



Member Guide

MyHEALTH Dubai

Download our Easy Claim mobile app
for quicker claims reimbursement!



Please print only if necessary





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.**

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1. How to use your plan?



A > BENEFITS

« What benefits does my plan provide? »

YOUR COVER



Hospital & Surgery



Outpatient



Dental & Optical



Maternity & Newborn Care

CORE

ESSENTIAL

EXTENSIVE

ELITE

Nil / 20% with a cap of USD 14 / 20% to all outpatient benefits

GREEN

CLASSIC

PREMIUM

Worldwide / Worldwide Excluding USA

SEVERAL

TO CHOOSE FROM

4

LEVELS OF COVER

3

CO-INSURANCE
OPTIONS

3

NETWORK
OPTIONS

2

AREAS OF COVER

Your insurance plan is 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 on your [Member Portal](#).

MEDICAL AND EMERGENCY ASSISTANCE
Included in all plans

B > APRIL CONTACTS

● CUSTOMER SERVICE



Enquiries related to your outpatient direct billing network or your medical coverage

+971 04 3900740

24/7



GENERAL ENQUIRIES & IT SUPPORT

contact.uae@hayah-april.com

CLAIMS SUBMISSION

Available on Easy Claim

TREATMENT PRE-APPROVAL REQUESTS

provider.uae@hayah-april.com

● MEDICAL ASSISTANCE & EMERGENCY CASES 24/7 PLATFORMS



+971 04 3900740

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







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**
-  **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 & Conditions	Medical Claim Form
	Advance Request Form
Benefits Schedule	Direct Billing List
	Emergency Assistance Program
Certificate of Insurance	Digital Services Guide



- Access your policy 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.

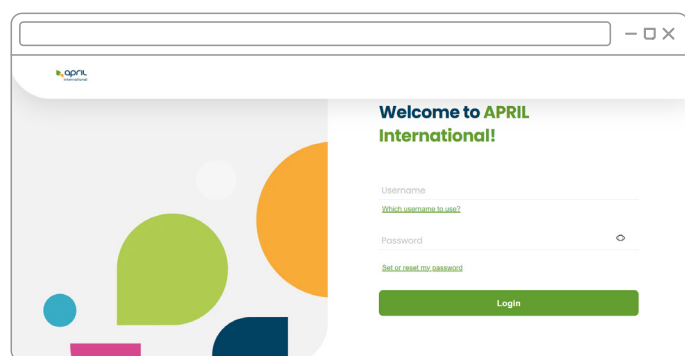


« What if I can't find my activation email? »

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.uae@hayah-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!

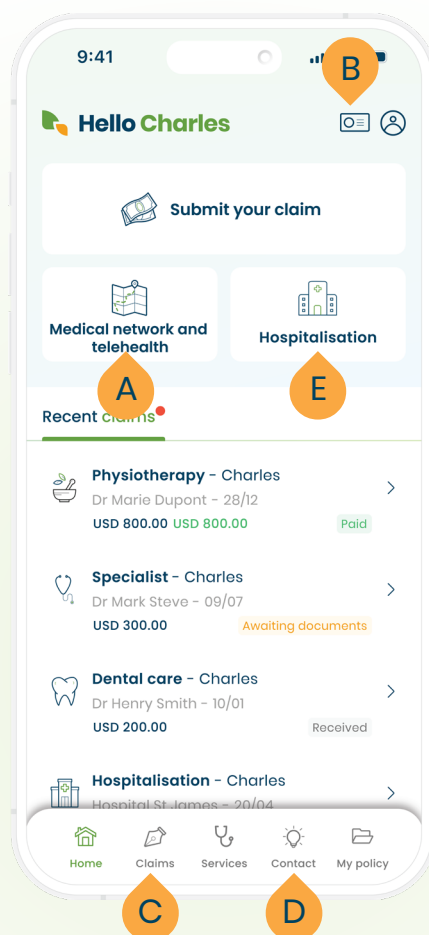


A. Locate healthcare providers

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

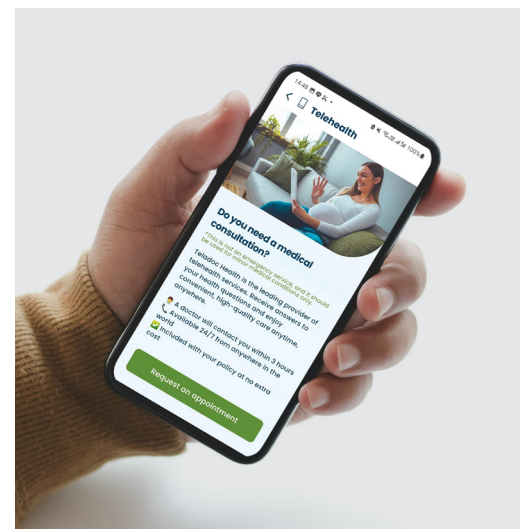
TeleHEALTH is included in all policies, even you have a Hospitalisation & Surgery only plan. You can also enjoy free teleconsultations outside your area of cover. Last but not least, simply save on your gas, parking or transportation expenses.



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.

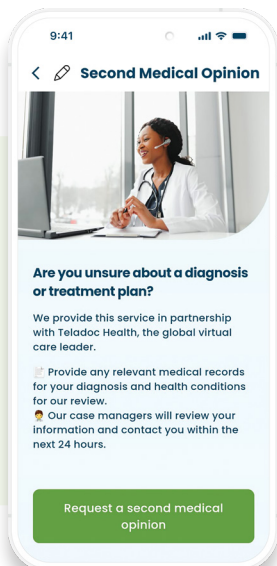


02. SECOND MEDICAL OPINION

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

03 . STRESS MANAGEMENT COUNSELLING

If you find yourself experiencing stress, anxiety, or other mental health concerns, our stress management counselling service offers confidential and compassionate support from licensed psychologists and counsellors:

- Stress
- Anxiety
- Family issues
- Life transitions

...or any mental health issue

Submit a request from stress management counselling on Easy Claim and a licensed psychologist will get in touch with you.

- › Provided by internationally licensed and accredited counsellors
- › Each case is managed via up to 3 phone sessions with a personal, assigned counsellor.
- › Available in English, Cantonese and Mandarin within 24 hours. Other languages (French, Spanish, and much more) are available within 5 working days.



F > MEDICAL DELIVERY SOLUTION & CHRONIC MEDICATION REFILL PROGRAM



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

Medical Delivery Solution

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

- It is a fully auto-initiated service.
- You will need to make sure that your mobile number is registered with MedNet.
- Once you have a prescription, you will automatically receive SMS from RAHTAK.
- You then simply need to follow a few easy steps and then wait for your medication to be delivered at your convenience.

Chronic Medication Refill Program

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

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

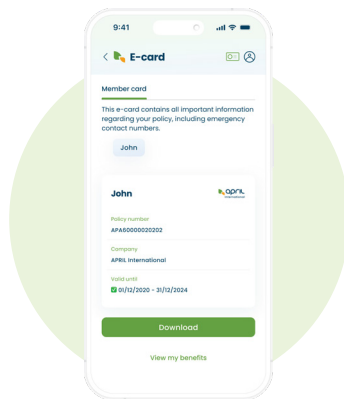
2. How to claim your outpatient expenses?

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

You have access to an extensive network of hospitals, clinics and healthcare providers where you can enjoy direct billing services. It is composed of high-quality medical facilities in the UAE, GCC and 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
OR YOUR EMIRATES ID CARD
IN THE UAE



ENJOY DIRECT BILLING SERVICES

*Subject to Terms and Conditions and Direct Billing guidelines.

Outpatient direct billing is not available if you selected a 20% co-insurance on your outpatient module.

Direct billing in the UAE and GCC

- › In the UAE and GCC countries, our direct billing partner is MedNet. Through MedNet, you can enjoy direct billing services in up to 3,200 medical facilities.
- › When you purchased your plan, you have selected your preferred network (Green, Classic or Premium) where you will be eligible for coverage and cashless access. For members with 20% co-insurance on their outpatient module, special rules apply.
- › For more details on your medical network, you may refer to page 15.



Direct billing in Asia

- › In addition, you also have access to the APRIL direct billing network, which comprises over 4,800 across Asia, including countries such as Singapore, Hong Kong, Thailand and many more. This means that you will be able to enjoy this service even when you are traveling to other countries.

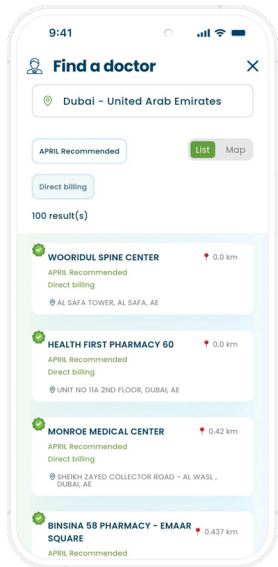




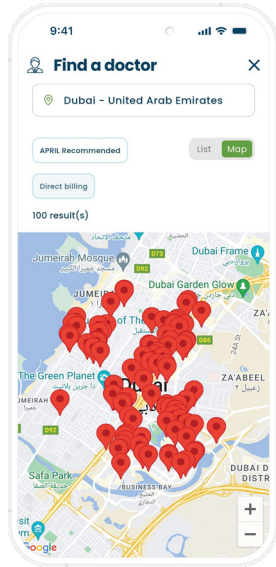
« Where can I find the APRIL direct billing list? »

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 (unless under Medically history disregarded terms)
- ✗ Treatments for general exclusions

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

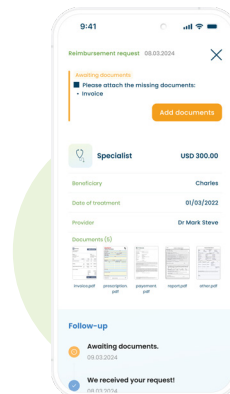
If your healthcare practitioner is not part of our outpatient direct billing network in the UAE or Asia or if your treatment is not eligible for direct billing, please follow these simple steps to submit your claims for medical expenses.



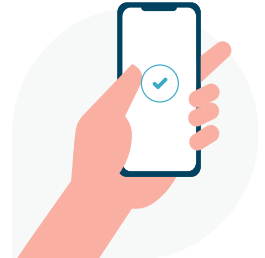
SEE YOUR HEALTHCARE PRACTITIONER



PAY FOR YOUR MEDICAL EXPENSES



SEND YOUR INVOICES VIA THE APP



GET REIMBURSED WITHIN A FEW DAYS!

Once your claim is submitted, you can track its status on Easy Claim and/or on your Member Portal. Once treated, you will receive a claim settlement email including your Explanation Of Benefits (EOB). For all electronic claims, please keep all your original documents for a period of 1 year.

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



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**

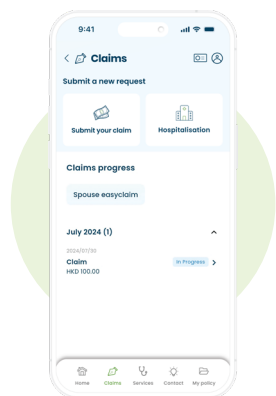
Please submit your claims within 90 days of treatment. We reserve the right to request a Claim Form at anytime.



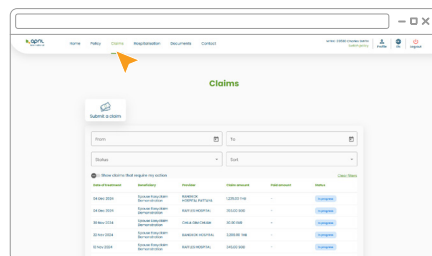
D > REIMBURSEMENT PROCESS

« 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.



E > REIMBURSEMENT PROCESS

« 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?

outside Mednet Network/UAE

A

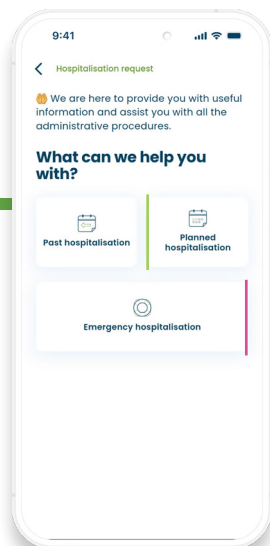
NON-EMERGENCY HOSPITALISATION OR TREATMENT

For any planned hospitalisation or treatment out of the UAE, you must request pre-approval from APRIL **5 working days** in advance according to your plan:



Submit your request on Easy Claim.

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



B

EMERGENCY HOSPITALISATION

If you need to be hospitalised urgently, please contact **APRIL Assistance (+971 04 3900740)** 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

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.uae@hayah-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.



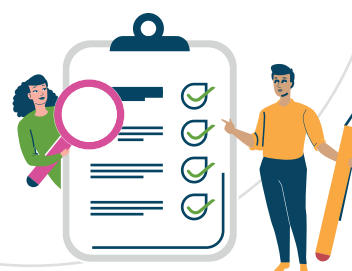
When your request for hospitalisation or planned treatment is approved, we will provide you with the supporting documents (written approval or Letter of Guarantee).

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 (except in the US where a 50% co-insurance may apply for services rendered outside our preferred network).

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.



Requesting a pre-approval is compulsory outside of the GCC. If you don't request a pre-approval, we may apply a **30% CO-INSURANCE** on your medical expenses. Please refer to page 16 for the full list of treatments requiring pre-approval.



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 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.



+971 04 3900740

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 > 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:

- 10 months for Major Dental Treatment and Orthodontics
- 6 months for Inpatient and Outpatient Maternity
- 12 months for Enhanced Outpatient Maternity
- 12 months for Complications of Pregnancy
- 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.

The above does not apply under medically history disregarded terms.



B > I HAVE CO-INSURANCE « How does it work? »

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

Option 1

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



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

Option 2

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



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

Below is an example of how the 2 options would be applied to a medical bill of USD 150.

20% co-insurance on the total bill: USD 30

Option 1



APRIL pays USD 136



Option 2



APRIL pays USD 120



C > NETWORK SELECTION AND CO-INSURANCE

« Where am I fully covered based on my network selection? »



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



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

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

Premium network

Most comprehensive network with top-range providers

- › Fully covered in Premium, Classic and Green

Classic network

Superior medical care at an affordable price

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

Green network

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

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



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

Kindly note that special conditions may apply to the network of healthcare providers based on your selection of co-insurance option.



D > 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
- ✗ Congenital diseases
- ✗ House calls, delivery of medicine or other items



E > 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



Requesting a pre-approval outside of the UAE is compulsory. If you don't request a pre-approval, we may apply a 30% CO-INSURANCE on your medical expenses.

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.uae@hayah-april.com



F > 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
- Dietician



5. Premium payment and policy update

A > HOW CAN I PAY MY PREMIUMS?

Your premiums will be paid annually. Whether you chose to pay your premiums by cheque, bank transfer or credit card, you will receive a premium notice at each due date with details of the amount to be paid.

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 (except for the Core option). In fact, our calculation is based on the overall number of claims made by the persons insured under your plan.

Because healthcare costs are rising every year in Dubai, 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.uae@hayah-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 area of cover is Worldwide excluding USA, your medical expenses will be capped at USD 50,000 (or USD 20,000 for the Core option) outside your area of cover (applicable only for services rendered due to 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 under certain conditions, except for the USA and **warring / high risk countries**.

For more information, contact your insurance consultant :

Underwritten by:

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

Designed by:

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

