



Policy Guide

MyHEALTH Philippines

Download our Easy Claim mobile app
for quicker claims reimbursement!



 april-international.com

Please print only if necessary



PARAMOUNT
LIFE & GENERAL
INSURANCE

 **april**
International
INSURANCE MADE EASY



WELCOME TO APRIL INTERNATIONAL!

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

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

CONTENTS

1. HOW TO USE YOUR PLAN?

- A > Benefits
- B > APRIL contacts
- C > Member Pack
- D > Member Portal
- E > The Easy Claim app and its functions

2. HOW TO CLAIM YOUR OUTPATIENT EXPENSES?

- A > Your Direct Billing Services
 - What is Direct Billing and how do I use it?
 - Where can I find my Direct Billing list?
 - Are there some expenses or treatments that are *not eligible* for Direct Billing?
- B > How to submit your claims for medical expenses
- C > List of documents required
- D > Reimbursement process
 - How to check the status of your claims?
 - How are my claims reimbursed?

3. WHAT TO DO IN CASE OF HOSPITALISATION OR MEDICAL EMERGENCY?

- A > Non-emergency hospitalisation or treatment
- B > Emergency hospitalisation
- C > For hospitalisations in the United States
- D > Your medical assistance services

4. ABOUT YOUR POLICY

- A > I have a deductible – how does it work?
- B > Waiting Periods
- C > General Exclusions
- D > Treatments requiring pre-authorisation
- E > Treatments requiring a referral letter

5. PREMIUM PAYMENT AND POLICY UPDATE

- A > How can I pay my premiums?
- B > How can I make changes to my plan?
- C > What if I decide to move to another country?

1. How to use your plan?



A > BENEFITS

« What benefits does my plan provide? »

YOUR COVER



Hospital &
Surgery
Benefits



Outpatient
Benefits



Maternity
Benefits



Dental &
Optical
Benefits

ESSENTIAL

EXTENSIVE

ELITE

Nil

USD500

USD1,000

USD2,500

USD5,000

USD10,000

Worldwide
Worldwide Excluding USA
ASEAN Excluding Singapore

SEVERAL
MODULES

TO CHOOSE FROM

3

LEVELS OF COVER

6

LEVELS OF
DEDUCTIBLES

3

AREAS OF COVER

MyHEALTH is a flexible plan composed of different modules that you carefully selected when you applied for your policy. To find out more about what your specific policy covers and what your benefit limits are, please refer to your **Benefits Schedule** which is available in your Member Pack and the [Member Portal](#).

MEDICAL AND EMERGENCY ASSISTANCE
Included in all plans

B > APRIL CONTACTS

● CUSTOMER SERVICE



(+63) 2 85402330
9 am to 5 pm (UTC+8),
Monday to Friday



GENERAL ENQUIRIES
contact.ph@april.com

CLAIMS SUBMISSION
Available on Easy Claim

TREATMENT PRE-APPROVAL REQUESTS
provider.asia@april.com

● MEDICAL ASSISTANCE & EMERGENCY CASES 24/7 PLATFORMS



(+66) 2022 9190
In case of medical emergency, our Asia
assistance platform is available 24/7.





Please always state your **policy number and member number** in all your communications with APRIL.



C > MEMBER PACK

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

-  **Policy Documents**
-  **Terms and Conditions**
-  **Benefits Schedule**
-  **Invoice / Payment Receipt**

Please make sure that you download your electronic member card on the Easy Claim app as soon as your policy starts. Your eCard displays your **emergency contacts** and will allow you to **enjoy cashless access to the medical facilities** within our network.

D > MEMBER PORTAL

Your Member Portal is available at <https://members.april-international.com>

| POLICY DOCUMENTS | INFORMATION & FORMS |
|--------------------------------|------------------------------|
| Terms and Conditions | Claims instructions |
| Benefits Schedule | Medical Claim Form |
| | Advance Request Form |
| Individual Exclusions (if any) | Direct Billing List |
| | Emergency Assistance Program |
| Deductibles Balance (if any) | Digital Services Guide |



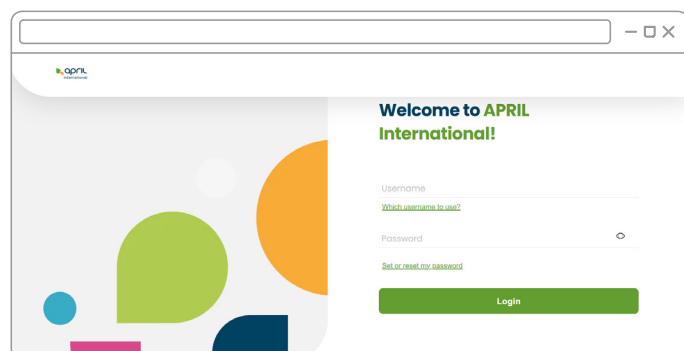
- Access your policy's documents
- Check your reimbursement history and explanations of benefits



« How do I activate my account on the Member Portal? »

- 1 Check your emails: you have received an email inviting you to confirm your registration (from the address noreply@april.com). This email has been sent to the email address you indicated in your policy application.
- 2 Click on the button "Confirm" and enter the password of your choice.

That's all! You are now registered.



« What if I can't find my activation email? »

You can search your inbox for an email from noreply@april.com. Don't forget to check your junk/spam folder.

If you are unable to find it, please contact us at contact.ph@april.com and we will send you a new one.

Please indicate your policy number and member number in the subject of the email.



« What if I don't remember my password? »

Please click on **"Set or reset my password"** below the password field, then enter your email address. A password reset link will be sent to you.



« What about my dependants? »

In addition to your personal information, you will be able to access your dependants' documents and claims history with the same login and password. There is only one common login access per family.

E > THE EASY CLAIM APP AND ITS FUNCTIONS

To access the Easy Claim App

- 1 Activate your account on our [Member Portal](#) (you have received an activation email from noreply@april.com)
- 2 Download the APRIL Easy Claim app on your smartphone
- 3 Launch the app and login with your email address and the password you created on the Member Portal
- 4 You will now have access to all the functions on the app!

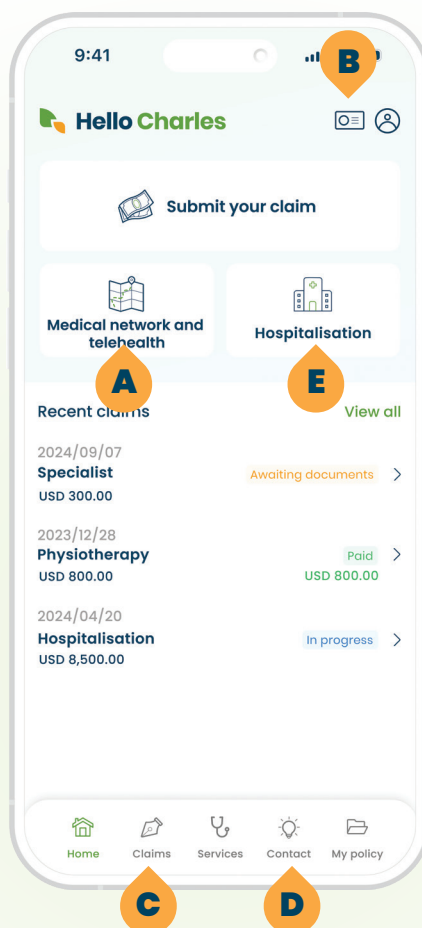


A. Locate healthcare providers

Use Easy Claim's GPS function to find medical providers by location, name or specialty and check your eligibility for direct billing at the facilities.

C. Submit and track medical claims

Submit medical invoices and receipts from anywhere in the world. Review your submitted claims in the **Claims** section, whether they're being processed or settled. If a claim is missing information, you can update it directly on the app.



B. Download electronic member card

If eligible for direct billing, download your electronic member card on your smartphone for cashless access to numerous medical facilities. View your Benefits Schedule to understand your policy coverage.

D. Access April contacts

Any questions about your policy?
Having an emergency?
You will be able to find all your APRIL contacts in the **Contact** section.

E. Submit hospitalisation requests

For planned hospitalisations and surgeries, you must first obtain pre-authorisation from APRIL. You can submit your request for treatment directly on the app.



TeleHEALTH SERVICES

TeleHEALTH services are included in all policies and available on Easy Claim.

IN PARTNERSHIP WITH



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

01. TELECONSULTATION

If you are feeling ill or have any general health questions, you can get in touch with a licensed medical practitioner anytime, anywhere. Simply send a request on Easy Claim and a doctor will call you back within 3 hours.



Save time

You no longer need to travel and wait in a doctor's office, take time off from work or pull your kids out of school. This service is available 24/7 and you may use it after clinic hours, during public holiday or while traveling abroad.



Save money

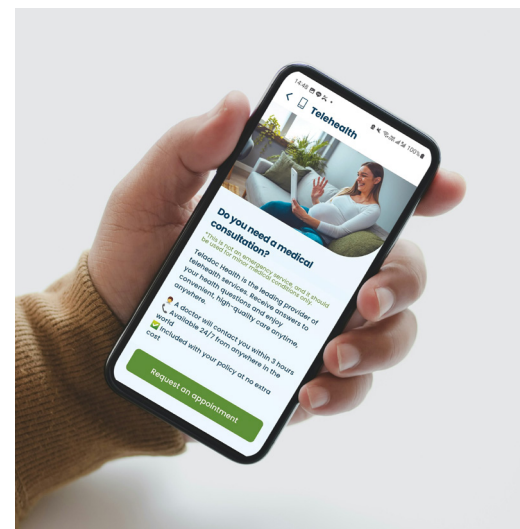
TeleHEALTH is included in all policies, even you have a Hospitalisation & Surgery only plan. You can also enjoy free teleconsultations outside your area of cover. Last but not least, simply save on your gas, parking or transportation expenses.



More convenience

The number of consultations is unlimited and at no extra cost to our members. This service is available in English, French, German, Spanish, Mandarin, Cantonese, Thai, Vietnamese and Bahasa.

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

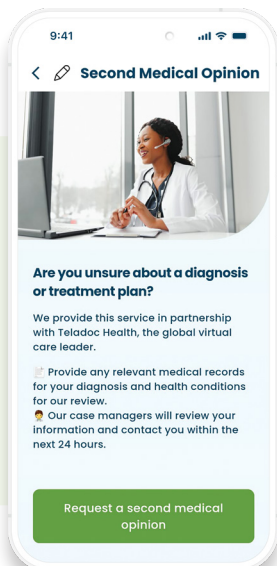


02. SECOND MEDICAL OPINION

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

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

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



How does it work?



01. Send your request on Easy Claim
02. A dedicated doctor will call you within 24 hours and collect your medical record
03. Your case will be studied by the most experienced expert(s) in your pathology
04. A medical report will be sent to you within 10 days and your dedicated doctor will remain at your disposal to answer your questions

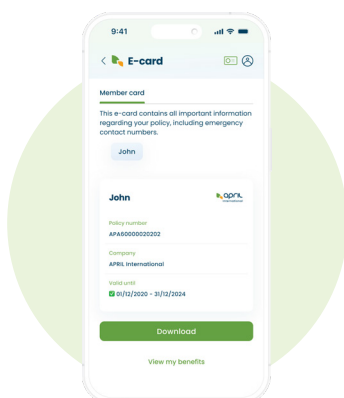
2. How to claim your outpatient expenses?

A > YOUR DIRECT BILLING SERVICES « What is Direct Billing? »

APRIL possesses an extensive network of hospitals, clinics and healthcare providers where you can enjoy direct billing services, not just in the Philippines, but across Asia. Simply visit the provider of your choice within this network and show your member card at the counter. You won't have to pay anything out of your own pocket!*



SEE YOUR HEALTHCARE PROVIDER



SHOW YOUR APRIL MEMBER CARD



ENJOY DIRECT BILLING SERVICES

*Subject to Terms and Conditions and Direct Billing guidelines

■ In the Philippines, we are partnering with Maxicare to deliver Outpatient direct billing services to members

With over 1,450 providers and 63,000 physicians, members in the Philippines have access to outpatient direct billing services up to USD250 through a Letter of Authorisation (LOA) from Maxicare. Any outpatient care above this amount must be pre-authorised.

Maxicare
Live your best life



■ Direct Billing network in Asia

Our General Network comprises over 4,800 medical facilities across Asia. This means that you will be able to enjoy this service even when you are travelling to other countries. Simply show your APRIL e-card at the counter and enjoy cashless benefits wherever you are in the world.

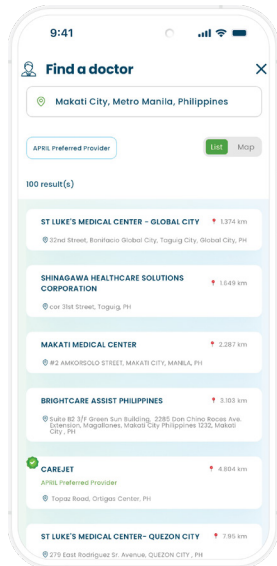
Direct Billing services are only available to members with 100% outpatient benefits in their plan



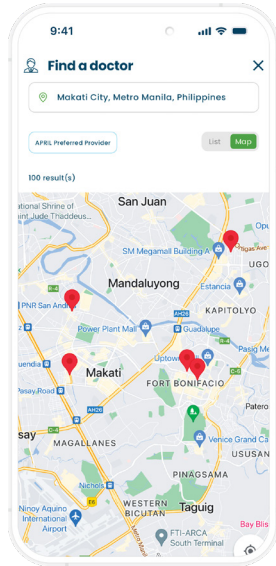
« Where can I find the APRIL direct billing list? »

Open the Easy Claim app and choose Find a doctor in the **Medical network and telehealth** section. Display your medical providers by name or speciality and select **Results with direct billing only** for cashless payment facilities.

The full list is also available on the APRIL International website, updated monthly with new providers. Always ensure you have the latest version!



OR



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

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

Note: For treatments above USD250, your provider will request pre-authorisation from us

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

B > HOW TO SUBMIT YOUR CLAIMS FOR MEDICAL EXPENSES

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

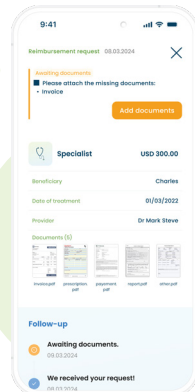
For medical bills **UP TO USD400** (or equivalent in the local currency)



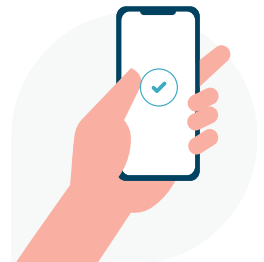
SEE YOUR HEALTHCARE PRACTITIONER



PAY FOR YOUR MEDICAL EXPENSES



SEND YOUR INVOICES VIA THE APP



GET REIMBURSED WITHIN A FEW DAYS!

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

Note: We reserve the right to request a Claim Form at any time.

For medical bills **ABOVE USD400** (or the equivalent in the local currency)

If your medical expenses exceed USD400, please send your original documents to

Paramount Life & General Insurance Corporation
15th Floor, Sage House,
110 V.A. Rufino St. Legaspi Village, Makati City, 1229 Philippines



C > LIST OF DOCUMENTS REQUIRED

« Which documents and information are required for claims? »

- › Diagnosis and/or symptoms requiring treatment must appear on your documents
- › Detailed invoices (including breakdown of medicine if any) and payment receipts
- › For treatment related to physiotherapy or any investigation (MRI, CT scans, blood tests, X-rays...), **a Claim Form will be required**

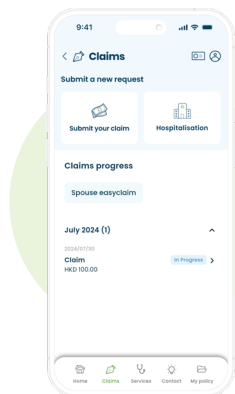
Please submit your claims within 90 days of treatment. We reserve the right to request a Claim Form at anytime.



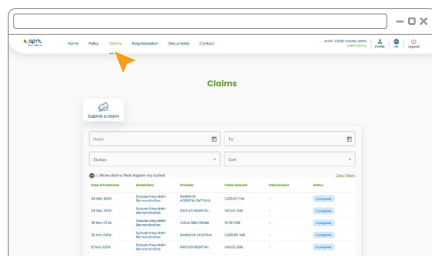
D > REIMBURSEMENT PROCESS

« How to check the status of your claims? »

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



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



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

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

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



« How are my claims reimbursed? »

- › If you have included your bank details on your Application Form, you will be reimbursed by bank transfer to that account.
- › If you have not submitted your bank account information, log into your Member Portal and enter it under the **Policy** tab.

For international transfers to a foreign bank, note that your bank may charge you fees for each transaction which will be your responsibility to bear.



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

A

NON-EMERGENCY HOSPITALISATION OR TREATMENT

For any planned hospitalisation or treatment, you must request pre-approval from APRIL **as soon as possible and no later than 5 working days in advance**



Submit your request on Easy Claim.

Click on the **Hospitalisation** button, fill in the required fields and attach the relevant documents.

OR

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



APRIL will assess your request.

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



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

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

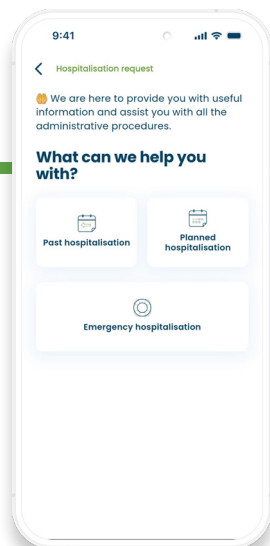
However, if you have a serious health problem, our experts will always look at each individual case. The local experience of our medical teams means we are able to make the best possible assessment of the treatment plans and rates offered by healthcare providers to ensure the treatments being proposed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

B

EMERGENCY HOSPITALISATION

If you need to be hospitalised urgently, please contact **APRIL Assistance (+66 2022 9190)** for immediate help. Whenever possible, please state your policy number and member number. You can also provide your member card to the hospital who will arrange to call us.

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

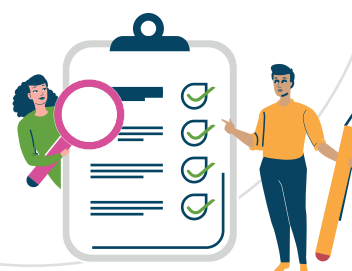


When your request for pre-authorisation or Letter of Guarantee is approved, we will provide you with the supporting documents (written approval or Letter of Guarantee).

If you are not capable of calling us before your hospitalisation, please make sure that you contact APRIL within the 24 hours following your admission to hospital or as soon as reasonably possible.



Requesting a pre-approval is compulsory. If you don't request a pre-approval, we may apply a 20% CO-INSURANCE on your medical expenses. Please refer to page 14 for the full list of treatments requiring pre-approval.



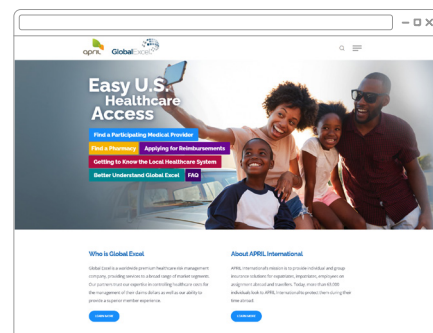
C > FOR HOSPITALISATIONS IN THE UNITED STATES

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

1. Go to omhc.com/April
2. Select **Find a Participating Medical Provider**
3. Enter your home location (zip, city, county or state) and click **Search**
4. Select **Passport to Healthcare Primary PPO Network**
5. Select **Hospitals & Facilities**, then Hospitals
6. The list of participating hospitals will be displayed

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

Direct settlement of your healthcare expenses may be arranged for Inpatient treatment only. Outpatient direct billing services will not be provided in the United States.



C > YOUR MEDICAL ASSISTANCE SERVICES



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

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

Depending on your situation, we will:

- **Transfer you to the most appropriate hospital, or**
- **The hospital nearest to your home in your country of cover, or**
- **Your home residence in your country of cover.**

4. About your policy

? A > I HAVE A DEDUCTIBLE « How does it work? »

A deductible is the amount you are responsible for before the insurance plan starts to pay for medical expenses. For instance, if your deductible is USD1,000, you must pay that amount out of your own pocket before we begin covering your medical expenses. The annual deductible is per person per year and **only applies to your hospital and surgery plan.**



B > WAITING PERIODS

From the effective start date of your policy, some waiting periods are applied before we start covering your expenses. Here is the list:

- 365 days for Newborn Additions
- 300 days for Major Dental Treatment
- 365 days for Maternity Benefits
- 3 years for HIV/AIDS

Any expenses related to the treatments or procedures mentioned above which are incurred before the waiting period is over are excluded from cover and will not be reimbursed.

? C > GENERAL EXCLUSIONS « WHAT IS NOT COVERED BY MY POLICY? »

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

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





D > TREATMENTS REQUIRING PRE-AUTHORISATION

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

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

- Hospital Benefits (other than emergencies)
- Rehabilitation Treatment
- Surgery performed while a day-patient
- Stem Cell Treatment

You must receive APRIL's prior approval for your treatment. Please submit your treatment request on Easy Claim or fill in our Advance Request Form (available on your Member Portal) and return it to us at provider.asia@april.com.



Requesting a pre-approval is compulsory. If you don't request a pre-approval, we will apply a **20% CO-INSURANCE** on your medical expenses.



E > TREATMENTS REQUIRING A REFERRAL LETTER

« *In which cases do I need a referral letter from my attending physician? »* »

If you wish to visit one of the specialists listed below, you must first visit your attending physician or general practitioner who will write you a referral letter for the specific treatment. To be fully covered, you must submit a referral letter from your attending physician along with your claim.

- Physiotherapy
- Dietetic Consultation
- The referral requirement is waived for the first 3 sessions per period of insurance



5. Premium payment and policy update

A > HOW CAN I PAY MY PREMIUMS?

If you are applying for a new policy, you can pay your premium by cheque, bank transfer, credit card, or online payment facility after accepting our Offer Letter.

For renewals, the same payment options are available after receiving and accepting the renewal offer.

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

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

B > HOW CAN I MAKE CHANGES TO MY PLAN?

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

■ At renewal:

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

■ Anytime throughout your policy year:

- › Update your bank details
You can easily add or delete a bank account on your Member Portal, under the **Policy** tab.
- › Update your address or phone number
- › Add a dependant (e.g. spouse, newborn)
- › Change of name (e.g. after marriage or divorce)

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



C > WHAT IF I DECIDE TO MOVE TO ANOTHER COUNTRY?

You will be able to enjoy the same level of cover in your new country of residence until the end of your policy year. If your new country of residence is outside your cover area, your medical expenses will be capped at USD50,000 (applicable only for services rendered due sudden illness or injury occurring within the first 30 days of any trip outside the area of cover).

After the end of your policy year, we will offer to renew your plan with a premium adjusted to your new country of residence. We offer renewals for all countries of residence, except for the USA and **warring / high risk countries**.

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 and administered by:

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

