

Insurance Product Information Document
April International – MyHEALTH

Provider:

APRIL International is part of the APRIL Group, a global insurance specialist operating worldwide through a network of 15,000 partner brokers. The Group achieved a €590 million turnover in 2022.

Drawing on the expertise and the financial strength of the Group, APRIL International has been established in Asia for over 25 years.

Why April 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.

- 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

Key benefits of April MyHEALTH:

- Hospitalisation (inpatient and day patient costs per person.
- Room and board
- Pre-hospitalisation benefits
- Post-hospitalisation benefits
- Parental accommodation
- Outpatient surgery
- Cancer Treatment
- Kidney Dialysis
- Emergency medical evacuation and repatriation
- Repatriation of remains
- Optional Dental and Outpatient
- TeleHealth

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.

- Full Medical Underwriting
- Moratorium Underwriting
- Continuous Personal Medical Exclusions



Claims:

All your services are just one click away on your Easy Claim app. 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.

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 365 days 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.

Exclusions:

- Services which are not medically necessary to treat illness or injury or to diagnose symptoms that suggest you may have illness or injury.
- 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.
- Treatment which is covered by insurance or a source of indemnity other than this policy.
- Emergency Dental Treatment related directly or indirectly to biting, chewing or teeth grinding.

***Note:** This is a summary to provide a brief overview of what we in Navigator regard to be the most salient points of interest.

All pre-contractual and contractual information on the product is provided in other documents provided by the insurer, any clarifications required, please let us know!

