

AON

RMIT University Vietnam LLC (Students)

2026 Insurance Program



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Overview

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Overview of Benefits

 Insurance period

From 01 March 2026 to end of 28 February 2027

Aon

Insurance broker

APRIL
/ PVI

Insurer

 Hospital & Surgical

 Outpatient

 Emergency services

 Dental care

All-inclusive limit per period of insurance of **USD 500,000**

 **Scope of Cover**
Worldwide excl. USA

General Information

Submit scan copy of claim:

- via Easy Claim app

Treatment pre-approval requests:

- provider.asia@april.com



CLIENT HOTLINE & CASE MANAGEMENT 24/7

(+84)28 7307 7984 / (+66) 2022 9190



Account Claims Support: **Nguyen Tran Phuong Kieu**

e. nguyen.tran.phuong.kieu@aon.com

m. 0932 633 362

Account Manager: **Pham Minh Trang**

e. pham.minh.trang@aon.com

m. 0773 755 240

Account Support: **Le Thao Ngoc**

e. le.thao.ngoc@aon.com

m. 0933 912 816

Submit original claim documents:

April Vietnam Co. Ltd.

Unit 201, 2nd Floor, Lafayette Building,
8 Phung Khac Khoan Street, Sai Gon Ward,
Ho Chi Minh City, Vietnam

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Table of benefits

AON



Table of benefits

Subject to the terms, conditions, and definitions of the policy, and in accordance with the limits and percentages stated hereunder, the following benefits shall be paid for reasonable and customary expenses necessarily incurred by you. All limits and monetary amounts shall in all instances be in US\$

Benefits payable in respect of any one insured person are subject to an all-inclusive limit per period of insurance of [US\\$500,000](#)

Annual deductible per person per year:	Nil
Area of cover	Worldwide excluding USA
Hospital and Surgery plan	Extensive
Outpatient benefits	Extensive

Table of benefits – Hospital and Surgery Plan

1. Hospital Benefits

Pre-authorisation is required for the following services

Hospital room and board	Single Occupancy Room Fully Covered
Intensive Care Unit	Fully Covered
Parental accommodation	\$100 per day, up to a maximum of 30 day
Surgery fee (including Theatre fees)	Fully Covered
Blood, dressings, medicines and drugs	Fully Covered
Orthopaedic braces, supports and boots	Fully Covered
Surgical implants	Fully Covered
Diagnostic scans and tests, including invasive endoscopic examinations	Fully Covered
Rental of mobility aids	Fully Covered
Professional fees	Fully Covered
Hospital treatment of mental and nervous conditions	Fully Covered, up to 30 days per period of insurance

2. Pre-hospitalisation Benefits:

Pre-hospitalisation benefits before admission for a covered confinement	Fully Covered, up to 30 days before a covered confinement
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3. Post-hospitalisation Benefits

Post-hospitalisation benefits following a covered confinement	Fully Covered, for up to 60 days following discharge from a covered confinement
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Table of benefits – Hospital and Surgery Plan

4. Organ Transplantation

Organ transplantation	\$300,000 per period of insurance
Direct expenses of surgery to remove an organ for transplant from a donor	\$20,000 per period of insurance

5. Private Nursing, Home Nursing

Private nursing in hospital when certified necessary by attending physician	Fully Covered
Home nursing prescribed by attending physician	Fully Covered, up to 30 days

6. Hospital Cash Benefit

Where you are hospitalised for a covered confinement at no cost to us Hospital cash benefit is not available if you claim for services rendered during the hospitalization. Hospital cash benefit is not available if you claimed against another insurance.	\$200 per night to a maximum of 30 nights per period of insurance
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7. Rehabilitation Treatment

Rehabilitation treatment received while an inpatient at a rehabilitation centre. Admission to the rehabilitation centre must take place within 2 weeks after discharge from hospital for a covered confinement. <i>Pre-authorization is required for this benefit.</i>	Up to 30 days per period of insurance
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Table of benefits – Hospital and Surgery Plan

8. Surgery performed while a Day-patient, in a Clinic, or in a Physician’s Office

<p>Professional fees including one post-surgical follow ups.</p> <p>Also covers the following on the day of, and directly related to, the surgery or endoscopic examination: hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and surgical implants.</p> <p>This benefit does not cover the following unless Outpatient Benefits are purchased: laryngoscopy, nasopharyngoscopy, otoscopy; any surgery on the skin and subcutaneous tissue for illness other than surgery following a confirmed diagnosis of cancer.</p> <p><i>Pre-authorization is required for this benefit.</i></p>	<p>Fully Covered</p>
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9. Cancer Treatment

The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.

Hospital treatment of cancer	Hospital Benefits section applies
Specialist consultations; diagnostic scans and tests; medicines and drugs; chemotherapy and radiotherapy related to active cancer treatment	Fully Covered

Table of benefits – Hospital and Surgery Plan

10. Kidney Dialysis

Kidney dialysis received while admitted to hospital or out of hospital

\$50,000 per period of insurance

11. Emergency Room Treatment

Emergency room treatment

Fully Covered

12. Emergency Dental Treatment

Emergency treatment provided during a hospitalisation as a result of an accidental external traumatic injury to the mouth. Any tooth injury sustained while eating or chewing is not considered external trauma and repair of the tooth is not covered. Follow up outpatient dental treatment after discharge from the hospital is covered under Post-hospitalisation Benefit. This benefit excludes Dental Prostheses.

Fully Covered

13. Local Transport by Ambulance

Transport to and from hospital prescribed by a physician by road ambulance or another form of transport when required

Fully Covered

14. Hospice or Palliative Treatment

Hospice or Palliative Treatment

\$60,000/ lifetime

Table of benefits – Hospital and Surgery Plan

15. Medical Evacuation & Repatriation

All members insured under this policy are enrolled into the APRIL Assistance Emergency Service Program. Applicable terms and conditions are shown in the “Emergency Service Program” leaflet.	Included
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16. Special Limits Applying to Certain Disabilities

Complications of pregnancy.	\$50,000 per period of insurance
Reconstructive Surgery	Fully Covered
Congenital and hereditary conditions lifetime per person	\$100,000 lifetime benefit
Neonatal disabilities lifetime per person	No cover
New Born Cover Applicable only if the completed application form of the new born is received and accepted for the coverage within the first 30 days after birth with premium payable. This covers inpatient medical expenses incurred by a new born baby during the first 90 days after birth.	\$100,000 lifetime benefit
Out of Area Cover: Services rendered outside of the area of cover Sudden illness or injury outside your area of cover	90 travel days per trip up to \$100,000 per period of insurance

Table of benefits – Outpatient

Annual cumulative limit for all benefits shown in the Outpatient Benefits section of the benefits schedule	\$5,000
1. General Practitioner and Specialist Consultation Fees	
General Practitioner consultation fees	Fully Covered
Specialist consultation fees	Fully Covered
2. Medicines and Drugs	
Medicines and Drugs	Fully Covered
3. Diagnostic Scans and Tests	
Diagnostic Scans and Tests	Fully Covered
4. Medical Appliances and Mobility Aids	
Purchase or rental of mobility aids	\$750 per period of insurance
Slings and bandages	
Rental and purchase of medical appliances	

Table of benefits - Outpatient

5. Complementary Medicine and Traditional Chinese Medicine

<p>Physiotherapy A referral for physiotherapy must be submitted at the same time as your claim. Treatment is limited to 10 sessions per referral after which a new referral and medical report from your attending physician must be submitted. The referral requirement is waived for the first 3 sessions</p>	<p>\$5,000 per period of insurance</p>
<p>Consultation fees for the following complementary medicine practitioners, upon referral: Occupational therapy, speech therapist (to restore impaired speech function only)</p>	
<p>Consultation fees for the following complementary medicine practitioners: Chiropractor, orthoptists, osteopath, podiatrist No referral required.</p>	<p>\$60 per session, up to 10 sessions per period of insurance</p>
<p>Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Chinese medicine practitioner, homeopath No referral required.</p>	

Table of benefits - Outpatient

6. Follow Up Cancer Care

These services shall be covered following the completion of active cancer treatment: Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations.	Fully Covered
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7. Medical Check Up and Vaccinations

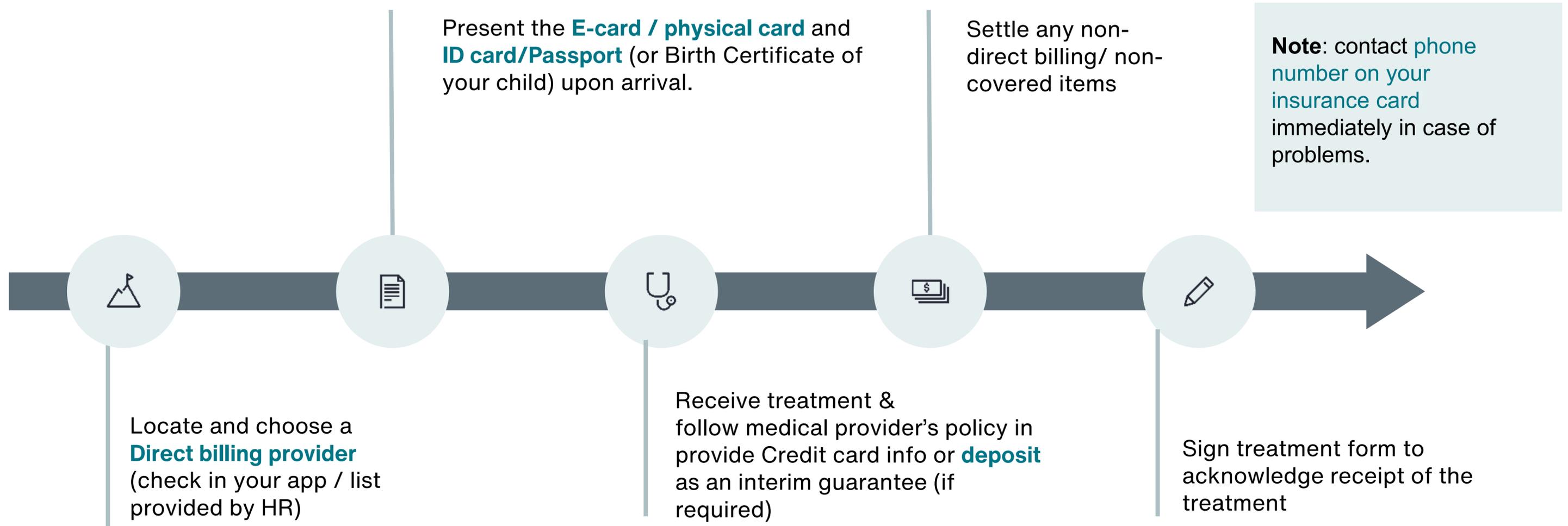
Medical check up No referral required	\$400 per period of insurance
Vaccinations No referral required	
Mandatory Vaccinations For immunisations and booster injections that are deem mandatory in your country of residence.	Fully Covered
Eye tests, frames and prescription lenses and contact lenses	No cover

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Claims procedure



1. Direct Billing



- *Direct billing hours are subject to change and depend on when insurance staff is on duty at the hospital /clinic.*
- *Full list of direct billing network – please check pdf separate lists or check on Online portal or on Easy Claim app.*
- *For Check-up or Vaccination, please inform APRIL / Aon at least 3 working days prior to appointment at hospital/clinic to enjoy cashless service.*

Pre-authorization is required if the doctor indicates that:

- ▶ Hospital benefits (hospitalisations, surgeries or planned treatments)
- ▶ Surgery performed while a day-patient in a clinic or in a physician's office
- ▶ Rehabilitation treatment

Co-payment will apply if the insured member fails to submit pre-authorization:

- **20% co-payment for services not pre-authorized by APRIL**
- In case of Emergency, please contact APRIL **within 24 hours after admission or as soon as reasonably possible**

Methods to seeking pre-authorization

Pre-authorization to be submitted **at least 5 working days** prior to treatment and within 24 hours after admission or as soon as reasonably possible in case of emergency

To obtain pre-authorization, please complete an Advance Request Form to submit your pre-authorization request to email: provider.asia@april.com or via app:

2. YOUR EASY CLAIM APP

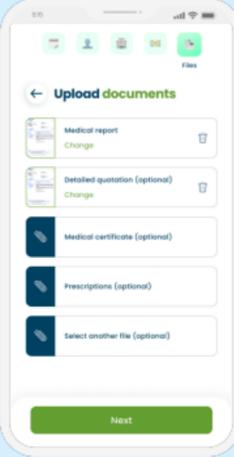
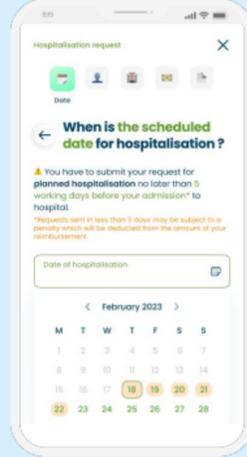
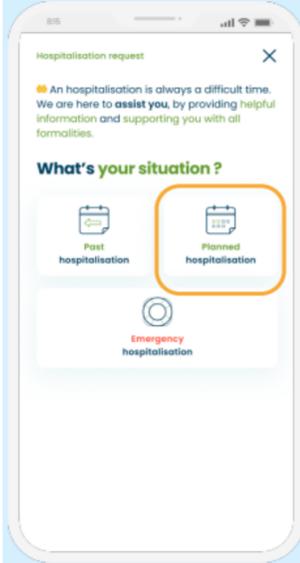
Submit a hospitalisation request

Important:
Once your request is submitted, our team will review it and contact you by email or phone to finalise it.
If you are eligible for treatment, we will send a Letter of Guarantee directly to your healthcare provider and arrange payment of your medical fees.

From the **Requests** page, click on 'Get Hospitalised', then 'Planned hospitalisation'.

Submit your request with the following information:

- Date of treatment
- Contact details
- City of hospitalisation and provider
- Estimated cost
- Then attach your medical report and other relevant documents, if any.



- Your date of treatment
- Your country of hospitalisation
Your reason for hospitalisation
Your phone number
- Then attach the relevant documents, if any

2. Pay & claim



Choose medical facilities



Follow the treatment plan under the guidance of hospital/clinic



Settle treatment expenses and **collect claim documents**



Claims will be processed within **10** working days



Submit claims to April Insurer

Note: members must keep their original documents for a minimum period of 1 year, Insurer can ask the originals for verification if any.

Basic documents for claim submission

(any case, additional documents if insurer requires)

Required documents	 Accident	 Out-patient	 In-patient
Claim Form	✓	✓	✓
Prescription or medical book	✓	✓	✓
Indication and result of diagnostic tests	✓	✓	✓
Breakdown of charges	✓	✓	✓
Eligible invoice	✓	✓	✓
Hospital Discharge certificate	✓		✓
Surgical certificate (if performed)	✓	✓	✓
Accident report/ Police report	✓		
Rehabilitation instruction and process	✓	✓	

Claims tips

✓ Basic claims documents

- Always include claim form; invoice/receipt; breakdown of charges, diagnosis, medical report, itemized claim items...
 - Discharge report (hospitalization)
 - For medication: Request name, dosage and cost of each medication
 - Referral letter after the 10th session of outpatient physiotherapy
 - A VAT invoice (claims incurred in Vietnam) must be issued on the same date as the service date regulated by the Vietnam Ministry of Finance
- ✓ Submit claims **within 90 days** from treatment date (Where it is not reasonably possible to present the required claim documents to us within 365 days from the date you incurred the expense)
- ✓ Carefully and correctly input **your bank details**
- ✓ 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.
- ✓ For international transfers to a foreign bank, the payment schedule is twice a month - either mid-month or at the end of the month

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Main exclusions

AON



Main exclusions - Healthcare

(full details please check terms & conditions in Online Portal)

1. Treatment which is covered by insurance or a source of indemnity other than this policy.
2. Treatment outside your area of cover as stated on your benefits schedule, except to the extent Out of Area Cover is provided for in your benefits schedule.
3. Travel expenses incurred to obtain medical treatment other than in the course of an emergency medical evacuation we have approved in advance, or which has been approved by the emergency assistance provider.
4. Treatment, care or a test which is not medically necessary.
5. Hospital inpatient treatment for convalescence, rehabilitation, supervision, or which in the opinion of our medical advisor, could be properly treated as an outpatient;
6. Medicine, treatment or investigations that are not related to the diagnosis, or that are unrelated to signs and symptoms indicated in the medical certificate.
7. Services which have not been prescribed by your attending physician unless otherwise stated on the benefits schedule.
8. Routine physical examinations or medical check-ups, unless specifically covered under the benefits schedule.
9. Investigations, treatments or preventive measures intended to relieve symptoms possibly related to ageing, premenopause or menopause.
10. Hormone replacement therapy, unless specifically covered under the benefits schedule
11. Dental services, except where specifically covered under the Dental Benefits section of the benefits schedule.
12. Emergency Dental Treatment related directly or indirectly to biting, chewing or teeth grinding.
13. Reconstructive surgery except when required as a direct result of a disability covered under this policy.
14. Treatment involving transplant or harvesting of stem cells, unless specifically covered under the Stem Cell Treatment benefit in the benefits schedule
15. The cost of purchasing an organ for transplantation.

Main exclusions - Healthcare

(full details please check terms & conditions in Online Portal)

16. External prosthesis except when required as a direct result of a disability first occurring during a period of insurance

17. Purchase or rental of any devices including but not limited to prostheses, corrective devices, or durable medical equipment other than surgical implants, external prosthesis or medical appliances shown on the benefits schedule as covered by this policy.

18. Treatment, care or tests directly or indirectly related to:

- assisted conception, contraception, sterilization, fertility or infertility, prior history of miscarriages, hypogonadism or testosterone deficiency, sexual dysfunction, or abortion other than for therapeutic reasons;
- complications of pregnancy following assisted conception, other than services claimed under Maternity Benefits or Routine Outpatient Maternity where specifically provided on the benefits schedule;
- pregnancy or childbirth other than services claimed under Complications of Pregnancy, Routine Outpatient Maternity or Maternity Benefits where specifically provided on the benefits schedule. For the purposes of this exclusion, the post -partum period is deemed complete 45 days after delivery of the baby.
- elective caesarian section prior to the 38th week of term;
- sexually transmitted disease
- gender reassignment therapy and surgery;
- congenital and hereditary conditions other than services claimed under the Congenital and Hereditary Conditions benefit where specifically provided on the benefits schedule;
- terminal illness, other than as provided by the hospice or palliative treatment benefit as shown on your benefits schedule;
- artificial life maintenance including mechanical ventilation where such treatment will not or is not expected to result in your recovery or to restore you to your previous state of health.

Main exclusions - Healthcare

(full details please check terms & conditions in Online Portal)

18. Treatment, care or tests directly or indirectly related to: (continued)

- any treatment for weight loss or weight problems, other than the consultations and medicines provided by a dietician claimed under the Complementary Medicine Benefit (among others, claim related to bariatric procedures, diet pills or supplements, health club memberships, diet programs and residential eating disorder programs will not be covered);
- cosmetic treatment: surgery or any direct or indirect complications or consequences related to cosmetic procedures;
- obstructive sleep apnea, sleeping disorders and snoring
- contact lenses, spectacle lenses, spectacle frames, sunglasses, eyesight tests for long or short sightedness and treatment related to refractive error other than services claimed under Optical Benefits where specifically provided for on the benefits schedule;
- LASIK surgery;
- lenses other than monofocal lens following a cataract surgery
- preventive treatment; except to the extent specifically stated in the benefits schedule
- dandruff and complications related to hair loss;
- experimental investigations and treatment
- use of robotic surgery where it is not medically necessary and a conventional alternative is available. In such cases, reimbursement will be limited to the reasonable and customary cost of the equivalent conventional treatment;
- the usage of non -medically necessary ultrasound scans, other than 2D ultrasounds (applicable when Maternity benefits are purchased in the benefits schedule);
- non-western or non -allopathic treatment except to the extent specifically stated in the Complementary Medicine and Traditional Chinese Medicine section of the benefits schedule;

Main exclusions - Healthcare

(full details please check terms & conditions in Online Portal)

18. Treatment, care or tests directly or indirectly related to: (continued)

- personality disorders, attention deficit disorders, autism, ADHD, stress, eating disorders, behavioural or developmental disorders other than where specifically provided on the benefits schedule under the Outpatient Behavioural and Developmental Disorders benefit (if any);
- outpatient treatment of mental and nervous conditions other than services claimed under the Outpatient Mental and Nervous Conditions benefit where specifically provided on the benefits schedule;
- services by a psychologist or counsellor other than where specifically provided on the benefits schedule under the Mental and Nervous Conditions Benefit.
- suicide or self -inflicted injury or illness, or any related attempt whether self -inflicted or agreed with other persons, even though you are fully conscious or have a mental disorder, including those accidentally caused by any chemical or toxin substances intake or medication overdose;
- any loss or injury arising from your actions while under the influence of alcohol, addictive or psychoactive drugs, or narcotic drugs to the extent of being unable to properly control your mind; The term “under the influence of alcohol” in the event of a blood test refers to a blood/alcohol level of 150 mg. percent and over;
- any loss or injury arising from your own act: while under the influence of drugs or narcotics and incapable of staying conscious;
- any loss or injury arising from your own act: while under the influence of liquor and incapable of staying conscious, in the absence of any measurement or blood alcohol content testing;
- abuse of alcohol, illegal drugs, or medicines not prescribed to the insured person by a physician or taken in excess of prescribed quantities;
- drug addiction, smoking, alcoholism, or use of any psychoactive substances;
- smoking cessation, including but not limited to consultations, treatments, products, therapies, medications, and any other services or interventions aimed at quitting smoking

Main exclusions - Healthcare

(full details please check terms & conditions in Online Portal)

18. Treatment, care or tests directly or indirectly related to: (continued)

- injury related to participation in professional sports on a full time or part time basis; disability as a result of participation in mountaineering or trekking above 3,000 metres; caving or potholing; downhill off -piste skiing and snowboarding; riding on a snowmobile; motor sports on land; boating in vessels designed to travel at 30 knots or more; diving in excess of 12 metres below the surface of the water; rock climbing involving ropes or pitons; hunting; ice hockey; parachute jumping; wrestling; polo; water skiing or wake -boarding; boating activities beyond 5 kilometres from a coastline; aviation activities other than as a fee -paying passenger on a regular scheduled airline or licensed chartered aircraft; or deliberate exposure to exceptional danger except in an effort to save human life;
- any loss or injury arising whilst boarding, leaving or travelling as a passenger in an aircraft which does not have a license for carriage of passengers and does not operate as a commercial airline;
- any loss or injury arising whilst you are en route in a commercial airline or whilst serving as a crew member in any aircraft
- any loss or injuries arising whilst driving under the influence of alcohol or driving without a legal or valid driving license in accordance with local regulations;
- any loss or injuries arising whilst driving a motorcycle without wearing a helmet or without a legal or valid motorcycle driver's license in accordance with local regulations.

19. The following services, whether or not recommended or prescribed by a physician :

- harvesting of stem cells for future, unplanned or unknown treatments;
- any service rendered while an insured person is an inmate of a prison, jail or any correctional facility including halfway ho uses or similar facilities, or while a patient of any mental institution;
- services or treatment while a bed patient at any facility that is not a hospital, including an institution such as an intermediate care facility or nursing home;

Main exclusions - Healthcare

(full details please check terms & conditions in Online Portal)

19. The following services, whether or not recommended or prescribed by a physician : (continued)

- harvesting of stem cells for future, unplanned or unknown treatments;
- any service rendered while an insured person is an inmate of a prison, jail or any correctional facility including halfway houses or similar facilities, or while a patient of any mental institution;
- services or treatment while a bed patient at any facility that is not a hospital, including an institution such as an intermediate care facility or nursing home;
- custodial or maintenance care or rest cures;
- House calls, delivery of medicine or other items, or any service rendered at a person's home, office, hotel room, or similar place other than services claimed under Maternity Benefits where specifically provided for on the benefits schedule; Telehealth services are not part of this exclusion and will be covered provided that they are reasonable and customary and medically necessary.
- vitamins nutritional supplements, chelation therapy, bio resonance therapy or diagnosis, or colonic hydrotherapy;
- any inoculations and vaccinations other than services claimed under the vaccination benefit where specifically stated on the benefits schedule as covered by the policy;
- dental treatment utilizing precious stones and orthodontic treatment that is commenced from the age of 16 (applicable only when Dental benefits are covered under the policy);
- dental examination and treatment for cosmetic or decorative purposes unless specifically stated in the benefits schedule (applicable only when Dental benefits are covered under the policy)

20. Disability suffered while serving as a member of a police force or military unit of any country or international authority, or due to participation in war (whether declared or undeclared), civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or any known or suspected terrorist act, utilization of nuclear weapons, chemical or biological weapons of mass destruction.

Main exclusions - Healthcare

(full details please check terms & conditions in Online Portal)

21. Participation in any illegal or criminal act or contravening clear and absolute government advisories to avoidance of disability.

22. While you are committing a felony or while you are being arrested, under arrest or escaping the arrest,

23. While engaging in a brawl / fight or taking part in initiating and / or inciting a brawl / fight;

24. Disability as a result of exposure:

- to ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
- any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
- any weapon of war employing chemical or biological force or matter

25. All expenses:

- which are not reasonable and customary;
- incurred in jurisdictions subject to sanctions, prohibitions, or restrictions under United Nations resolutions or the trade or economic sanctions of the European Union, the United Kingdom, or the United States of America
- for medical certificates or administrative fees such as a charge for providing a claim form or medical records
- incurred outside the period of insurance or in any period for which the appropriate premium has not been paid;
- incurred during the period of insurance for drugs and/or medical services consumed or provided once the period of insurance has ended; or
- for services performed or items sold by you, your parents, your children, or any entity in which you, your parents, or your children either are an employee or director or have a greater than 1% ownership interest.

5

Easy Claim app

AON



Easy Claim app

One single app to access all features

Plan & Details

- Download Insurance Certificate
- Update information (passport /national ID number)
- View your table of benefits
- Update your bank details

Find a doctor

- Simple steps to choose direct billing provider near you
- Check available provider in other locations

E-card

Pre-
authoziation

Second
medical
opinion

Telehealth

- Unlimited number of consultations
- Get in touch with a doctor 24/7
- Second Medical Opinion service (access to a network of 50,000 experts in 450 medical subspecialties)
- In partnership with **Teladoc Health**

Claims

- Submit claims on the app!
- Keep track of claim status & Claims history
- Pre-authorization

How to activate your account

For renewal members: The system will automatically update the new card, members do not need to take any action

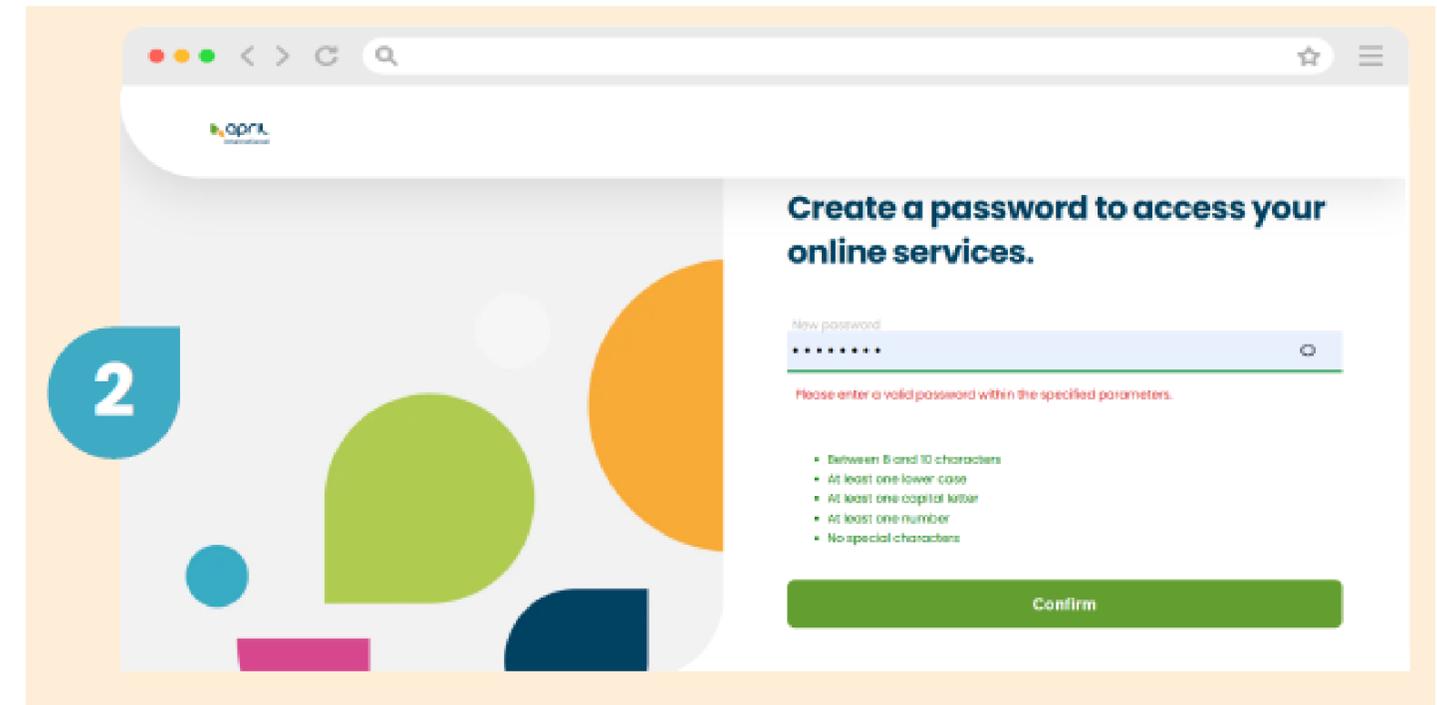
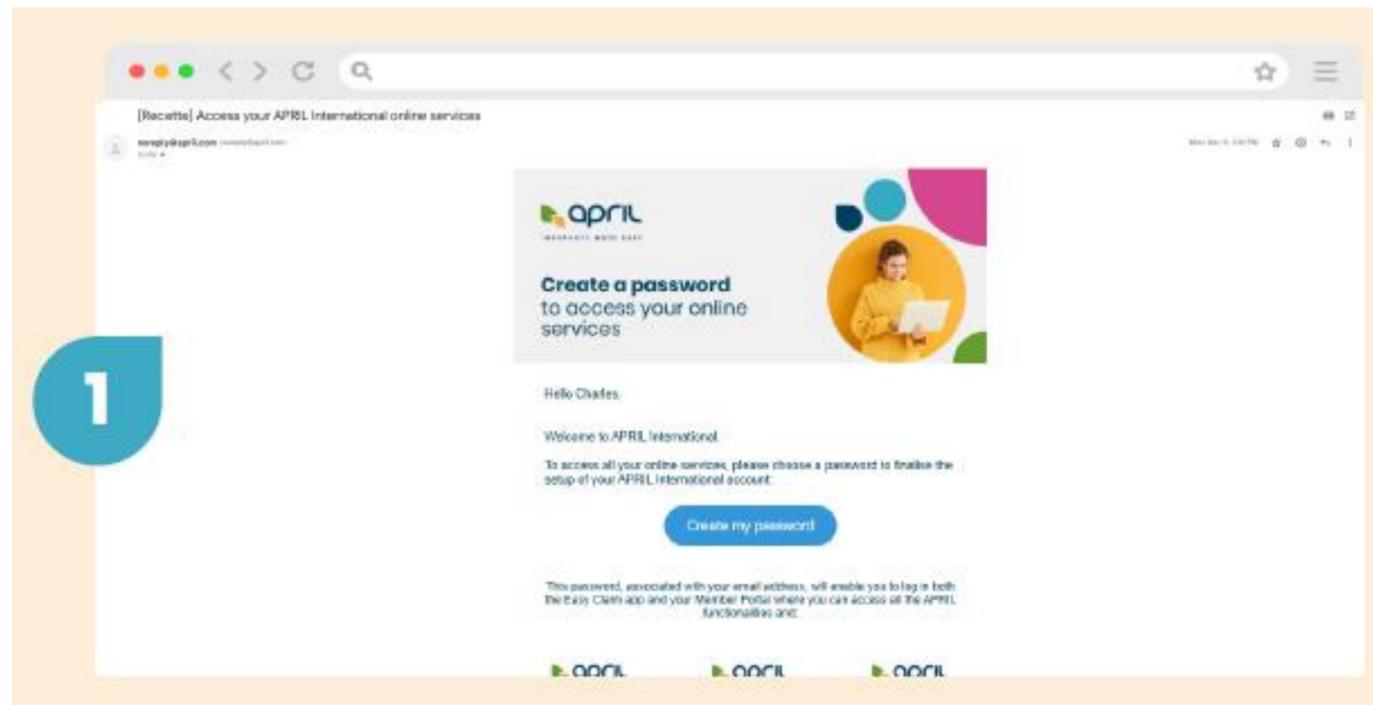
For new members: Please check your emails

You have received an email inviting you to confirm your registration (sent from noreply@april.com).

This email was sent to the email address you provided in your policy application. The link will be valid for 48 hours.

After clicking on “Confirm”, you will be asked to create a password.

That’s it! You have successfully registered to your Member Portal. You will be able to connect with your email address and chosen password anytime, anywhere.

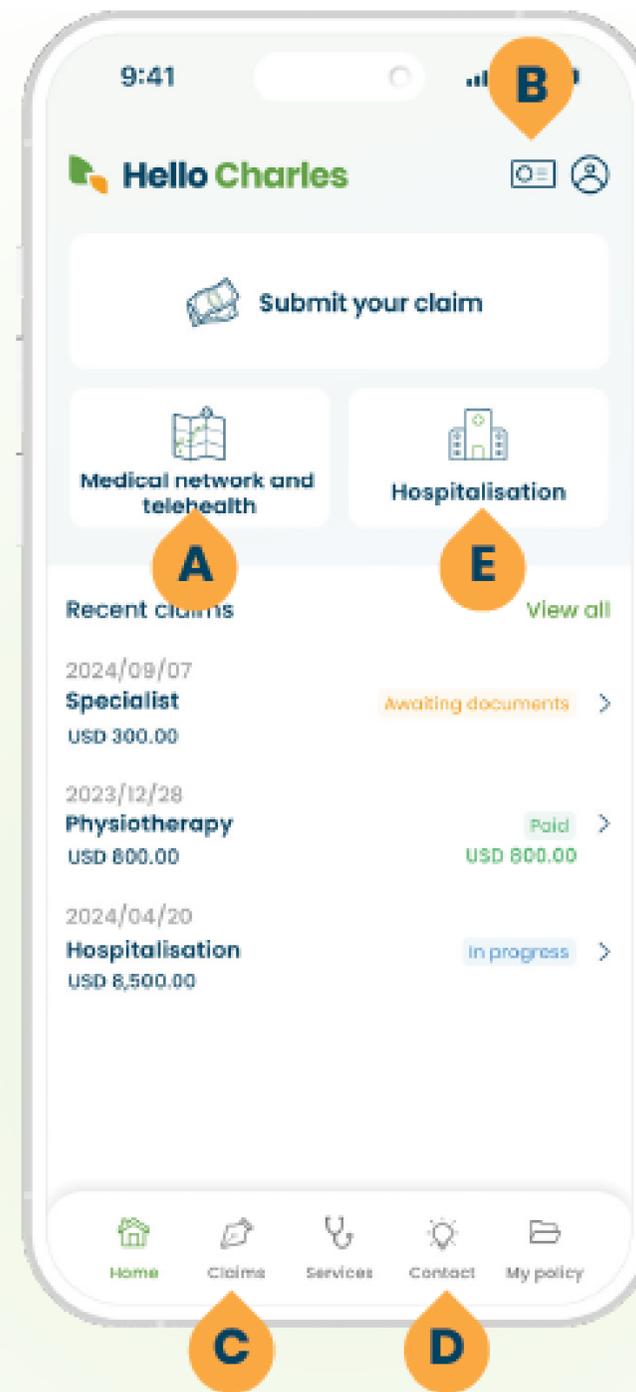


A. Locate healthcare providers

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.

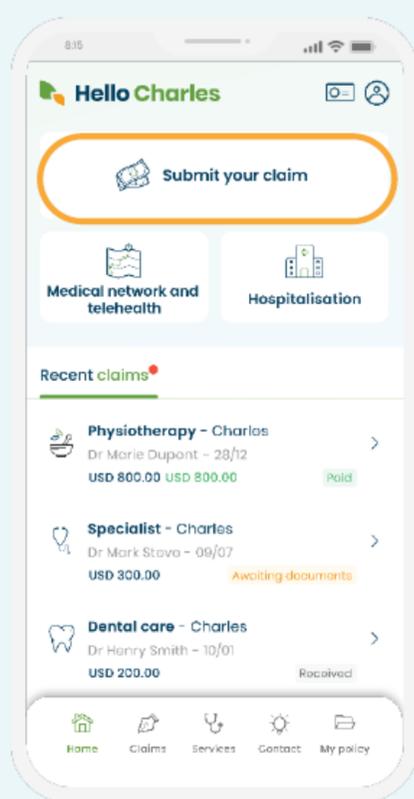
D. Access April contacts

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-authorization from APRIL. You can submit your request for treatment directly on the app.

Submit your claims for reimbursement



Hello Charles

Submit your claim

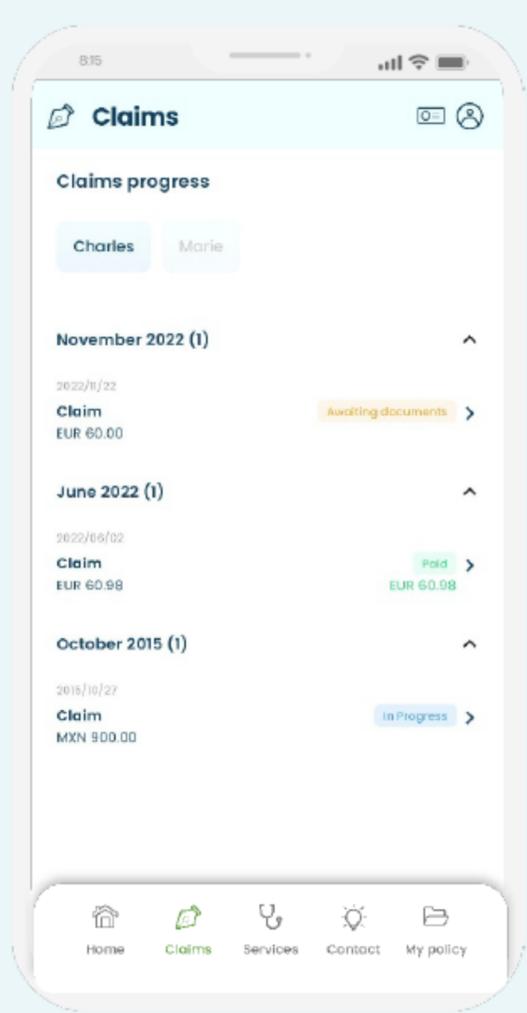
Medical network and telehealth | Hospitalisation

Recent claims

- Physiotherapy - Charles
Dr Marie Dupont - 28/12
USD 800.00 USD 800.00 **Paid**
- Specialist - Charles
Dr Mark Stava - 09/07
USD 300.00 **Awaiting documents**
- Dental care - Charles
Dr Henry Smith - 10/01
USD 200.00 **Received**

Home | Claims | Services | Contact | My policy

- 1 From the homepage, click on **Submit your claim**.
- 2 Fill in the required details.
- 3 Upload the necessary documents.
- 4 Click on **Send my request**.



Claims

Claims progress

Charles | Marie

November 2022 (1)

2022/11/22
Claim EUR 60.00 **Awaiting documents**

June 2022 (1)

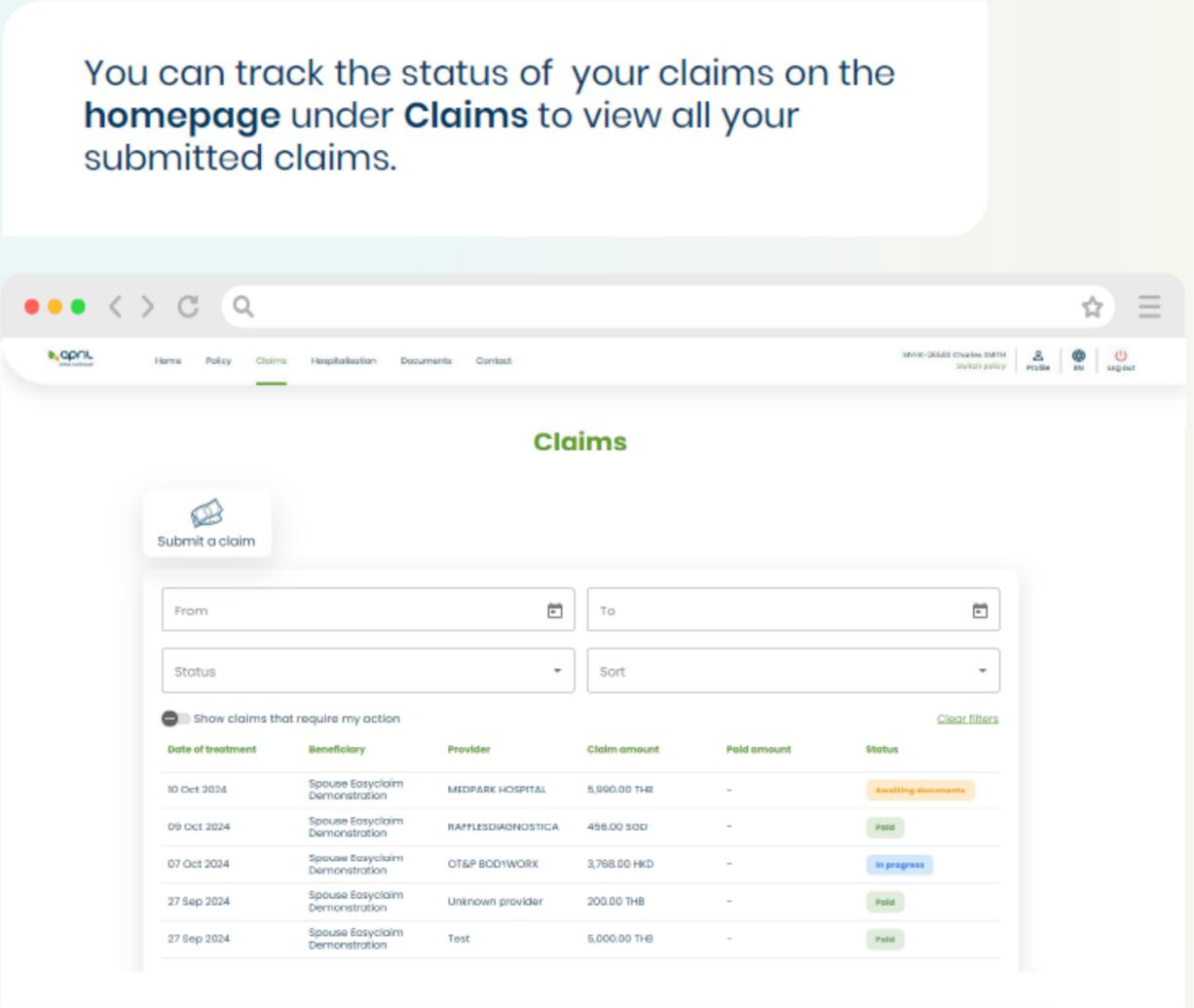
2022/06/02
Claim EUR 60.98 **Paid** EUR 60.98

October 2015 (1)

2015/10/27
Claim MXN 900.00 **In Progress**

Home | Claims | Services | Contact | My policy

You can track the status of your claims on the **homepage** under **Claims** to view all your submitted claims.



april

Home | Policy | Claims | Hospitalisation | Documents | Contact

1916-0648 Charles 28116 | Switch policy | Profile | Settings | Logout

Claims

Submit a claim

From: [] To: []

Status: [] Sort: []

Show claims that require my action Clear filters

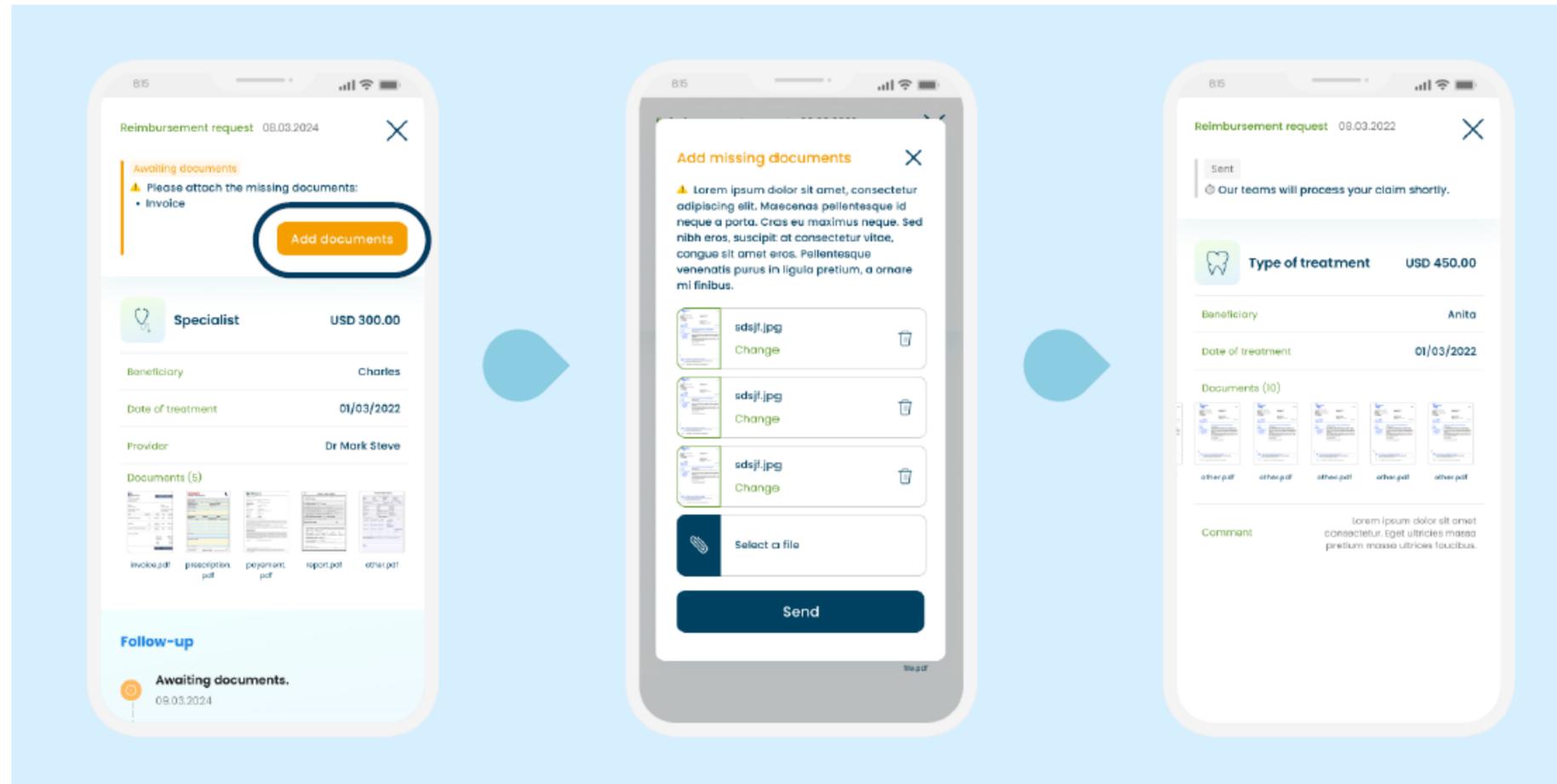
Date of treatment	Beneficiary	Provider	Claim amount	Paid amount	Status
10 Oct 2024	Spouse Easyclaim Demonstration	MEDPARK HOSPITAL	5,560.00 THB	-	Awaiting documents
09 Oct 2024	Spouse Easyclaim Demonstration	RAFFLESDIAGNOSTICA	456.00 SGD	-	Paid
07 Oct 2024	Spouse Easyclaim Demonstration	OT&P BODYWORK	3,768.00 HKD	-	In progress
27 Sep 2024	Spouse Easyclaim Demonstration	Unknown provider	200.00 THB	-	Paid
27 Sep 2024	Spouse Easyclaim Demonstration	Test	5,000.00 THB	-	Paid

Add missing documents to your claims

If one of your claims cannot be processed due to missing supporting documents, its status will show as

Awaiting documents

- On the homepage or Requests page, select the relevant claim to identify which document is needed.
- Choose Add documents to upload the required file.



Request a teleconsultation

▶ When?

- ▶ Daily health consultation (headache, stomach ache...)
- ▶ More information about certain diseases
- ▶ Work-related health issues
- ▶ Seasonal illnesses (e.g., rash, laryngitis...)
- ▶ Travel health questions
- ▶ Follow-up after clinic visits

▶ How?

- ▶ From the homepage, click on **Services**, then choose **Telehealth**.
- ▶ You will be redirected to our partner TeladocHealth's portal.
- ▶ For phone consultations: Click Request service, then Phone Consultation. Fill in a short form and a doctor will call you back within 3 hours.
- ▶ For video consultations: Click Video Consultation, fill in a short form and select a time slot. You can connect on the selected time and date to talk to a doctor.

Seek a second medical opinion

▶ When?

- ▶ To confirm an initial diagnosis
- ▶ To explore alternative treatments
- ▶ To have a better understanding of a medical condition or a procedure
- ▶ To resolve conflicting diagnoses from different.

▶ How?

- ▶ Click Second Medical Opinion (under Services on Easy Claim or under Telehealth on the Member Portal).
- ▶ You will be redirected to our partner TeladocHealth's portal.
- ▶ Fill in the required fields and submit your request.
- ▶ A Case Manager* will call you back and collect information on your medical record.
- ▶ Your medical case will be reviewed by a clinical committee and assigned to the most experienced medical expert based on your condition.
- ▶ The medical expert will study your case. They may ask your Case Manager to contact you or your attending physician if needed.
- ▶ You will receive a fully detailed medical report within 10 working days.

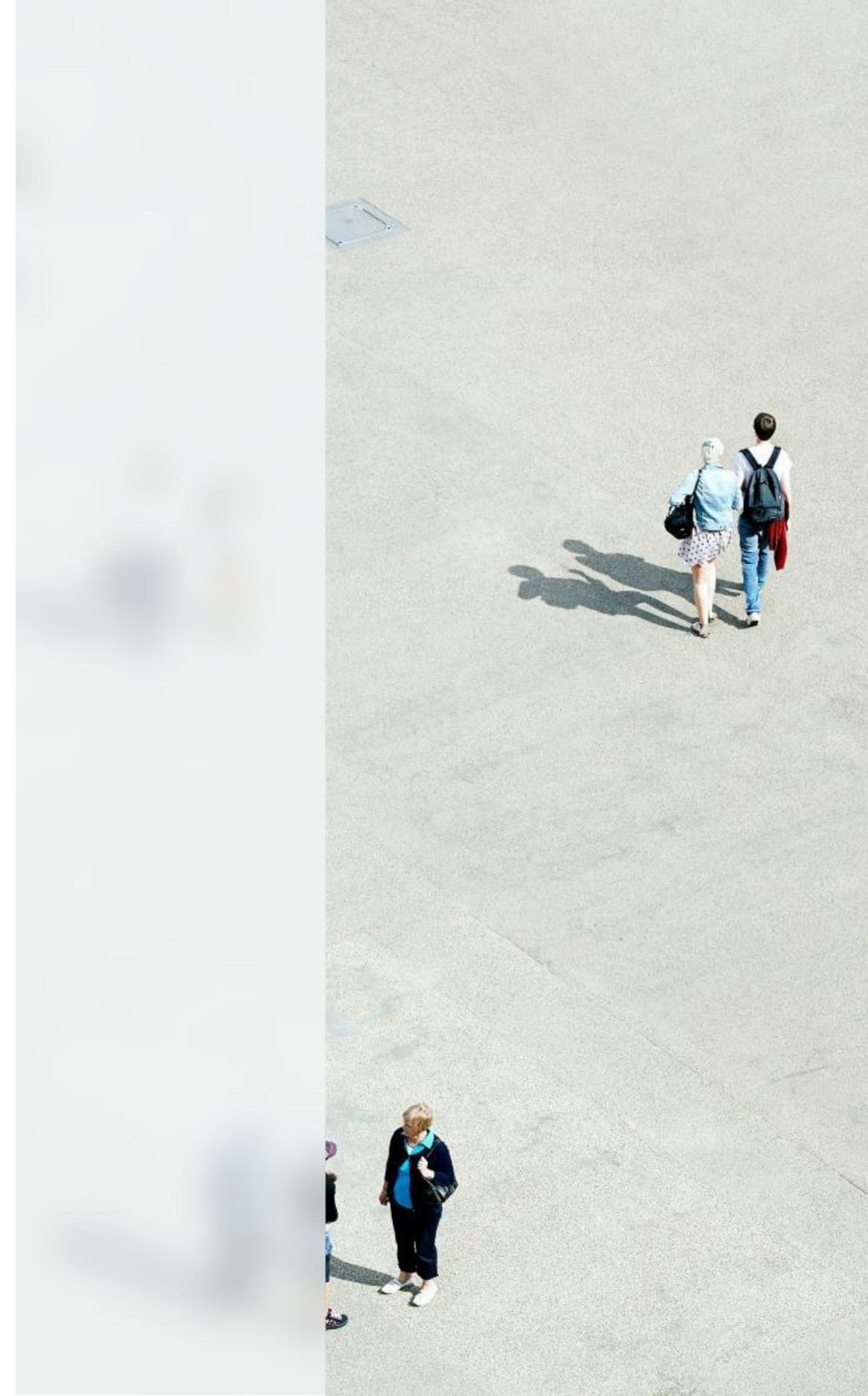


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