



MyHEALTH Business Hong Kong – Summary of Changes

Effective 1st January 2026

Medical Provider Network

Section	Previous	New version
Medical provider network	<p>The hospitals where you may receive treatment as per the benefits listed in your Hospital and Surgery Plan:</p> <p>All plan levels:</p> <p>Standard: Free choice of provider</p> <p>Specified Providers only: For treatment in Singapore, Hong Kong and mainland China</p>	<p>The medical providers where you may receive treatment as per the benefits listed in the Hospital and Surgery.</p> <p>All plan levels:</p> <p>Select your network from the choices below:</p> <p>Standard: Full coverage is available at all medical providers, except for selected providers in in Hong Kong, Singapore, and mainland China. Treatment at these selected providers will be subject to a 40% co-insurance.</p> <p>Premium: Full coverage is available at all medical providers.</p>

Area of Cover

Inpatient	Previous	New version
Outside Area of Cover	<p>All plan levels:</p> <p>Services rendered outside of the area of cover are covered up to \$100,000 per period of insurance only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover.</p>	<p>All plan levels:</p> <p>Services rendered outside of the area of cover are covered up to \$100,000 per period of insurance and for up to 30 days of treatment only if they are directly caused by a sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover.</p>



Benefits Schedule

Section	Previous	New version
Global Treatment options cash benefit	All plan levels: -	<p>All plan levels: \$1,000</p> <p>Where you request to travel out of Hong Kong to receive medically necessary inpatient or day patient treatment, or where we recommend and you agree to receive such treatment at an alternative hospital in Hong Kong, nearby locations (e.g., Thailand, Shenzhen), or your home country, we will cover the cost of treatment, transportation (e.g. reasonable airfare, taxi, private car) and a few days of standard accommodation before your return to Hong Kong (should you be discharged from hospital but not fit to fly). In addition, you will receive a cash benefit of \$1,000.</p> <p>Important notes:</p> <ul style="list-style-type: none"> ► The benefit is not payable in respect of any pre-existing conditions ► Combined cost of treatment, travel and accommodation must be approved in advance by us and needs to be cost-effective compared to the original estimated cost of treatment.
Surgery or invasive Endoscopic examination performed while a day-patient in a clinic or in a physician's office	All plan levels: Fully Covered	<p>All plan levels: Fully Covered</p> <p>For endoscopic examinations only, coverage is limited to ward accommodation charges.</p>
Reconstructive Surgery	All plan levels: -	All plan levels: Fully Covered
Hormone replacement therapy	All plan levels: -	<p>All plan levels : Fully covered</p> <p>Medicines and drugs prescribed by a physician for hormone replacement therapy. Coverage is provided for Hormone Replacement Therapy (HRT) when deemed medically necessary to treat conditions such as premature ovarian insufficiency or failure. This benefit does not extend to HRT primarily intended to manage symptoms related to natural aging processes or gender reassignment. A physician's prescription and supporting medical documentation are required for coverage.</p>



Terms and Conditions

This table only reflects the main changes. We invite you to carefully review your new terms and conditions by reading the full T&Cs.

Section	Previous	New version
SECTION A – PERIOD OF COVER AND RENEWAL	<p>Addition of Eligible Dependents during the period of insurance: The policyholder must notify us to add eligible dependents either at the same time as the employee or within thirty (30) days from the dependent's eligibility start date (i.e., the date of marriage for a spouse or the date of birth for a child). Coverage for these dependents will commence from the date of marriage or the date of birth. If we are not notified within this window, the effective date of coverage will be no earlier than the date of written notification received by us, subject to policy terms and conditions and acceptance by us.</p>	<p>Addition of Eligible Dependents during the period of insurance: The policyholder must notify us to add eligible dependents either at the same time as the employee or within twenty-eight (28) days from the dependent's eligibility start date (i.e., the date of marriage for a spouse or the date of birth for a child). Coverage for these dependents will commence from the date of marriage or the date of birth. If we are not notified within this window, the effective date of coverage will be no earlier than the date of written notification received by us, subject to policy terms and conditions and acceptance by us.</p>
SECTION B – WHERE ARE YOU COVERED?	<p>4.2 Services rendered outside the area of cover will, subject to the limit for Out of Area Cover shown on the benefits schedule, be covered only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover.</p> <p>4.3 In the event you are hospitalised outside the area of cover on the 30th travel day for a covered sudden illness or injury, provided notice of such hospitalisation has been given to us prior to that date, and subject otherwise to the terms and conditions of this policy governing termination of benefits, coverage under section B – article 4.2 shall be extended until such time that you no longer require hospitalisation for the disability.</p>	<p>4.2 Services rendered outside the area of cover will, subject to the limit for Out of Area Cover shown on the benefits schedule, and for up to 30 days of treatment only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover.</p>



Section	Previous	New version
SECTION B – PROCESS TO OBTAIN PRE-AUTHORISATION	<p>11.4 To obtain pre-authorisation, you must submit your request, at least 5 working days in advance before admission or treatment.</p>	<p>11. 4 To obtain pre-authorisation, you must submit your request, via the April Easy Claim smartphone app or via provider.asia@april.com, at least 5 working days in advance before admission or treatment.</p> <p>11.11 Particular provisions applicable to certain medical conditions:</p> <p>11.11.1 In the case of treatments related to sleep disorders (for children and adults), our medical team retain sole discretion to determine whether a proposed treatment or surgical procedure is related to a sleep disorder, including but not limited to sleep apnea and chronic snoring, in both pediatric and adult cases. This determination may be made even in the absence of a formal sleep study. The absence of diagnostic testing shall not preclude the classification of a treatment as sleep disorder-related if clinical indicators and medical judgment support such a conclusion.</p> <p>11.11.2 In cases of surgical procedures involving septoplasty and/or rhinoplasty, these procedures must be subject to a mandatory Second Medical Opinion (SMO) review conducted by Teladoc. Coverage will only be granted if the procedure is deemed medically necessary by both our medical team and Teladoc's SMO panel. Standardized clinical questions will be incorporated into the SMO report to ensure consistency and transparency in decision-making.</p>
SECTION B – GOVERNING LAW AND JURISDICTION	-	<p>15.3 By subscribing to this policy, you give consent to Asia Insurance Company Limited and third-parties including related entities, employees, agents, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to you or other individuals that you have furnished via any means in the past, present & in the future, for one or more of the purposes described in Asia Insurance Personal Information Collection Statement.</p> <p>15.4 You warrant that all personal data you have provided are accurate and complete, and you shall inform Asia Insurance of any changes to the personal data to my knowledge as soon as practicable.</p>



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SECTION B – ARBITRATION AND TIME LIMITS	<p>–</p>	<p>17.6 You may contact the Hong Kong International Arbitration Centre at:</p> <p>38th Floor Two Exchange Square 8 Connaught Place Central Hong Kong Telephone: (852) 2525-2381 Fax: (852) 2524-2171 Email: adr@hkiac.org</p>
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DEFINITIONS	BEHAVIOURAL OR DEVELOPMENTAL DISORDER: A disability classified in categories F53 to F54 and F59 to F98 of the International Classification of Diseases 10th Revision (2010 version).	BEHAVIOURAL OR DEVELOPMENTAL DISORDER: A disability classified in categories F53 and F59 to F98 of the International Classification of Diseases 10th Revision (2025 version).
	CONGENITAL CONDITION: Any condition classified as a congenital anomaly in the International Classification of Diseases 10th Revision (2010 version).	CONGENITAL CONDITION: Any condition classified as a congenital anomaly in the International Classification of Diseases 10th Revision (2025 version).
	DIAGNOSTIC SCANS AND TESTS: Medically necessary tests and procedures prescribed by an attending physician to investigate the cause and nature of symptoms of a disability. Limited to the following tests and scans unless otherwise stated on the benefits schedule: laboratory tests and pathology, CT scan, PET Scan, MRI, ultrasound, ECG, endoscopic exams (not including invasive endoscopic examinations), and x-ray.	DIAGNOSTIC SCANS AND TESTS: Medically necessary tests and procedures, including surgery on the skin and subcutaneous tissue to treat an illness, prescribed by an attending physician, other than surgery following a confirmed diagnosis of cancer. This benefit also includes – unless otherwise stated on the benefits schedule: laboratory tests and pathology, CT scan, PET Scan, MRI, ultrasound, ECG, endoscopic exams such as laryngoscopy, nasopharyngoscopy and otoscopy (not including invasive endoscopic examinations), and x-ray.
	EXPERIMENTAL TREATMENT: Treatment and drugs are deemed experimental if they have not been approved by the European Medicines Agency (EMA), and the Food and Drug Administration (FDA) despite the treatment is approved by the local governance. Approved treatment and drugs should be used within the terms of that license. Should these agencies have conflicting views or provide no guidance, we will make a decision based on published medical articles which are using a rigorous scientific method (including randomised controlled trial) to prove the safety and efficacy of the treatment and drug.	EXPERIMENTAL TREATMENT: Treatment and drugs are deemed experimental if they have not been approved by the European Medicines Agency (EMA), and the Food and Drug Administration (FDA) despite the treatment is approved by the local governance. Approved treatment and drugs should be used within the terms of a valid license, it means that off-label drug will be considered as experimental. Surgery, procedures are deemed experimental if they have not been recommended by international clinical guidelines and used within their indication. Clinical consensus is not considered as an international clinical guideline. Should these agencies or guidelines have conflicting views or provide no guidance, APRIL medical team will make a decision based on published medical articles which are using a rigorous scientific method (including randomised controlled trial) to prove the safety and efficacy of the treatment and drug. This definition also includes medical equipment, technique or approach used for purposes other than those defined under their license or which is undergoing study, research or testing
	COUNTRY OF RESIDENCE: The geographical country in which the policyholder or insured person spends the greatest amount of time during the period of insurance.	COUNTRY OF RESIDENCE: The geographical country in which the policyholder or insured person as the case may be, spends the greatest amount of time during the period of insurance.



Section	Previous	New version
DEFINITIONS	<p>MENTAL AND NERVOUS CONDITION: Any condition classified as a mental, behavioural and neurodevelopmental disorders and nervous disorder (F01 – F99, G00 – G99) in the International Classification of Disease 10th Revision (2010 version) (ICD10), except for Behavioural or developmental disorder and F50 to F52 and F55 in the ICD 10 codes.</p>	<p>MENTAL AND NERVOUS CONDITION: Any condition classified in categories F01 – F09, F20 – F48, F54 and F99 of the International Classification of Diseases 10th Revision (2025 version).</p>
	<p>SPECIFIED INPATIENT PROVIDERS: Medical providers in our network who are indicated as specified inpatient providers in the current Specified Inpatient Providers list.</p>	<p>NETWORK PROVIDERS (formerly SPECIFIED INPATIENT PROVIDERS): Medical providers within our network where full coverage is available, depending on your selected plan (Standard or Premium).</p> <ul style="list-style-type: none"> ► PREMIUM NETWORK: Provides full coverage at all medical providers. ► STANDARD NETWORK: Provides full coverage at all medical providers, except for selected providers in Asia, where a 40% co-insurance applies. <p>For the list of these providers, please refer to your Benefits Schedule.</p>
	<p>SEXUALLY TRANSMITTED DISEASE: Illness classified as an infection with a predominantly sexual mode of transmission in the International Classification of Diseases 10th Revision (2010 version).</p>	<p>SEXUALLY TRANSMITTED DISEASE: Illness classified as an infection with a predominantly sexual mode of transmission in the International Classification of Diseases 10th Revision (2025 version).</p>