



MyHEALTH Hong Kong – Summary of Changes

Benefit Schedule

Effective 1st January 2025

Section	Previous	New
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 per period of insurance.	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.
Major dental treatment	Extensive and Elite: \$2,500	 Extensive and Elite: \$2,500 All treatments excluding orthodontics: 20% co-insurance applies Orthodontics: 50% co-insurance applies
Maternity	The following prenatal and post-natal services up to 45 days following birth: Physician consultation fees, diagnostic scans and tests, medicines and drugs, complementary medicine, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without referral). Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care. Complications of pregnancy following assisted conception. Therapeutic abortions.	The following prenatal and post-natal services up to 45 days following birth: Physician consultation fees, diagnostic scans and tests, medicines and drugs, complementary medicine, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without referral). Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care. Complications of pregnancy following assisted conception. Complications of childbirth Therapeutic abortions.





Terms and Conditions

Effective 1st January 2025

Previous	New	Remarks
 WAITING PERIODS Cover for the following benefits and disabilities will commence after an insured person has been continuously covered for the following time periods after the first day of the period of insurance in respect of an insured person: Maternity Benefits: 366 days prior to the date of service; Newborn Additions: 366 days prior to the date of birth; Major dental treatment: 300 days prior to the date of service; and HIV/AIDS: coverage will apply only if signs or symptoms are present for the first time after three years continuous coverage under the plan and any renewal thereof. 	 WAITING PERIODS Cover for the following benefits and disabilities will commence after an insured person has been continuously covered under the plan and any renewal thereof for the following time periods in respect of an insured person: Maternity Benefits: 365 days prior to the date of service; Major dental treatment: 300 days prior to the date of service; and HIV/AIDS: coverage will apply only if signs or symptoms are present for the first time after three years continuous coverage under the plan and any renewal thereof. 	Updated clause
 NEWBORN ADDITIONS 9.1 A newborn infant born to a parent who has been covered under the policy for the period stated in section 8.1.2 may be added to the policy from birth without medical underwriting as long as the newborn infant was not born following major assisted conception. 9.3 Our underwriting process will apply to an addition under article 9.2, and we may decline to provide cover or may offer cover at terms we require. The cover must be equal to the cover provided to the parent excluding any optional Maternity Benefits, Dental or Optical Benefits. 	 NEWBORN ADDITIONS 9.1 A newborn infant born to a parent who has been covered under the policy for more than 366 days may be added to the policy from birth without medical underwriting provided that the newborn infant was not born following major assisted conception. 9.3 Our underwriting process will apply to an addition under article 9.2, and we may decline to provide cover or may offer cover at terms we require. The cover must be equal to the cover provided to the parent excluding any optional Maternity Benefits, Dental or Optical Benefits. The start date of coverage for the child will be the date on which the underwriting results are finalised. 	Updated clause
GOVERNING LAW AND JURISDICTION This policy is governed by, and is to be interpreted according to, the laws of the Hong Kong Special Administrative Region and subject to the exclusive jurisdiction of the Hong Kong courts.	GOVERNING LAW AND JURISDICTION 20.1 This policy is governed by, and is to be interpreted according to, the laws of the Hong Kong Special Administrative Region and subject to the exclusive jurisdiction of the Hong Kong courts. 20.2 Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Right of Third Parties) Ordinance (Cap 623 of Laws of Hong Kong) to enforce any terms of this Policy.	Updated clause





SANCTIONS AND COMPLIANCE WITH LAWS This insurance does not apply to the extent that trade or economic sanctions or other similar laws or regulations prohibit the coverage provided by this insurance.	 SANCTIONS AND COMPLIANCE WITH LAWS 21.1 We reserve the right not to accept applications for cover or to cease providing cover if, in our opinion, doing so would expose us to the risk of breaching any applicable laws or regulations, including international economic sanctions, laws, or regulations. 21.2 For the avoidance of doubt, we shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union ("EU"), United Kingdom ("UK"), United States of America ("USA"), France ("FR"), or any jurisdiction applicable to us. 	Updated clause
Cosmetic treatment	23.10.7 Cosmetic treatment, surgery or any direct or indirect complications or consequences related to cosmetic procedures.	Updated exclusion
-	23.10.9 Dandruff and complications related to hair loss	New exclusion
-	23.10.21 drug addiction, smoking, alcoholism, or use of any psychoactive substances	New exclusion
-	23.10.22 smoking cessation, including but not limited to consultations, treatments, products, therapies, medications, and any other services or interventions aimed at quitting smoking	New exclusion
_	23.10.25 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.	New exclusion
-	23.10.26 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.	New exclusion
Vitamins, nutritional supplements, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy	23.13.5 Vitamins, nutritional supplements, sleep medication , chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy.	Updated exclusion
-	23.13.10 The usage of non-medically necessary ultrasound scans, other than 2D ultrasounds (applicable when Maternity Benefits are purchased in the benefits schedule).	New exclusion
All expenses: • incurred in Iran or Cuba	All expenses: • incurred in Iran, Cuba, Afghanistan, Belarus, North Korea, Crimea, Regions of Donetsk, Luhansk, Kherson and Zapporijjia in Ukraine, Myanmar (ex Burma), Russia, Sevastopol, Syria, Venezuela	Updated exclusion





COMPLICATIONS OF PREGNANCY: Only the complications that arises during the antenatal stage of pregnancy are covered. Any complications arising from the delivery stage shall not be covered under complications of pregnancy. Any claims related to wholly or partially or arising directly or indirectly during the delivery stage shall not be covered. The coverage of the complication of pregnancy is applicable to the mother only.	COMPLICATIONS OF PREGNANCY: Only the complications that arises during the antenatal stage of pregnancy are covered. Any claims related to wholly or partially or arising directly or indirectly during the delivery stage, including complications arising from the delivery stage, shall not be covered. The coverage of the complication of pregnancy is applicable to the mother only.	Updated definition
COSMETIC TREATMENT: Surgery, chemical treatment, or other procedures performed to reshape or modify structures of the body or physical appearance.	COSMETIC TREATMENT: Surgery, chemical treatment, or other procedures performed to reshape or modify structures of the body or physical appearance, including treatment of any medical condition which arises in any way from cosmetic procedures.	Updated definition
HOSPITAL ROOM AND BOARD: Room and board and general nursing care, subject to the following accommodation levels as stated on the benefits schedule. SINGLE OCCUPANCY ROOM – The base class of rooms having one (1) patient bed per room with an en-suite bath or shower room. Single occupancy room does not include a suite. DOUBLE OCCUPANCY ROOM– A class of room having two (2) patient beds per room, whether both beds are occupied or not. WARD – A class of room having three (3) or more patient beds per room, whether all beds are occupied or not.	 HOSPITAL ROOM AND BOARD: Room and board and general nursing care, subject to the following accommodation levels as stated on the benefits schedule. SINGLE OCCUPANCY ROOM – The base class of rooms having one (1) patient bed per room with an en-suite bath or shower room. Single occupancy room does not include higher-tier accommodations and luxury rooms such as suites, VIP rooms, or deluxe rooms. DOUBLE OCCUPANCY ROOM – A class of room having two (2) patient beds per room, whether both beds are occupied or not. WARD – A class of room having three (3) or more patient beds per room, whether all beds are occupied or not. Room Category Coverage and Penalties: If a member is admitted to a higher category room than entitled to, a 50% co-payment penalty will be applied. In Hong Kong and Singapore, this penalty will be applied to the entire hospital bill. In other countries, the 50% penalty will be applied to all items impacted by the room type selected. This approach accounts for regional variations in healthcare practices and costs. 	Updated definition





	PREVENTIVE (PROPHYLACTIC) SURGERY: refers to surgical procedures performed to remove tissues, organs, or glands that have a high probability of becoming cancerous in the future, aimed at reducing the risk of future health issues. This includes, but is not limited to, procedures such as mastectomy or prophylactic oophorectomy when a parent, grandparent, sibling, or child has been diagnosed with a disease that is part of a hereditary cancer syndrome (such as breast cancer or ovarian cancer) confirmed by a genetic test. The surgery should be prescribed by a qualified medical professional and approved as medically necessary by our Medical Team or a qualified physician approved by us.	New definition
-	THERAPEUTIC ABORTION: The termination of a pregnancy that is deemed medically necessary if there is an underlying or life-threatening condition which will endanger the mother's physical health or if there is a fetal abnormality	New definition
-	WAITING PERIOD: A period during which related insurance benefits shall not be covered, including benefits for claims filed after the waiting period but medical expenses or consequences of medical treatment have been incurring during the waiting period.	New definition





Summary of Changes

Emergency Medical Assistance (EMA) program

Effective 1 January 2025

	Previous	New	Remarks
1.2 Return to your place of residence after recovery.	Wording for requirement that must be fulfilled for this benefit is unclear.	Modified wording	The clause is re-worded to put emphasis that benefit under clause 1.2 is only accessible if the member previously had evacuation under the conditions described in benefit 1.2
Previous 1.4 Dispatch of Medication and Medical Equipment Not Available Locally.	-	-	Dispatch of Medication and Medical Equipment Not Available Locally is removed
New 1.4 Return of immediate family members.	The number of immediate family members eligible for this benefit is not specified.	Modified wording	Number of immediate family members eligible for this benefit limited to 3 persons
2.2 Cost of a transport coffin for repatriation of body by air.	The cost of a coffin suitable for transportation by air is limited to US\$5,000.	APRIL Assistance will cover for the cost of one (1) coffin suitable for transportation by air which cost is limited to US\$5,000.	Further clarify the quantity and type of coffin covered under this benefit
2.4 Return of Immediate Family Members.	"In the event of Your death due to an Accident or Illness while travelling outside of Your Place of Residence"	Modified wording: "death due to an Accident or Illness while travelling outside of your Home Country"	Aligned the wording in benefit 2.4 with benefit 2.1 and 2.3
3.1 Emergency Cash Advance.	In case of an emergency, APRIL Assistance can advance funds to You if APRIL Assistance first receives an equivalent amount or an indemnity form for an equivalent amount from You or a person designated by You.	For cases where member requires advancing of funds, APRIL Assistance will only be able to advance the fund one an equivalent amount is received from the member or a person designated by the member.	Removed wording: "indemnity form"
4.2 Advance of legal expenses.	In case of an emergency, APRIL Assistance can advance funds for legal expenses to You if APRIL Assistance first receives an equivalent amount or an indemnity form for an equivalent amount from You or a person designated by You.	For cases where member requires advancing of funds, APRIL Assistance will only be able to advance the fund one an equivalent amount is received from the member or a person designated by the member.	Removed wording: "indemnity form"
4.3 Advance of cost of bail bond	This service will be provided subject to APRIL receiving an equivalent amount or an indemnity form for an equivalent amount from You or a person designated by You.	For cases where member requires advancing of funds, APRIL Assistance will only be able to advance the fund one an equivalent amount is received from the member or a person designated by the member.	Removed wording: "indemnity form





		Added Exclusion:	
Exclusion 5.		5. Services under this Emergency Medical Assistance program that are directly related to medical conditions, illnesses, or treatments that are specifically excluded or not covered under Your Main Health Insurance Policy. This includes all exclusions listed in your Main Health Insurance Policy. In this regard, if APRIL Assistance find out later that the services rendered under this program are related to the conditions or treatment rejected by the insurer of your Main Health Insurance Policy due to them being exclusions; APRIL Assistance reserves the right to claim for any cost	This exclusion point emphasizes that services under this Emergency Medical Assistance program that is related to any exclusions on the Main Health Insurance Policy will also be excluded.
Benefits Schedule	In the event of accident or sudden severe illness of the member	In the event of accident or sudden severe illness of the member Limited to one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a Member	Wording in the Benefits Schedule is modified to align with Terms and Conditions
Benefits Schedule	Compassionate Visit	Compassionate Visit Limited to one (1) claim per Member	Wording in the Benefits Schedule is modified to align with Terms and Conditions
Benefits Schedule Under "In the event of accident or sudden severe illness of the member"	Return of immediate family members	Return of immediate family members (up to 3 persons)	This benefit is extended to 3 persons
Benefits Schedule Under "Assistance in the event of the death of the member"	Return of family members	Return of family members (up to 3 persons)	This benefit is extended to 3 persons