

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!

Available on the App Store

GET IT ON Google play

april-international.com

SOMPO

april International

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 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 Thailand 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 30,000 partner brokers. The Group achieved a **€907 million turnover** in 2025.

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

180,000+

members

Our team is composed of

450+

multilingual employees

We have members in

180

countries



Our local insurance partner, Sompo Insurance (Thailand) PCL.

SOMPO

- MyHEALTH is underwritten by Sompo Insurance (Thailand) Public Company Limited, a member of the Sompo Group.
- Founded in Japan, Sompo Group is a global provider of property, casualty and specialty insurance with over 135 years of history and operating in 29 countries and regions.

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.

BASE COVER	OPTIONAL TO MIX & MATCH			
Hospital & Surgery	+ Outpatient	Maternity	Dental & Optical	Your Plan

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

Up to 50 Combinations to create



Flexibility

- Customised to your needs and budget
- Option to choose different plans for all family members
- Family discounts up to 15%

Simplicity

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

Proximity

- A Bangkok-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.

Thailand'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



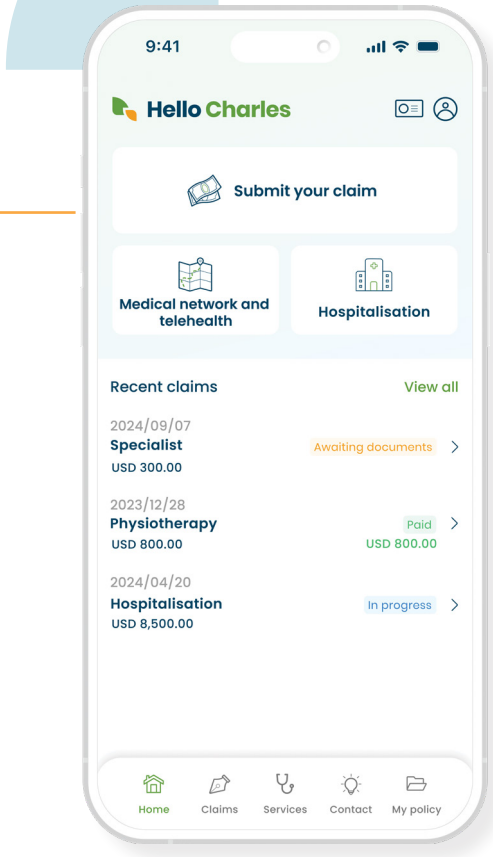
Get the best mix of human and digital to help you navigate the system

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.

As 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.

Core	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

Dental & Optical is available to members who have selected an Extensive or Elite Hospital and Surgery, plus an optional outpatient module.

Maternity is available to women aged 19-45 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.

Please note that the area of cover chosen will apply to all modules selected.

Under Hospital & Surgery Essential, Europe, ASEAN and India excluding Singapore will be selected by default.



Worldwide excluding USA

You are covered everywhere except the USA.



Europe, ASEAN and India excluding Singapore

You are covered in Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, India, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxemburg, Malta, Moldova, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, United Kingdom, Vatican City, 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 THB 1,637,500 and for up to 30 days 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.



Choose your medical network

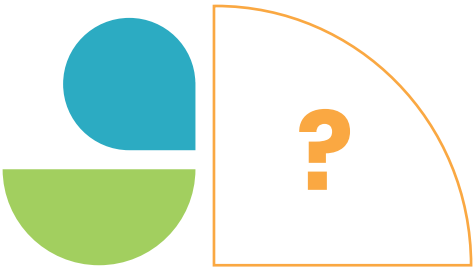


Add a deductible on your Hospital & Surgery module



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

01 Choose your medical network

Your plan allows you to choose between our **Standard** or **Premium** network. With the **Standard** network, you will receive full coverage at all medical providers, except selected ones in Asia where a 40% co-insurance applies. The **Premium** network offers full coverage at all medical providers.

Your network selection applies to all modules. If you selected Hospital & Surgery Essential, your network will be **Standard** by default.

02 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 THB 16,375, you must pay that amount out of your own pocket before we begin paying your medical expenses. The deductible is per person per year and only applies to your hospital and surgery plan.

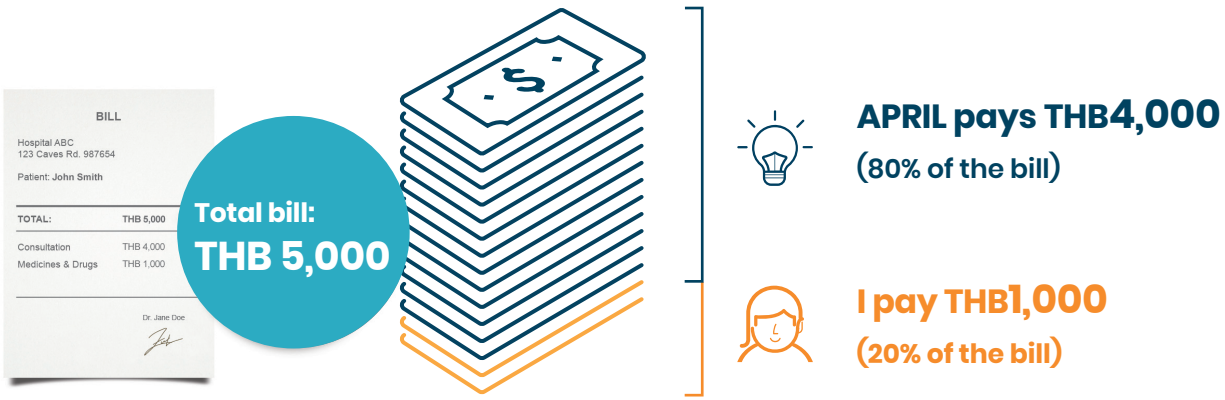
CHOOSE FROM
7 LEVELS OF DEDUCTIBLES

- **฿ 0**
- **฿ 8,200 per visit***
- **฿ 16,375**
- **฿ 32,750**
- **฿ 81,875**
- **฿ 163,750**
- **฿ 327,500**

*For children aged 0-10 under Hospital & Surgery Essential and Extensive

03 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 Thailand, Singapore, Vietnam and Hong Kong.

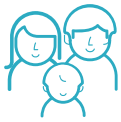
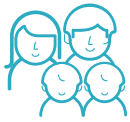
*To be fully covered and enjoy direct billing services, make sure you show your APRIL member card at the reception of the clinic.

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 =

Age { Hospital & Surgery + Optional Modules }



Key benefits at a glance

SUMMARY OF KEY BENEFITS		CORE	ESSENTIAL	EXTENSIVE	ELITE
Hospital & Surgery	Annual Limit per person		฿ 10,000,000	฿ 32,750,000	฿ 65,500,000
	Hospitalisation		●	●	●
	Room and board		Standard Private Room		
	Pre-hospitalisation benefits		Outpatient benefits apply	฿ 32,750 60 days	● 60 days
	Post-hospitalisation benefits		฿ 16,375 60 days	฿ 32,750 60 days	● 90 days
	Outpatient surgery		●	●	●
	Cancer Treatment		●	●	●
	Kidney Dialysis		฿ 163,750	฿ 1,637,500	●
	Organ Transplant		฿ 491,250	฿ 4,912,500	฿ 8,187,500
	Congenital Conditions (L)		●	฿ 1,637,500	●
	Neonatal Disabilities (L)(⏱)		●	฿ 1,637,500	●
	Complications of Pregnancy		●	฿ 1,637,500 per pregnancy	●
	HIV/AIDs (L)(⏱)		●	฿ 327,500	
	Medical checkup		●	฿ 3,000	฿ 6,000
Assistance services Included in every plan	Emergency medical evacuation and repatriation	Up to US$ 1,000,000			
	Repatriation of remains	US$ 30,000			
	Compassionate visit	Roundtrip transportation and 7 nights accommodation at up to US$ 150			
Optional Outpatient	Annual Limit for Outpatient Benefits	฿ 40,000	฿ 163,750	●	●
	Outpatient Co-insurance	Nil coinsurance	Nil or 20%		
		Full Cover at Panel Network Providers only	Co-insurance waived at Panel Network Providers		
	Doctors and Specialists	● Panel Only	●	●	●
	Medicines, scans and tests	● Panel Only	●	●	●
	Physiotherapy with referral	● Panel Only	●	●	●
	Outpatient psychiatric treatment (L)	●	●	฿ 114,625	฿ 163,750
	Complementary Medicine and Traditional Chinese Medicine	●	฿ 16,375	฿ 32,750	฿ 80,000
	Medical appliances & mobility aids	●	฿ 16,375	฿ 65,500	฿ 114,625
	Medical checkup & Vaccinations	●	฿ 3,000	฿ 20,000	฿ 35,000
Optional Maternity	Pre- and post-natal care, delivery and newborn care (⏱)		฿ 163,750 per pregnancy	฿ 327,500 per pregnancy	฿ 491,250 per pregnancy
Optional Dental & Optical	Minor dental treatment (e.g. cleaning, simple extractions)		฿ 22,925		
	Major dental treatment (⏱) (e.g. implants, root canal, orthodontics)		●	฿ 49,125 20% co-insurance	฿ 49,125
	Eye exams, prescription contact lenses and lenses		●	●	฿ 9,825

(L) Lifetime Limit Pre-authorisation Required (⏱) Waiting Period Applies ● Full Cover ● No Cover



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

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

TeleHEALTH

1. Get in touch with a doctor

Consult a licensed medical practitioner from the comfort of your home. Choose between a phone or video consultation, tailored to your preference.

Included in your policy with unlimited usage

Available 24/7 in English or in Thai, 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

Teladoc HEALTH

- **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 Thailand, Vietnam, Singapore and many more.
- Our **Panel Network** is a selection of medical facilities within this same network, albeit in Thailand, Hong Kong and Singapore only. Members with a 20% co-insurance 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.



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 for members under MyHEALTH Hospital & Surgery Extensive and Elite
- 15 working days in advance for members under MyHEALTH Hospital & Surgery Essential

Our in-house team of medical experts will study your request and make sure:

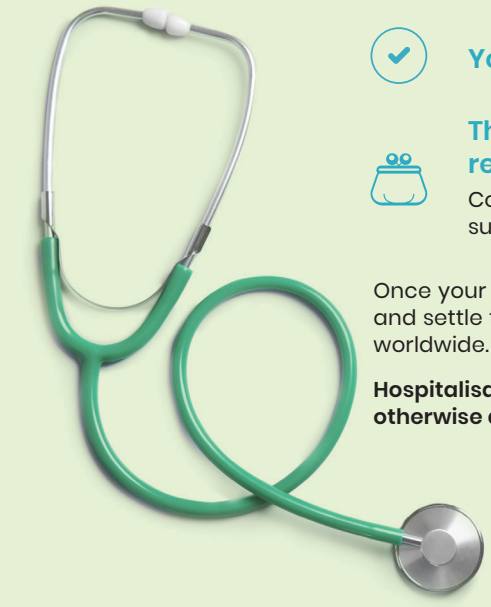
The recommended treatment is the best option for you

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. 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 (0) 2022 9190

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 need to see a general practitioner or a specialist

I prefer to go to my usual GP who is not in the network

Bring a claim form with you to the clinic and have your doctor complete their section.

Submit your documents in one click on the app*.

I do not need urgent medical attention

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 to 15 working days prior to your treatment according to your plan.**

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 **+66 2022 9170** or email us at **contact.th@april.com**

*Original documents will be required if your claim exceeds THB 10,000.

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 two 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.
- **For applicants aged 60 and above, please submit a medical checkup report conducted within the past 6 months.**

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 CPME (Continuous Personal Medical Exclusions)



Continue your cover under the same terms as your previous 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:

What's next?

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 terms and conditions and benefits schedule.

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

Premiums may be paid in THB. We offer the following payment options:

BANK TRANSFER

Annual payment

CREDIT CARD

Annual payment

› MasterCard › Visa

3, 4, 6 or 10 months instalments

Available on selected local Thai banks


Health & Protection Awards 2025
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 fully underwritten and CPME policies.

Is there a maximum renewable age?

No.

Can you tell me more about the application method?

We offer Full Medical Underwriting 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.

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 from. 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?

No, the policy requires the plan to cover at least one parent for a child to be eligible for coverage. Therefore, you cannot apply for a plan that covers only your children.

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 medical provider or doctor. However, co-payments or co-insurance may apply depending on your plan.

- If you selected our Standard medical network, your coverage will be limited to a specific selection of providers.
- If your plan includes outpatient co-insurance, the co-insurance will be waived if you use a provider within our panel network. However, if you choose a provider outside the panel network, the co-insurance will apply.

For your convenience, we offer an extensive Outpatient Direct Billing Network. By using this network, you can enjoy cashless services 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 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:

Sompo Insurance (Thailand) PCL.
MyHEALTH is registered with the OIC under the name SOMPO Enjoy Prime
1152 Punn Tower 23/F, 24/F, Rama 4 Road, Khlong Toei,
Khlong Toei, Bangkok 10110, Thailand
Tel: +66 (0) 2119-3000

Arranged and administered by:

APRIL Assistance (Thailand) Co Ltd.
518/3 Maneeya Center North
10th Floor Pleonchit Road, Lumpini, Pathumwan
Bangkok 10330, Thailand
Tel: +66 (0) 2022 9170
Email: contact.th@april.com

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