

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](https://www.april-international.com)



PARAMOUNT
LIFE & GENERAL
INSURANCE

 **april**
International

INSURANCE MADE EASY

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 **€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 **30 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, Paramount Insurance

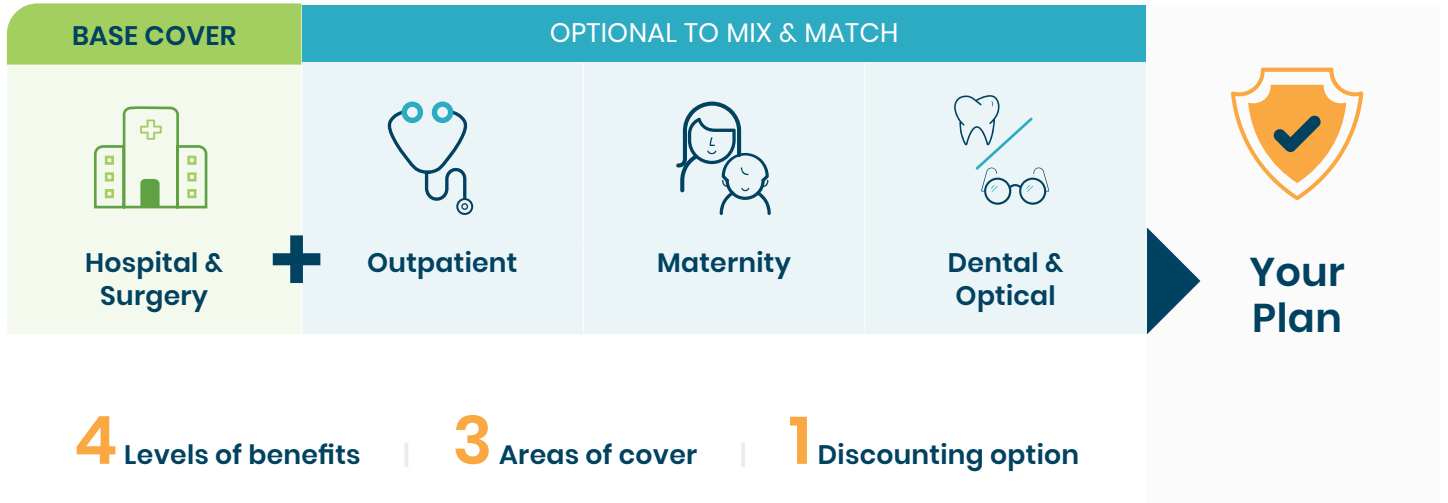
- Over 40 branches nationwide
- 800+ insurance agents
- Reputable & established name in the country



PARAMOUNT
LIFE & GENERAL
INSURANCE

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

- › 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 1,450 medical providers in the Philippines
- › Direct payment of 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.

Philippines'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

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



Best digital tools of the market

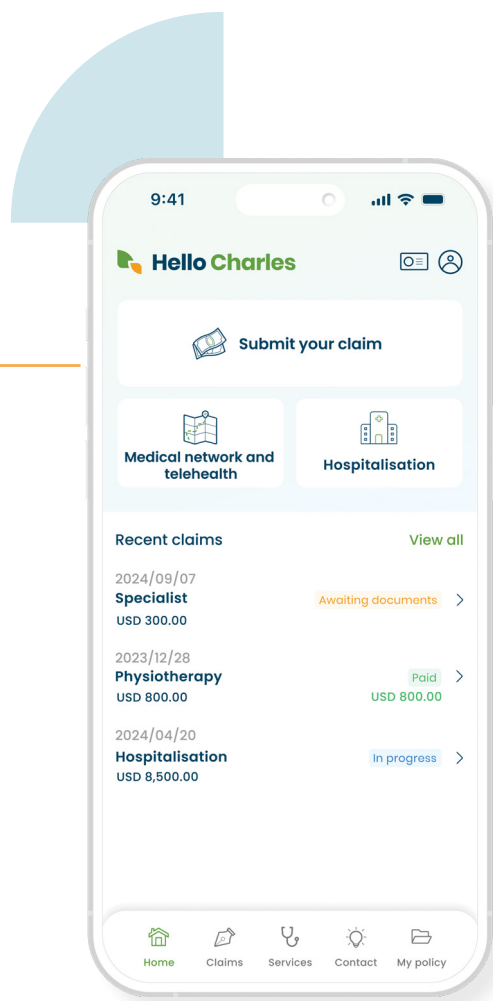
We use technology to serve our customers better

2. Direct billing

Enjoy cashless access to 4,800 hospitals and clinics

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 4 levels of cover:



Hospital & Surgery

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

Essential
\$100,000

Essential
\$500,000

Extensive

Elite



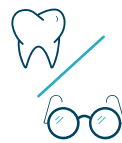
Outpatient

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

Essential

Extensive

Elite



Dental & Optical

This module may cover treatments such as dental checkups, 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

Step 2: Add optional modules

You may add optional benefits depending on your needs.

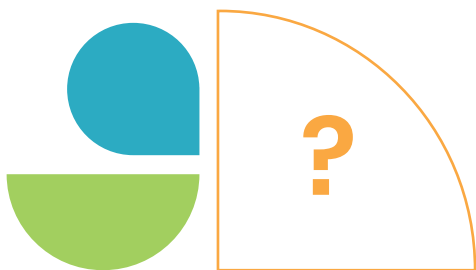
Maternity is available to women between 19–45 years of age who have selected an Extensive or Elite Hospital and Surgery on a nil deductible basis, plus an optional outpatient module.

Step 3: Choose your area of cover

Select your area of coverage depending on your situation.

Step 4 (optional): Add discount options

Save money on your annual premium by adding discounting options.



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.



Worldwide

You are covered anywhere in the world.



Worldwide excluding USA

You are covered everywhere except the USA.



ASEAN Excluding Singapore

You are covered in Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam.

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

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



Add a deductible on your Hospital & Surgery module

Please refer to page 8 for details >



Add discount options

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 1,000, 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.

It is an aggregate of all covered illnesses on your policy.

CHOOSE FROM 6 LEVELS OF DEDUCTIBLES

\$0



\$500



\$1,000



\$2,500



\$5,000



\$10,000



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 from 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 =




Key benefits at a glance

SUMMARY OF KEY BENEFITS		ESSENTIAL	EXTENSIVE	ELITE	
ALL MONETARY SUMS ARE IN USD					
 <p>Hospital & Surgery</p>	Annual Limit per person	\$100,000 or \$500,000	\$1 million	\$2 million	
	Hospitalisation (inpatient and day patient costs) 	●	●	●	
	Room and board	Up to \$350	Up to \$450	Up to \$750	
		per day in the Philippines			
			Standard Private Room outside of the Philippines		
	Pre-hospitalisation benefits	\$500 up to 30 days	\$1,000 up to 60 days		
	Post-hospitalisation benefits	\$500 up to 30 days	\$1,000 up to 60 days		
	Parental accommodation	●	●	●	
	Outpatient surgery 	●	●	●	
	Cancer Treatment	●	●	●	
	Kidney Dialysis 	\$5,000	\$50,000	●	
	Organ Transplant 	\$100,000	\$250,000		
	Congenital and hereditary Conditions 	●	\$25,000	\$100,000	
	Neonatal Disabilities  	●	\$25,000	\$100,000	
Complications of Pregnancy	●	\$25,000	●		
HIV/AIDs  	\$10,000	\$25,000	\$100,000		
 <p>Assistance Included in every hospital plan</p>	Emergency medical evacuation and repatriation	To a combined limit up to \$1,000,000			
	Repatriation of remains	●			
	Compassionate Visit	Up to \$150 per night for a maximum of 7 nights			
 <p>Optional Outpatient</p>	Annual Limit for Outpatient Benefits	\$5,000	●	●	
	Outpatient Co-insurance	Nil			
	GPs and Specialists	●	●	●	
	Medicines, scans and tests	●	●	●	
	Physiotherapy with referral	●	●	●	
	Outpatient Mental and Nervous Conditions 	●	\$3,500	\$5,000	
	Complementary Medicine and Traditional Chinese Medicine	\$1,000	\$2,000	\$3,000	
	Medical appliances & mobility aids	\$500	\$2,000	\$3,500	
	Medical checkup	\$200	\$500	\$600	
	Vaccinations		\$150	\$200	
 <p>Optional Maternity</p>	Pre- and post-natal care, delivery and newborn care 	\$5,000	\$8,000	\$15,000	
		per pregnancy			
 <p>Optional Dental & Optical</p>	Minor dental treatment (e.g. checkups, cleaning, simple extractions)	\$700			
	Major dental treatment  (e.g. implants, root canal, orthodontics)	●	\$1,600		
	Eye examinations, frames, prescription contact lenses and prescription lenses	●	●	\$500	

 Lifetime Limit

 Pre-authorization Required

 Waiting Period Applies

 Full Cover

 No Cover



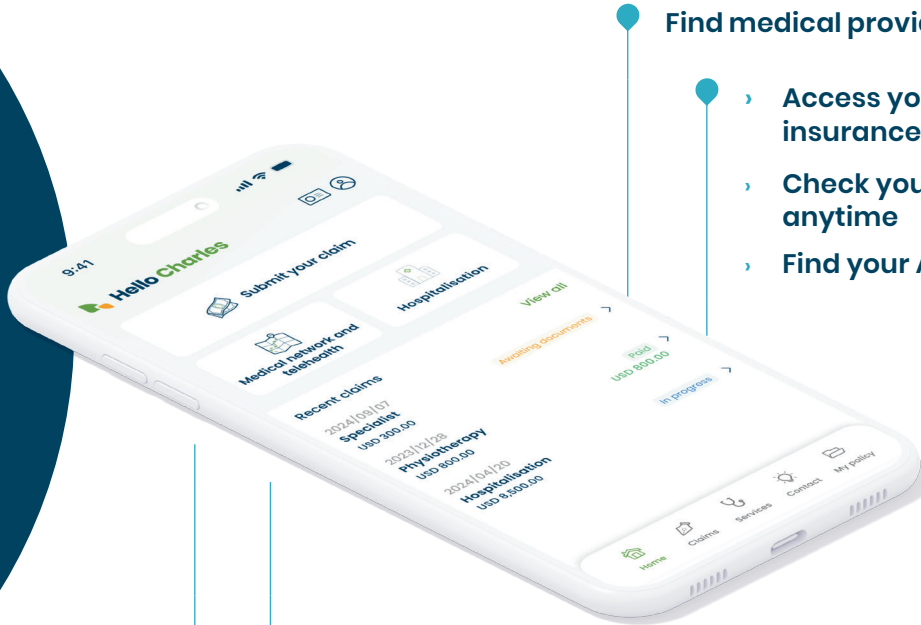
**Outstanding Claims Management
Insurance Asia News'
Country Awards for Excellence 2025**



april
International

Our award-winning Easy Claim app

Access all your insurances services anytime, anywhere



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 or French 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.

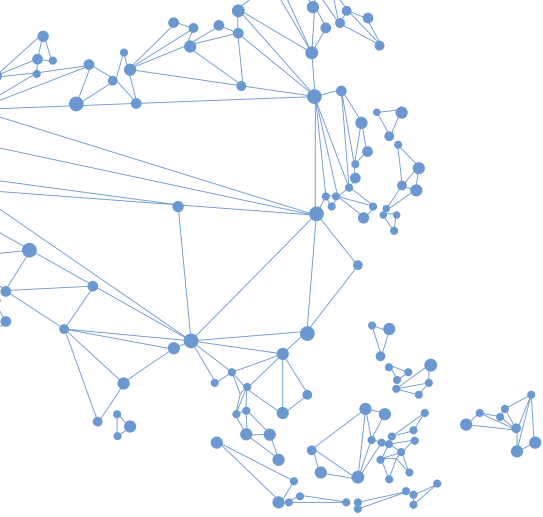


Our TeleHEALTH services are provided by



- › 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.



Maxicare

Live your best life

Get access to **5,000+** trusted medical facilities in Asia

In the Philippines, we have partnered with **Maxicare** (leading HMO in the country) to offer you high-standard direct billing services.

The **Maxicare** network is composed of 1,450 providers spread island-wide with over 63,000 physicians.

If you are traveling in Asia, you also have access to the **APRIL direct billing network**, composed of 3,800 top-quality medical facilities in over 15 countries.

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 <https://asia.april-international.com/en/us-network>

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 to ensure sustainability of your policy 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 hospitals worldwide.

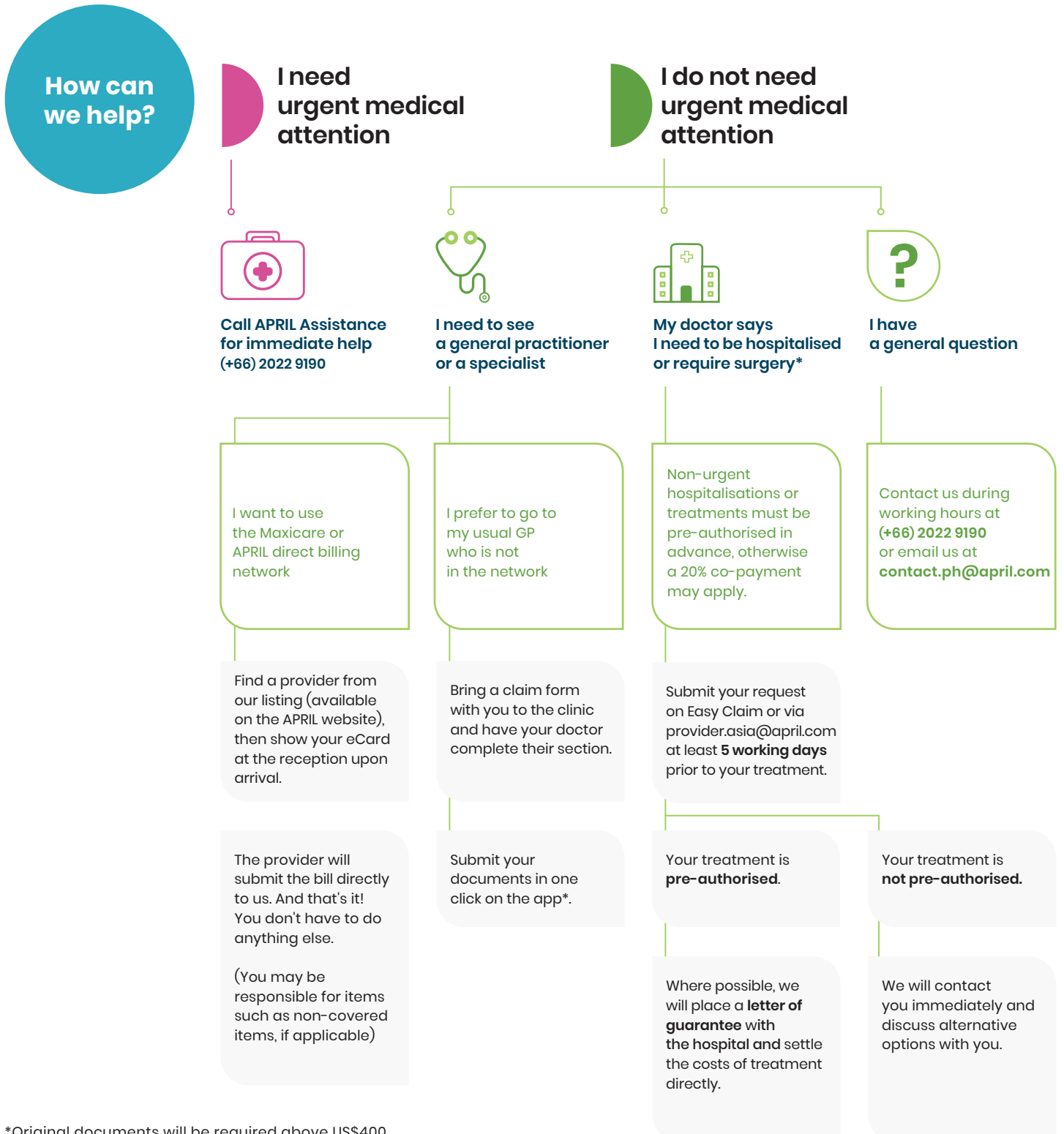
Hospitalisations, outpatient surgery and rehabilitation treatment must be pre-authorised in advance, otherwise a 20% co-payment may apply.



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



*Original documents will be required above US\$400

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 will address this through our underwriting process.



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:



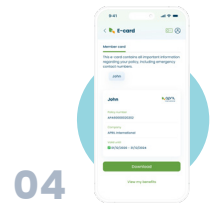
We will review your application and let you know whether it has been accepted or not.



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



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







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

Remember, you have a Free Look Period of 5 days from the date you receive the policy.

Payment Options

You may choose to pay in USD, Point of Sale or PHP. We offer the following payment options:

<p>USD</p>	 BANK TRANSFER	 CHEQUE
<p>Point of Sale</p>	 CREDIT CARD	
<p>PHP</p>	 ONLINE PAYMENT FACILITY	<ul style="list-style-type: none"> • Credit Card (VISA / MC) • Bancnet • BDO • BPI • PNB • Security Bank



Health & Protection Awards 2025
Best International Individual
Health Insurance Provider





Frequently asked questions

Who can apply for insurance?

Anyone residing in the Philippines acceptable to us at the time of application and not older than 65 years for fully underwritten. 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. 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.

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 and after payment of premium.

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. 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.

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?

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;
- Services by a psychologist or counsellor;
- 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 or gender reassignment surgery or therapy;
- 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:

Paramount Life & General Insurance Corporation
15th Floor, Sage House,
110 V.A. Rufino St. Legaspi Village,
Makati City, 1229 Philippines
Phone +(632) 8 772 9200 | Fax +(632) 8 772 9291
Email: myhealth@paramount.com.ph

Arranged by:

APRIL Singapore Pte Ltd
Co. Reg. No. 200613924G
2A McCallum Street
Singapore 069043
Tel: +63 (2) 8540 2330
Email: contact.ph@april.com

