



MyHEALTH Hong Kong – Summary of Changes

Effective 1st January 2026

Changes highlighted in blue apply to new business only. They do not apply to renewing members.

Medical Provider Network and extension to Outpatient modules

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 Hong Kong, Singapore and mainland China</p>	<p>The medical providers where you may receive treatment as per the benefits listed in the Hospital & Surgery and Outpatient modules.</p> <p>Essential plan only:</p> <p>Standard: Full coverage is available at all medical providers, except for selected providers in Hong Kong, Singapore and mainland China. Treatment at these selected providers will be subject to a 40% co-insurance.</p> <p>Other plan levels:</p> <p>Select your network from the choices below:</p> <p>Standard (Available for Worldwide excluding USA only): Full coverage is available at all medical providers, except for selected providers 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>

- Important update: Your **medical provider network now also applies to the Outpatient module** – not only to your Hospital & Surgery module.

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>

Deductible

Section	Previous	New version
Deductible	<p>All levels:</p> <p>Nil / \$1,500 / \$3,000 / \$5,000 / \$10,000</p>	<p>Essential:</p> <p>\$3,000 / \$5,000 / \$10,000 / \$20,000 / \$30,000</p> <p>Other levels:</p> <p>Nil / \$1,500 / \$3,000 / \$5,000 / \$10,000</p>



Benefits Schedule

Section	Previous	New version
Hospital room and board	All levels: Double Occupancy Room (two beds in one Room) or Single Occupancy Room	Essential: Double Occupancy Room (two beds in one Room) only
Pre-hospitalisation benefits before admission for a covered confinement	Essential: –	Essential: Covered under Embedded routine Outpatient benefits or Outpatient module (if selected)
Post-hospitalisation benefits following a covered confinement	Essential: –	Essential: \$2,000 up to 90 days after a covered confinement
Global Treatment options cash benefit	All levels: –	All levels: \$1,000 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. Important notes: <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.
Hospital treatment of cancer	All levels: Hospital Benefits section applies	Essential: Hospital Benefits section applies – Deductible waived
Specialist consultations, diagnostic scans and tests, medicines and drugs, chemotherapy, radiotherapy and target therapy related to active cancer treatment	All levels: Fully Covered	Essential: Fully Covered – Deductible waived
Surgery or invasive Endoscopic examination performed while a day-patient in a clinic or in a physician's office	All plan levels: Fully Covered	All plan levels: Fully Covered For endoscopic examinations only, coverage is limited to ward accommodation charges.



Section	Previous	New version
Embedded Routine Outpatient Benefits (Deductibles do not apply to this benefit)	All plan levels: -	<p>Essential: \$500 Panel Network Providers Only</p> <p>When prescribed or referred by APRIL's telehealth partner, Teladoc Health:</p> <ul style="list-style-type: none">• General Practitioner and Specialist consultation fees• Prescribed Medicines and drugs• Prescribed Diagnostic scans and tests• Prescribed physiotherapy sessions <p>No Direct Billing Services.</p> <p>For members who purchased an Outpatient module, cover for this benefit will be provided as per the sum stated in the Outpatient module.</p>
Reconstructive Surgery	All plan levels: -	All plan levels: Fully Covered
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.)	Extensive : Fully Covered	Extensive : \$2,500
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
WHERE ARE YOU COVERED?	<p>5.2 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. This section does not apply to any trip:</p> <p>5.3 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 article 5.2 shall be extended until such time that you no longer require hospitalisation for the disability.</p>	<p>5.2 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. This section does not apply to any trip:</p>
RENEWAL OF YOUR POLICY	<p>7.1 Unless you have notified us in writing on or before the last day of the period of insurance that you do not wish to renew the policy, this policy will be automatically renewed by sending you a renewal policy prior to the last day of the period of insurance of your existing policy. The premium for your renewal policy will reflect the age of insured persons on the first day of the renewal period of insurance and other factors affecting the cost of insurance. No free look period will apply to a renewal policy.</p>	<p>7.1 Unless you have notified us in writing on or before the last day of the period of insurance that you do not wish to renew the policy, this policy will be automatically renewed by sending you a renewal policy prior to the last day of the period of insurance of your existing policy. The premium for your renewal policy will reflect the age of insured persons on the first day of the renewal period of insurance and other factors affecting the cost of insurance. Such renewal shall remain subject to the payment of the premium in accordance with the provisions of Paragraph 11.</p>
NEWBORN ADDITIONS	<p>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.</p> <p>9.1.2 Your child's cover will match the cover provided to the parent of the child on the first day of the twelve-month period preceding the child's birth, excluding any optional cover chosen for Maternity Benefits or Dental and/or Optical Benefits. Cover for neonatal disabilities will be limited to the neonatal disabilities limit shown on the benefits schedule.</p> <p>9.2.1 whose parent has not been covered under the policy for 366 consecutive days;</p> <p>9.2.4 who was born through major assisted conception.</p>	<p>9.1 A newborn infant born to the mother 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.</p> <p>9.1.2 Your child's cover will match the cover provided to the mother of the child on the first day of the twelve-month period preceding the child's birth, excluding any optional cover chosen for Maternity Benefits or Dental and/or Optical Benefits. Cover for neonatal disabilities will be limited to the neonatal disabilities limit shown on the benefits schedule.</p> <p>9.2.1 whose mother has not been covered under the policy for 366 consecutive days;</p> <p>9.2.4 who was born through major assisted conception</p>



Section	Previous	New version
NEWBORN ADDITIONS	<p>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.</p> <p>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.</p>	<p>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.</p> <p>The cover must be equal to the cover provided to the mother (or the father if the mother is not covered under this policy) excluding any optional Maternity Benefits, Dental and/or Optical Benefits. The start date of coverage for the child will be the date on which the underwriting results are finalised.</p>
CANCELLATION	<p>10.1 The minimum period of insurance is 12 months. If this policy is cancelled mid-term no refund will be made except as stated under clause 2.1.</p>	<p>10.1 The minimum period of insurance is 12 months. Cancellation permitted during policy year, but no refund will be made except under article 2.1 (free look period).</p>
MATERIAL CHANGES	<p>As a condition precedent to liability, you must inform us as soon as reasonably practicable of any change in your name, the country(ies) of which you hold a passport or citizenship, or your country of residence. Failure to notify us may result in coverage being terminated and declination of claims.</p>	<p>As a condition precedent to liability, you must inform us as soon as reasonably practicable of any change in your name, occupation, the country(ies) of which you hold a passport or citizenship, or your country of residence. Such a change may result in an adjustment of the applicable premium and, in certain cases, the termination of coverage without refund. If such notice is not given, we will have no liability under this policy for expenses occurring after the date of such change.</p>
PROCESS TO OBTAIN PRE-AUTHORISATION	<p>16.4 To obtain pre-authorisation, you must submit your request, at least 5 working days in advance before admission or treatment.</p>	<p>16.4 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>16.11 Particular provisions applicable to certain medical conditions:</p> <p>16.11.1 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>16.11.2 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	Previous	New version
GOVERNING LAW AND JURISDICTION	-	<p>20.3 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>20.4 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>
ARBITRATION AND TIME LIMITS	-	<p>22.4 You may contact the Hong Kong International Arbitration Centre at:</p> <p>38th Floor Two Exchange Square 8 Connaught Place Central Hong Kong</p> <p>Telephone: (852) 2525-2381 Fax: (852) 2524-2171 Email: adr@hkiac.org</p>

Section	Previous	New version
EXCLUSIONS	We invite you to review the details of your new exclusions section by carefully examining and reading the new terms and conditions that have been sent to you.	
Section	Previous	New version
DEFINITIONS	<p>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).</p> <p>CONGENITAL CONDITION: Any condition classified as a congenital anomaly in the International Classification of Diseases 10th Revision (2010 version).</p> <p>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.</p>	<p>BEHAVIOURAL OR DEVELOPMENTAL DISORDER: A disability classified in categories F53 and F59 to F98 of the International Classification of Diseases 10th Revision (2025 version).</p> <p>CONGENITAL CONDITION: Any condition classified as a congenital anomaly in the International Classification of Diseases 10th Revision (2025 version).</p> <p>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, asopharyngoscopy and otoscopy (not including invasive endoscopic examinations), and x-ray.</p>



Section	Previous	New version
DEFINITIONS	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.
	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.	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).
	SPECIFIED INPATIENT PROVIDERS: Medical providers in our network who are indicated as specified inpatient providers in the current Specified Inpatient Providers list.	NETWORK PROVIDERS (formerly SPECIFIED INPATIENT PROVIDERS): Medical providers within our network where full coverage is available, depending on your selected plan (Standard or Premium). ► 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. For the list of these providers, please refer to your Benefits Schedule.
	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).	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).