you have an illness or injury;
b. a diagnostic service to determine whether therapeutic services are necessary, where you have active symptoms, the cause of which are unknown, but which are suggestive of an illness or injury, or
c. a treatment or service required for reasons other than the comfort or convenience of you or physicians.

The term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. It also includes the appropriateness of the type of service (outpatient/daypatient/inpatient) based on the medical standard. When specifically applied to inpatient request, we reserve the right to decline an inpatient stay for a procedure or treatment that is commonly prescribed as outpatient/daypatient.

Premium level

The base premium is calculated with reference to a number of factors including but not limited to the age, gender, smoking habit. risk class of the insured at the time of policy issuance and the hospital and surgency plan level and the optional module(s) you selected. You may visit https://lp.april-international.com/hk/myhealth-quote for the base premium of the combination of benefits you preferred

For more information, contact your insurance consultant :

Underwritten by:

Liberty International Insurance Limited (Hong Kong)
Suites 2601-04 & 2613-16, 26/F
1111 King's Road, Taikoo Shing
Hong Kong

Arranged and administered by:

APRIL Hong Kong Limited
9th Floor, Chinachem Hollywood Centre
1-13 Hollywood Road, Central
Hong Kong
Tel: (+852) 2526 0918
Email: ops.hk@april.com

MH HK 2025/01