



MyHEALTH Business Hong Kong – Summary of Changes

Benefits Schedule

Effective 1st January 2025

Section	Previous	New
Maternity	<p>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).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.</p> <p>Complications of pregnancy following major or minor assisted conception.</p> <p>Therapeutic abortions.</p>	<p>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).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.</p> <p>Complications of pregnancy following major or minor assisted conception.</p> <p>Complications of childbirth</p> <p>Therapeutic abortions.</p>



Terms and Conditions

Effective 1st January 2025

SECTION A: CORPORATE POLICYHOLDER SPECIFIC TERMS

Section	Previous	New
OUR CONTRACT WITH THE POLICYHOLDER	-	1.4 The policyholder shall inform all insured persons of all the terms relevant to them.
WHO IS COVERED?	4.2 The policyholder warrants that during the policy year it shall maintain cover for all eligible employees and dependants.	2.2. The policyholder warrants that it shall maintain cover for all eligible employees and dependants throughout the policy year. The staff categories and eligibility terms are specified in the application form and/or the policy endorsement.
	-	2.4 Coverage for dependents begins on the same date as the insured employee or upon meeting the eligibility requirements for coverage, whichever is later.
	-	2.5 We reserve the right to refuse enrolment or request additional information before coverage takes effect.
PERIOD OF COVER AND RENEWAL	-	3.3 Addition of Eligible Employees during the period of insurance: The policyholder must notify us to add an eligible employee to the policy within thirty (30) days from the employee's eligibility start date (i.e., the employment commencement date). 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.
	-	3.4 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 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.
	-	3.5 The policyholder must notify us within thirty (30) days of any changes that need to be made to the list of covered members, such as the removal of an employee who has left the company, change of staff category, changes to an employee's dependents, etc.



PREMIUM PAYMENT AND GRACE PERIOD	7.1 We must receive the premium on or before the Due Date stated on the Debit Note	5.1 We must receive the premium on or before the Due Date stated on the policy and/or the Debit Note. All payments must adhere to the terms of the policy and be in accordance with Hong Kong law.
	-	5.4 If any of the premium payments are unpaid, we reserve the right to recover any claims already paid as per section A - article 9.
IN THE EVENT OF FRAUD OR NONDISCLOSURE	11.3 If this policy is cancelled due to the event of fraud or nondisclosure after claims have been paid, or after we have provided a guarantee of payment to a provider of services, we reserve the right to cancel any amounts paid or guaranteed or claim the payment back from you according to section 17. The outcomes described above are in addition to, and not in the place of, other rights we may have including those based on the contract, statute, or common law. The company will not be bound to pay any claim (in whole or part) where you misrepresented facts in connection with that claim or related claims. Nondisclosure by an individual scheme member will not affect any other member's entitlement to receive benefits from the scheme, however, misrepresentations by the employer or other group scheme policyholder could affect coverage for the individual members.	7.2 If this policy is cancelled due to the event of fraud or nondisclosure after claims have been paid, or after we have provided a guarantee of payment to a provider of services, we reserve the right to cancel any amounts paid or guaranteed or claim the payment back from the policyholder according to section A - article 9.1. The outcomes described above are in addition to, and not in the place of, other rights we may have including those based on the contract, statute, or common law. We will not be bound to pay any claim (in whole or part) where the policyholder or the insured person misrepresented facts in connection with that claim or related claims. Nondisclosure by an individual scheme member will not affect any other member's entitlement to receive benefits from the scheme, however, misrepresentations by the employer or other group scheme policyholder could affect coverage for the individual members.
MATERIAL CHANGES	12.1 The policyholder must disclose all material facts, including change of employment status or duties, change of country of residence of any member.	8.1 The policyholder must disclose all material facts, including changes in employment status or duties, or changes in the country of residence of any insured person. Any change in the country of residence must be submitted to us for review and approval. We may, at our discretion, decline to continue coverage and terminate the policy if we consider the change to be material. In such cases, no refund of the premium will be given.
SANCTIONS AND COMPLIANCE WITH LAWS	18.1 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. Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.	11.1 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.
	-	11.2 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.



SECTION B: TERMS AND CONDITIONS FOR INSURED PERSONS UNDER A CORPORATE SCHEME

Section	Previous	New
CO-INSURANCE AND DEDUCTIBLES	2.1 All expenses will be paid in excess of any deductible that applies and after we have applied any co-insurance percentage, also known as co-payment percentage. If three or more members of your family suffer injury in the same accident while covered under this policy, we will pay expenses in excess of only one deductible, which shall be the largest of the deductibles which would have otherwise applied.	3.1 All expenses will be paid in excess of any deductible that applies and after we have applied any co-insurance percentage, also known as co-payment percentage.
WAITING PERIODS	8.1 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:	5.1 Unless waived by a "Medical History Disregarded" endorsement, cover for the following benefits and disabilities will commence after an insured person has been continuously covered under the policy and any renewal thereof for the following time periods in respect of an insured person:
	8.1.2 Newborn Additions: 366 days prior to the date of birth;	-
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.	6.1 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.	6.3 Our underwriting process will apply to an addition under section B - article 6.2, 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. The start date of coverage for the child will be the date on which the underwriting results are finalised.
IN THE EVENT OF FRAUD OR NONDISCLOSURE	11.1 We may cancel your cover or the policy from inception and retain the premium if: 11.1.1 you and/or the policyholder provided false information to us, or failed to disclose information to us, in connection with your application or any application for addition of an insured person, upgrade, or reinstatement, and the misrepresentation or nondisclosure was fraudulent;	8.1 We may cancel your and your dependents' coverage under the policyholder's policy from inception if: 8.1.1 you or an insured person or anyone acting on your or an insured person's behalf provided false information to us, or failed to disclose information to us, in connection with your application or any application for addition of an insured person, upgrade, or reinstatement, and the misrepresentation or nondisclosure was fraudulent;



	<p>11.3 If this policy is cancelled due to the event of fraud or nondisclosure after claims have been paid, or after we have provided a guarantee of payment to a provider of services, we reserve the right to cancel any amounts paid or guaranteed or claim the payment back from you according to section 17. The outcomes described above are in addition to, and not in the place of, other rights we may have including those based on the contract, statute, or common law. The company will not be bound to pay any claim (in whole or part) where you misrepresented facts in connection with that claim or related claims. Nondisclosure by an individual scheme member will not affect any other member's entitlement to receive benefits from the scheme, however, misrepresentations by the employer or other group scheme policyholder could affect coverage for the individual members.</p>	<p>8.3 If you and your dependents' coverage is cancelled due to the event of fraud or nondisclosure after claims have been paid, or after we have provided a guarantee of payment to a provider of services, we reserve the right to cancel any amounts paid or guaranteed or claim the payment back from you according to section B – article 14. The outcomes described above are in addition to, and not in the place of, other rights we may have including those based on the contract, statute, or common law. We will not be bound to pay any claim (in whole or part) where you misrepresented facts in connection with that claim or related claims. Nondisclosure by an individual scheme member will not affect any other member's entitlement to receive benefits from the scheme, however, misrepresentations by the employer or other group scheme policyholder could affect coverage for the individual members.</p>
<p>MATERIAL CHANGES</p>	<p>12.1 The policyholder must disclose all material facts, including change of employment status or duties, change of country of residence of any member.</p> <p>12.2 You must inform us of any change in name, passport, citizenship, country of residence. Failure to notify us of any change listed in 12.1 or 12.2 may result in coverage being terminated and declination of claims.</p>	<p>9.1 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. If such notice is not given we will have no liability under this policy for expenses occurring after the date of such change</p>
<p>MATERIAL CHANGES</p>	<p>-</p> <p>12.4 If your usual country of residence is changed to the USA, we reserve the right to cancel your policy without any refund.</p>	<p>9.2 You must inform us as soon as reasonably practicable of any change to your residential address or correspondence address. Until such notice is given we may continue to send correspondence to the last address given to us by you, and shall not bear any consequences if such correspondence is not received by you</p> <p>9.3 If your country of residence changes to the USA, we reserve the right to cancel your coverage.</p> <p>9.4 Any change in your country of residence must be submitted to us for review and approval. We may, at our discretion, decline to continue coverage and terminate the coverage if we consider the change to be material.</p>
<p>SANCTIONS AND COMPLIANCE WITH LAWS</p>	<p>18.1 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. Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.</p>	<p>16.1 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.</p>



		<p>16.2 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.</p>
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SECTION C: EXCLUSIONS

Section	Previous	New
<p>18.10 Treatment, care or tests directly or indirectly related to:</p>	Cosmetic treatment	18.10.7 Cosmetic treatment, surgery or any direct or indirect complications or consequences related to cosmetic procedures.
	-	18.10.9 Dandruff and complications related to hair loss
		18.10.21 drug addiction, smoking, alcoholism, or use of any psychoactive substances.
		18.10.22 smoking cessation, including but not limited to consultations, treatments, products, therapies, medications, and any other services or interventions aimed at quitting smoking.
		18.10.25 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.
		18.10.26 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.
<p>18.13 The following services, whether or not recommended or prescribed by a physician:</p>	Vitamins nutritional supplements, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy.	18.13.5 Vitamins, nutritional supplements, sleep medication , chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy.
	-	18.13.10 The usage of non-medically necessary ultrasound scans, other than 2D ultrasounds (applicable when Maternity Benefits are purchased in the benefits schedule).



	Services by a psychologist other than where specifically provided on the benefits schedule under the Mental and Nervous Conditions Benefit.	18.13.11 Services by a psychologist or counsellor other than where specifically provided on the benefits schedule under the Mental and Nervous Conditions Benefit.
18.20 All expenses:	incurred in Iran or Cuba	18.20.2 incurred in Iran, Cuba, Afghanistan, Belarus, North Korea, Crimea, Regions of Donetsk, Luhansk, Kherson and Zaporizhzhia in Ukraine, Myanmar (ex Burma), Russia, Sevastopol, Syria, Venezuela

SECTION D: DEFINITIONS

Section	Previous	New
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.	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.
COSMETIC TREATMENT	Surgery, chemical treatment, or other procedures performed to reshape or modify structures of the body or physical appearance.	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.
HOSPITAL ROOM AND BOARD	<p>Room and board and general nursing care, subject to the following accommodation levels as stated on the benefits schedule.</p> <p>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.</p> <p>DOUBLE OCCUPANCY ROOM– A class of room having two (2) patient beds per room, whether both beds are occupied or not.</p> <p>WARD – A class of room having three (3) or more patient beds per room, whether all beds are occupied or not.</p>	<p>Room and board and general nursing care, subject to the following accommodation levels as stated on the benefits schedule.</p> <p>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.</p> <p>DOUBLE OCCUPANCY ROOM– A class of room having two (2) patient beds per room, whether both beds are occupied or not.</p> <p>WARD – A class of room having three (3) or more patient beds per room, whether all beds are occupied or not.</p> <p>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.</p> <ul style="list-style-type: none"> ▶ 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.



<p>POLICYHOLDER</p>	<p>The company or organisation named in the policy cover page as the policyholder.</p>	<p>An individual or organization that enters into an insurance contract with the insurer and pays the insurance premium. The policyholder has an insurable interest in the insured person. The policyholder may also be the insured person or the beneficiary.</p>
<p>PREVENTIVE (PROPHYLACTIC) SURGERY</p>	<p>-</p>	<p>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.</p>
<p>THERAPEUTIC ABORTION</p>	<p>-</p>	<p>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.</p>
<p>WAITING PERIOD</p>	<p>-</p>	<p>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.</p>



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"



Exclusion 5.	-	<p>Added Exclusion:</p> <p>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.</p> <p>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</p>	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	<p>In the event of accident or sudden severe illness of the member</p> <p>Limited to one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a Member</p>	Wording in the Benefits Schedule is modified to align with Terms and Conditions
Benefits Schedule	Compassionate Visit	<p>Compassionate Visit</p> <p>Limited to one (1) claim per Member</p>	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