

Summary of Changes on SME Group Medical Insurance Policy Terms and Conditions (with effective from 1 March 2026)

| | Before 1 March 2026 (Existing Terms) | On or after 1 March 2026 |
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| <u>Definition</u> Day Procedure Centre | <p>means any facility designated and equipped for performing surgical operations or procedures, which meets or exceeds the requirements stipulated in the Code of Practice for Day Procedure Centres issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong.</p> | <p>means</p> <p>(a) any facility located in Hong Kong designated and equipped for performing surgical operations or procedures, which meets or exceeds the requirements stipulated in the Code of Practice for Day Procedure Centres issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong; and</p> <p>(b) any facility located outside Hong Kong that is designated and equipped for performing day surgical operations or procedures and is licensed, registered or authorised by the competent healthcare regulatory authority in the jurisdiction in which it is located, and which meets standards of regulation and operation comparable to those applicable under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong or equivalent recognised international standards as reasonably determined by the Company.</p> |
| <u>Definition</u> Home Monitoring | <p>No such definitions.</p> | <p>means only the following Medically Necessary diagnostic tests or investigations, recommended in writing by the attending Registered Medical Practitioner and conducted at the Insured Person's residence or outside a Hospital setting:</p> <p>(a) home investigation for the purpose of investigating sleep patterns; and</p> <p>(b) Holter monitoring conducted at home.</p> |
| <u>Definition</u> Immediate Family Member | <p>means the Insured Person's spouse, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian</p> | <p>means the Insured Person's spouse or Domestic Partner, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian.</p> |
| <u>Definition</u> Operating Theatre | <p>means any facility designated and equipped for performing surgical operations or procedures, which meets or exceeds the requirements stipulated in the Code of Practice for Day Procedure Centres or the Code of Practice for Private Hospitals issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong.</p> | <p>means</p> <p>(a) any facility located in Hong Kong designated and equipped for performing surgical operations or procedures, which meets or exceeds the requirements stipulated in the Code of Practice for Day Procedure Centres or the Code of Practice for Private Hospitals issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong; and</p> |

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| Definition Operating Theatre - Continued | | (b) any facility located outside Hong Kong that is designated and equipped for performing surgical operations or procedures and is licensed, registered or authorised by the competent healthcare regulatory authority in the jurisdiction in which it is located, and which meets standards of regulation and operation comparable to those applicable under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong or equivalent recognised international standards as reasonably determined by the Company. |
| Definition Registered Physiotherapist | means a physiotherapist who is (a) duly registered with the Supplementary Medical Professions Council of Hong Kong pursuant to the Supplementary Medical Professions Ordinance (Cap. 359) of the laws of Hong Kong or with a body of equivalent standing in jurisdictions outside Hong Kong; and (b) legally authorised to practise physiotherapy in the locality where the Treatment is provided to the Insured Person. | means a physiotherapist who is (a) duly registered with the Supplementary Medical Professions Council of Hong Kong pursuant to the Allied Health Professions Ordinance (Cap. 359) of the laws of Hong Kong or with a body of equivalent standing in jurisdictions outside Hong Kong; and (b) legally authorised to practise physiotherapy in the locality where the Treatment is provided to the Insured Person. |
| Enrolment | 1. Enrolment (h) For a Policy with less than five (5) eligible Employees for enrolment on the Policy Inception Date or upon each Policy Anniversary Date, any new eligible Employees and/or Dependants (if applicable) shall be required to furnish at their own expense, evidence of insurability satisfactory to the Company before their insurance coverage becomes effective. This requirement shall continue to apply throughout the Period of Insurance regardless of number of Insured Employees during the Period of Insurance. | 1. Enrolment (h) For a Policy with fewer than five (5) eligible Employees for enrolment on the Policy Inception Date or upon each Policy Anniversary Date, any new eligible Employees and/or Dependants (if applicable) shall be required to furnish at their own expense, evidence of insurability satisfactory to the Company before their insurance coverage becomes effective. The Coverage Commencement Date shall be determined in writing by the Company. This requirement shall continue to apply throughout the Period of Insurance regardless of number of Insured Employees during the Period of Insurance. |
| Benefit Provisions Section A - Hospitalisation and Surgical Benefit Miscellaneous Hospital Services | 4. Miscellaneous Hospital Services 5. Medicines and drug reasonably and necessarily prescribed upon discharge from Hospital Confinement or completion of Day Care Surgery for use before follow-up visit(s); | 4. Miscellaneous Hospital Services 5. Medicines and drug reasonably and necessarily prescribed upon discharge from Hospital Confinement or completion of Day Care Surgery for use before follow-up visit(s) and up to the ensuing four (4) weeks; The following is newly added: 11. Home Monitoring; |

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| <p><u>Benefit Provisions</u></p> <p>Section A - Hospitalisation and Surgical Benefit</p> <p>Pre-admission and Post-hospitalisation Outpatient Care</p> | <p>14. Pre-admission and Post-hospitalisation Outpatient Care</p> <p>The Company shall pay for:</p> <p>1. One (1) outpatient consultation fee incurred by the Insured Person within thirty (30) days before admission or Day Care Surgery, provided that the outpatient visit leads to Hospital Confinement or Day Care Surgery related to the diagnosis.</p> <p>2. All related Medically Necessary outpatient follow-up visits incurred by the Insured Person within six (6) weeks right after discharge from Hospital or Day Care Surgery. Covered follow-up visits include consultation fees, Western Medication, diagnostic tests and physiotherapy, provided these outpatient follow-up visits are directly related to the diagnosis necessitating such Hospital Confinement or Day Care Surgery.</p> | <p>14. Pre-admission and Post-hospitalisation Outpatient Care</p> <p>The Company shall pay for:</p> <p>1. One (1) outpatient consultation fee incurred by the Insured Person within thirty (30) days before admission, Day Care Surgery or Home Monitoring, provided that the outpatient visit leads to Hospital Confinement, Day Care Surgery or Home Monitoring related to the diagnosis.</p> <p>2. All related Medically Necessary outpatient follow-up visits incurred by the Insured Person within six (6) weeks right after discharge from Hospital, Day Care Surgery or Home Monitoring. Covered follow-up visits include consultation fees, Western Medication for up to sixty (60) days, diagnostic tests and physiotherapy, provided these outpatient follow-up visits are directly related to the diagnosis necessitating such Hospital Confinement, Day Care Surgery or Home Monitoring.</p> |
| <p><u>Benefit Provisions</u></p> <p>Section A - Hospitalisation and Surgical Benefit</p> <p>Endoscopy Day Surgery Benefit</p> | <p>18. Endoscopy Day Surgery Benefit</p> <p>This benefit shall be payable for eligible expenses incurred for endoscopy procedure performed by a Registered Medical Practitioner at a Day Procedure Centre or day-case unit of a Hospital, provided that no Room and Board benefit is payable. Eligible expenses for medical services and consultation fees incurred on the day of procedure that are related to endoscopy procedure shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Hospitalisation and Surgical Benefit and Supplementary Major Medical Benefit.</p> | <p>18. Endoscopy Day Surgery Benefit</p> <p>This benefit shall be payable for eligible expenses incurred for endoscopy procedure performed by a Registered Medical Practitioner at a Day Procedure Centre or day-case unit of a Hospital, provided that no Room and Board benefit is payable. Eligible expenses for Treatment and consultation fees incurred on the day of procedure that are related to endoscopy procedure shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Hospitalisation and Surgical Benefit and Supplementary Major Medical Benefit.</p> <p>Remove the following: "Capsule endoscopy is excluded".</p> |
| <p><u>Benefit Provisions</u></p> <p>Section A - Hospitalisation and Surgical Benefit</p> <p>Viral Warts and Skin Lesions Benefit</p> | <p>19. Viral Warts and Skin Lesions Benefit</p> <p>This benefit shall be payable for the eligible expenses incurred for viral warts and skin lesions procedure performed by a Registered Medical Practitioner in a clinic, Day Procedure Centre, day-case unit of a Hospital or during a Hospital Confinement. Eligible expenses for medical services and consultation fees incurred on the day of procedure that are related to viral warts and skin lesions procedure shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Hospitalisation and Surgical Benefit and Supplementary Major Medical Benefit.</p> | <p>19. Viral Warts and Skin Lesions Benefit</p> <p>This benefit shall be payable for the eligible expenses incurred for viral warts and skin lesions procedure performed by a Registered Medical Practitioner in a clinic, Day Procedure Centre, day-case unit of a Hospital or during a Hospital Confinement. Eligible expenses for Treatment (including but not limited to facility, equipment, consumables and surgeon charges) and consultation fees incurred on the day of procedure that are related to viral warts and skin lesions procedure shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Hospitalisation and Surgical Benefit and Supplementary Major Medical Benefit.</p> |

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| Benefit Provisions Section B - Supplementary Major Medical Benefit (Optional) | No such wordings. | The following is added. The entitlement to room level and the application of the adjustment factor set out above shall not apply where the Insured Person is required to stay in a room of a higher level than the entitled room level during Hospital Confinement, provided that such higher room level is required solely as a result of: (i) the unavailability of the specified or lower room level at the Hospital at the time of admission for Emergency Treatment; or (ii) Hospital Confinement in isolation where a specific room level is medically required. |
| Exclusions for Section A to D Exclusion No. 6 | Exclusion No. 6 for Section A to D Cosmetic, reconstructive or plastic surgery, or any Treatment for the purpose of beautification unless necessitated as a direct result of a Disability arising during the Period of Insurance and covered under the Policy. | Exclusion No. 6 for Section A to D Cosmetic, reconstructive or plastic surgery, or any Treatment for the purpose of beautification unless necessitated as a direct result of a Disability covered under the Policy. |
| Exclusions for Section A to D Exclusion No. 10 | Exclusion No. 10 for Section A to D Special nursing care, purchase of artificial limbs and prosthetic devices, procurement or use of special braces, appliances or equipment including but not limited to prosthesis for joint, wheel chairs, crutches and hearing aids. | Exclusion No. 10 for Section A to D Special nursing care, purchase of artificial limbs and prosthetic devices (except those prosthetic devices implanted in the Insured Person during surgery), procurement or use of special braces, appliances or equipment including but not limited to wheel chairs, crutches and hearing aids. |
| Exclusions for Section A to D Exclusion No. 23 | Exclusion No. 23 for Section A to D Any charges incurred for Operating Theatre, operating room, procedure room or treatment room, and rental of machine or equipment related to viral warts and skin lesions procedure. | Exclusion No. 23 for Section A to D Continuance of consultation or professional fees charged by a referring Registered Medical Practitioner after the date on which an Insured Person has been referred to another Registered Medical Practitioner or Specialist. |
| Exclusions for Section A to D Exclusion No. 25 | No such exclusion. | Exclusion No. 25 for Section A to D Lenses other than an intraocular monofocal lens following cataract surgery. |
| Exclusions for Section E Exclusion No. 1 | No such exclusion. | Exclusion No. 1 for Section E Any Pre-existing Medical Condition. |
| General Provisions Requirement for Referral | 5. Requirement for Referral Referral is required for particular medical services as specified in the Schedule. Referrals have the following duration and applicability: Prescription requirement for prescribed medication is not stated. | 5. Requirement for Referral or Prescription A referral or prescription is required for particular medical services as specified in the Schedule. The following validity duration and applicability shall apply: Prescription requirement for prescribed medication is added below: The prescription is valid for 180 days from the date of issuance by a Registered Medical Practitioner. Each prescription shall be valid for one dispensing only. |



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| <u>General Provisions</u> Cancellation and Termination | 6. Cancellation and Termination (f). Either the Insured or the Company may terminate this Policy by providing at least thirty-one (31) days' written notice to the other party before the next premium due date. | 6. Cancellation and Termination (f). Either the Insured or the Company may terminate this Policy upon Renewal by providing at least thirty (30) days' written notice to the other party before the expiry of the Period of Insurance. |
| <u>Schedule of Surgical Operations</u> | Current Schedule of Surgical Operations applies | Update the Schedule of Surgical Operations to align with VHIS schedule |