



Network News

April 2026





In this issue...

The health curve has shifted	4
Is your global benefits strategy keeping up?	
Country News: China	8
Taiping Life's transformation strengthens its position in China's employee benefits market	
Country News: Mexico	14
2026 VAT reform: Expected increases in medical insurance premiums	



The health curve has shifted

Is your global benefits strategy keeping up?

International Private Medical Insurance (IPMI) is entering a new phase. The familiar picture of costs dominated by hospital-based cancer care is giving way to a more complex mix shaped by out-patient pharmacy spend, lifestyle-linked metabolic conditions, and persistent regional divergence in medical trend. [Bupa Global's 2025 Healthcare Insights](#) identify this as the “New Claims Equation,” and it carries important implications for how global employers design benefits, manage risk, and support workforce wellbeing in the years ahead.

Shifting health dynamics: What's driving healthcare costs today

The New Claims Equation: Beyond a single cost driver

For decades, cancer defined the cost curve for IPMI (International Private Medical Insurance). Bupa Global's latest claims signals show a different balance emerging. Cancer remains a high-cost category, but frequency is rising while severity appears to be easing in some markets, likely reflecting earlier detection and more consistent

treatment pathways. Meanwhile, out-patient drug costs and endocrine/metabolic conditions have become much more prominent contributors to overall claims.

This is not a definitive “new normal,” but the direction is clear enough to plan for. The report points to sustained increases in pharmacy spend, especially for diabetes and related metabolic therapies, alongside a visible rise in claims for obesity, cholesterol, and thyroid disorders. GLP 1 medicines are a notable factor in the wider market. Bupa Global covers these for clinically appropriate type 2 diabetes but not for obesity or weight management, reflecting the need to balance access with sustainability.

Medical trend: Stabilising in some regions, fragmenting everywhere

Treating medical trend as a single global rate is increasingly impractical. Bupa Global observes early signs of stabilisation in Europe and parts of the Middle East, persistently higher trend in Hong Kong and wider Asia, and a mixed picture across Africa that is amplified by supply chain and currency dynamics. The forward look into 2026 suggests some easing from 2025's levels, yet the overall trend remains elevated. For multinational employers, that means pricing, plan design, and provider strategies must be tailored to local drivers rather than copied across regions.

Segment differences matter, too. Corporate plans typically see higher out-patient utilisation and mental health support, which are frequent but lower-cost claims. Individual plans skew toward fewer but more severe claims, especially oncology and circulatory care, while SMEs sit between the two with a blend of regular out-patient use and occasional high-cost episodes. Aligning plan features to your population and contracting approach can prevent one segment's risk profile from distorting the portfolio.

Out-patient pharmacy: The fastest-moving line item

Since 2021, out-patient drug claims have accelerated significantly, with the steepest increases linked to diabetes and other metabolic therapies. Oncology and specialty drugs remain large contributors as well. Regionally, growth in out-patient pharmacy spend has been especially sharp in the Middle East and Europe, with Asia not far behind.

Even where policy coverage for certain drug classes is restricted, broader adoption in health systems raises expectations and demand, exerting indirect pressure on IPMI programs through higher utilisation and shifting care pathways.

For employers, this underscores the value of pharmacy management strategies that go beyond exclusions. Clinically led prior authorisation, step therapy where appropriate, structured use of generics and biosimilars, and centre-of-excellence or in network dispensing arrangements can help contain costs while preserving quality and access.

Embedding data-driven medication reviews and aligning virtual care triage with pharmacy benefit design can further dampen avoidable spend.



Practical actions for global employers

Rebase your regional strategy

Treat medical trend as local rather than global. Regional differences in inflation, utilisation, and care pathways mean benefits, pricing expectations, and prevention strategies should be tailored to each geography.

Support metabolic health proactively

Introduce or enhance screening for diabetes, cholesterol, and other metabolic risks. Pair this with wellbeing programs focused on nutrition, physical activity, weight management, and MSK-friendly workplace practices.

Strengthen cancer support pathways

Ensure employees have access to second medical opinions and clear guidance when navigating complex treatments. Benefits that encourage earlier detection, such as screenings and check-ups, help reduce severity and improve outcomes.

Expand access to virtual primary care and mental health support

Virtual care can serve as an accessible first step for everyday health issues, counselling, or triage, helping employees receive timely care and reducing unnecessary in-person utilisation.

Encourage accessible, preventive healthcare

Promote annual health checks and preventive screenings, and ensure employees understand how and when to use their benefits. Clear communication can improve engagement and reduce avoidable high-cost claims.

The metabolic shift: From background risk to front-line claims

Bupa Global's data shows a marked rise in claims related to diabetes, obesity, thyroid, and cholesterol disorders, with both claim volumes and per-member costs climbing since 2021. This aligns with the global epidemiology of diabetes and cardiovascular disease and signals that metabolic health has moved squarely into the core of employer health risk. Combined with ageing populations, this creates a long tail of ongoing management that influences utilisation across multiple benefit lines, from diagnostics and pharmacy to cardiac and renal care.

Employers can respond by integrating prevention and early detection into plan design and workforce programs. That includes funded or strongly encouraged annual check ups, targeted screening for metabolic risks, nutrition and physical-activity interventions, weight management support focused on sustainable behaviour change, and Musculoskeletal (MSK) friendly workplace ergonomics that reduce downstream circulatory and metabolic risk.

Where culturally appropriate, incentivising participation through premium differentials or wellness credits can improve uptake without compromising equity.

Cancer: Still significant, but changing shape

Even as claims show signs of stabilisation in some geographies, cancer remains one of the highest-cost categories and will stay central to IPMI for years to come. Earlier-stage detection, clearer clinical pathways, and improved treatments can reduce severity, yet innovation also brings new cost pressures. Breakthrough therapies such as CAR T and selected gene therapies can exceed seven figures per patient, raising questions about sustainable funding and the role of pathway management, centre selection, and second opinions.

A pragmatic employer response focuses on three levers:

1. Access to robust second opinion services and oncology nurse navigators to ensure the right care, first time
2. Defined pathways and contracted centres of excellence that combine outcomes with predictable pricing
3. Benefits that support survivorship, including mental health, return to work planning, and monitoring for late effects.

Chronic disease as the defining pressure

Beyond oncology and metabolic health, five condition clusters are shaping IPMI's future cost base:

- Cancer
- Musculoskeletal (MSK)
- Nervous system
- Circulatory
- Respiratory

Together they reflect a world where people live longer with ongoing conditions, and where claims are driven less by one-off hospitalisations and more by continuous management. Post pandemic working patterns add to MSK and mental health utilisation, while pollution and volatile infection seasons sustain respiratory demand. The implication for employers is the need to pivot from "coverage-first" to "outcomes-first" strategies that prioritise prevention, navigation, and adherence.

Spotlight on our Partner: Bupa Global

Bupa Global is the international health insurance division of Bupa, founded in 1947, supporting customers around the world and giving members access to a global healthcare network. It focuses on the all round health of its members, combining extensive IPMI coverage with preventive services, virtual care, and clinical case management.

Through MembersWorld, employees can manage their plan and claims online, while Global Virtual Care provides 24/7 access to international doctors. Bupa LifeWorks adds multilingual wellbeing support, and second medical opinion services help members make informed treatment decisions.

As part of its sustainability and innovation agenda, Bupa is investing in digital health solutions and programmes that reduce the environmental footprint of care while enhancing access and outcomes. For multinational employers, this pairing of clinical depth and digital convenience helps create a connected care experience that meets employees where they are—geographically and in their care journey.



To discuss how these trends should shape your global benefits strategy and how Bupa Global solutions can be tailored for your workforce, please contact your IGP Business Development Manager. or...



Holly Stevens

Bupa Global
+44 7702 155 974
holly.stevens@bupa.com

[Visit Bupa Global](#)



Country News: China

Taiping Life's transformation strengthens its position in China's employee benefits market

Following a recent structural integration within the China Taiping Group, Taiping Life is accelerating its transformation through operational consolidation, disciplined risk management, and continued investment in digital innovation. These developments enhance its capabilities to support multinational employers and align closely with IGP's priorities in the fast evolving Chinese market.

Taiping Life: transformation through innovation

In September 2025, Taiping Pension transferred its group short-term health, life, accident, and student insurance lines to Taiping Life, marking a major strategic integration within the China Taiping Group. This consolidation streamlines operations, removes duplication, and strengthens Taiping Life's leadership in employee

benefits (EB), establishing the company as the primary entity for group EB and short-term protection products.

Building on this foundation, Taiping Life continues to demonstrate stable growth and maintains a leading market position. Since 2017, it has remained among the industry's top performers, with total assets reaching RMB 1,271.2 billion at year-end 2024, evidence of its scale and resilience.

Strong ratings and regulatory alignment

Taiping Life has maintained industry-leading regulatory ratings, demonstrating strong operational capabilities and robust risk management practices. It consistently ranks among the top tier in NFRA (National Financial Regulatory Administration) solvency assessments and has held Class A regulatory ratings for nine consecutive years, underscoring its operational resilience.

Translating regulation into practice, Taiping Life leverages its risk-management frameworks, supported by top-tier SARMRA (Solvency Aligned Risk Management Requirements and Assessment) performance, to deliver solutions that meet compliance expectations while addressing corporate clients' needs.

In an environment of evolving financial regulation in China, these strengths matter more than ever. Group employee benefits insurance has become a vital component of corporate risk management and talent retention, raising the bar for compliance, transparency, and customer-centric design.

Long-term strategy for value creation

At the enterprise level, Taiping Life is executing a clear, sustainable growth strategy to lead in value creation and integrated "life insurance + services" solutions. The strategy is anchored in five pillars:

- Customer-centricity
- Service-driven innovation
- Ecosystem development
- Technology enablement
- Talent excellence

This focused approach continues to drive performance, as evidenced by Taiping Life's market leading growth in new business value, improved NBV margins, industry leading persistency ratios, a more optimized product and channel mix, and strengthened internal capital generation.

Commitment to high-quality development

In support of its long-term objectives, Taiping Life has enhanced operational efficiency, strengthened risk-management practices, and expanded its footprint across key regions, while maintaining strong corporate discipline and regulatory alignment.

In 2025, Taiping Life modernized systems to meet IFRS 17 and IFRS 9 standards, improving transparency and reinforcing financial-risk oversight. With responsible, well-managed growth supported by resilient digital infrastructure, Taiping Life continues to commit to build trust with customers, partners, and regulators.





Innovation highlights at Taiping Life

At Taiping, innovation serves as a core driver of strategic execution, extending across customer experience, health and wellness, international development, and digital transformation.

Enhanced customer experience & service model

For individual and high-net-worth clients, Taiping Life offers a comprehensive seven-level VIP service model with value-added benefits across health management, travel convenience, and personalized lifestyle support. Two elite teams (the 1929 Family Affairs Team and the 36-City Family Office Butler Team) deliver professional, nationwide, one-stop service to both individual and corporate clients.

Health & wellness ecosystems

Beyond premium services, Taiping Life is building integrated, full-lifecycle service ecosystems. A core innovation is its one-stop health and elderly-care platform, unifying medical care, health management, and senior-care services into a seamless solution. As of March 2025, the company operates 78 senior-care communities across 27 provinces and 64 cities through an integrated “owned + partnered” model—positioning Taiping Life as a leading provider of holistic life-cycle solutions.

International growth & global integration

Complementing domestic advances, Taiping Life is deepening global integration with clearer governance of overseas operations and a unified management framework. The company is expanding cross-border medical, health, and senior-care services and exporting mature life, health, and annuity products to broader markets. Strengthened global investment strategies and ESG alignment enhance its ability to serve globally mobile Chinese customers who need seamless protection and wealth solutions across borders.

Digital & regulatory innovation

At Taiping, a comprehensive digital and regulatory infrastructure underpins its domestic and international offerings. Taiping Life has built a structured protection framework for sensitive and cross-border data and embedded ethical-risk controls into external data sharing. Through technology-drive applications, the company uses automated compliance monitoring, a digital complaint-management platform, real-time auditing, and system-embedded verification mechanisms—promoting transparent, proactive supervision.

Within employee benefits specifically, Taiping Life’s digital platforms support flexible benefit configurations, mobile self-selection, online payments, streamlined health declarations, and traceable application workflows, delivering efficiency for employers and control for employees.

Beyond employee benefits, Taiping Life promotes inclusive finance by using digital technologies to lower costs, improve efficiency, and broaden access to financial services, while ensuring strong data security and responsible innovation. This means Taiping Life is working to make financial services more accessible and affordable, especially for people or groups who may otherwise have limited access.

Enhanced cybersecurity and full-lifecycle data-security management reinforce its commitment to safe, responsible digital growth.

Together, these initiatives firmly establish Taiping Life as a strong, integrated partner for multinational employers. With enhanced digital capabilities, a broader EB portfolio, and high-quality development, Taiping Life is well-placed to support IGP clients in a fast-evolving Chinese market.

How Taiping Life is shaping the future of Group Benefits

Taiping Life is aligning its product development and digital capabilities with key trends in China’s group benefits market. Flexible medical plans, on demand accident protection, digital claims processes, wellness services, and data driven risk insights are increasingly becoming market expectations. Through its consolidated EB portfolio and strengthened digital infrastructure, Taiping Life is well positioned to deliver these solutions at scale, helping employers enhance workforce protection, manage costs, and demonstrate a strong commitment to employee well being.

Product spotlight: Yi Bao Tong 3.0 (SME benefits package)

Yi Bao Tong 3.0 is Taiping Life’s upgraded employee benefits package for SMEs seeking a modern, efficient, and flexible group insurance solution—reframing benefits as a strategic tool in addition to a cost center.

- **Fast & Efficient Underwriting:** Streamlined processes enable quick onboarding with minimal administration.
- **Comprehensive Core Protection:** Essential health and well-being coverages are customized for SMEs at accessible cost.
- **Flexible “1 + N” Modular Design:** Combine a core benefit (“1”) with optional add-ons (“N”) to tailor protection by workforce profile, budget, and strategy.



Continuing the journey ahead

As Taiping Life advances its strategic transformation, its strengthened EB capabilities, digital innovation, and commitment to regulatory excellence position enable it to serve as a dependable partner for multinational employers operating in China.

With its expanded product portfolio and enhanced service infrastructure, Taiping Life remains well aligned with IGP's mission to deliver consistent, compliant, and customer centric solutions across global markets.

Award-winning excellence

- 2025: Asia Insurance Industry Awards - General Reinsurer of the Year awarded to Taiping Reinsurance Company Limited, recognizing leadership in innovation and CSR initiatives.
- 2024: Taiping received the “Golden Tripod” at the 15th Financial Golden Tripod Awards, marking the company’s sixth consecutive year earning this honor.

For its outstanding performance in health services, Taiping received the Golden Tripod Award for “Outstanding Life Insurance Company of the Year.” Organized by the mainstream financial media outlet *National Business Daily*, the award is known for its rigorous and scientific selection process and is highly regarded across major financial institutions in the industry.

- 2024: China Taiping Group was included in the “Fortune China ESG Influence List” for three consecutive years.
- 2023: At the “China ESG Golden Awards”, Taiping was presented the “Best Insurance Company Award for Responsible Investment”.
- 2023: Taiping Life has earned a Category A rating for nine consecutive years (2015–2023) in the Insurance Association of China’s annual evaluation, which assesses the overall management quality and performance of insurance companies.

Sources:

Fitch Ratings, November 24, 2025, [Fitch Affirms China Taiping Insurance Group's IDR at 'A'](#)
The Globe and Mail, October 29, 2025, [China Taiping Reports Strong Solvency Position in Q3 2025](#)
Ageas 2024 Annual Report, [Taiping Life makes further progress in health and retirement space](#)

Why partner with Taiping Life?

Headquartered in Shanghai, Taiping Life is a leading medium- to large-sized life insurance company in China and a core subsidiary of China Taiping, the country’s oldest continuously operating national insurance brand.

Taiping Life offers a comprehensive portfolio of insurance products, including life, accident, health, and annuity solutions for individuals, as well as group insurance, supplementary medical, and health coverage for corporate clients.

The company continuously evaluates and optimizes its offerings to provide lifecycle-based protection solutions, while leveraging big data and artificial intelligence to enhance operational efficiency, customer experience, and risk assessment.

Guided by a customer-centric and high-quality development philosophy, Taiping Life is building an integrated “insurance + healthcare” ecosystem focused on elderly care and medical services to address the needs of an aging population.

As part of China Taiping, the company embeds sustainable development into its operations, actively advancing green finance and ESG practices.



If you’d like more information or want to discuss your employee benefits plan in China, please reach out to your IGP Business Development Manager or...



Ms. Sophie Jiang

Taiping Life Insurance Co., Ltd.
+86 21 50614888, ext.7266
jiangjy111501@tpl.cntaiping.com

[Visit Taiping Life](#)



Country News: Mexico

2026 VAT reform: Expected increases in medical insurance premiums

Mexico's 2026 fiscal reform brings significant changes to how insurers must handle Value Added Tax (VAT/IVA) on claim payments across all insurance lines except life insurance. For multinational companies with operations in Mexico, it is essential to understand the nature of the reform and how it may shape medical insurance premiums over the coming renewal cycles.

What has changed under the 2026 reform?

Beginning January 1, 2026, insurers in Mexico can no longer apply VAT credits on payments they make directly to hospitals, clinics, physicians and other third party service providers as part of claim settlements. In the past, VAT applied to these services could be offset, helping insurers reduce the net cost of claims.

Under the new framework, this portion of VAT becomes a permanent and unrecoverable component of claims cost, increasing overall outlays for insurers when they pay providers directly.

An additional complexity is that the reform applies retroactively to VAT associated with claims paid during fiscal year 2025, further increasing the financial exposure insurers must account for as they enter 2026.

These regulatory adjustments are particularly relevant in lines of business, such as medical insurance, where direct payments to healthcare providers are common.

Expected impact on medical premiums

Although Mexico's VAT rate is 16%, medical insurance premiums will not uniformly increase by that amount. The degree to which premiums rise depends on how each policy processes claims and on the historical claims experience of the insured population.

Key factors include:

- Reimbursement claims (where the employee pays the provider and later receives reimbursement) are largely unaffected. VAT has always been embedded in the reimbursed amount.
- Direct payment claims (where the insurer pays the provider directly) are most exposed, since the VAT associated with provider invoices can no longer be recovered by insurers.

Market analyses indicate that:

- Average adjustments for major medical plans are expected to rise between 8–10%, with some plans experiencing increases closer to the full 16%. Final renewal changes will also depend on each client's historical claims experience, medical inflation, and cost of care trends.
- Broader industry expectations suggest that premium movements of 10–20% may occur when combined with medical inflation and overall cost of care dynamics.

In line with these trends, Seguros Monterrey New York Life, the IGP Network Partner in Mexico, anticipates average increases of around 10%, noting that some policies with high levels of direct payments to providers may see adjustments closer to the upper range.

A timing challenge for employers and insurers

Because the reform was announced late in 2025 and implemented immediately, insurers could not adjust premiums for policies already in force at the time of the legislative change. Premium changes can only be applied at policy renewal, meaning insurers must carry increased claim costs mid policy without the ability to revise premiums earlier.

This misalignment creates uncertainty for employers budgeting for 2026–2027, as insurers adjust underwriting practices and pricing models to reflect unrecoverable VAT and the retroactive component.

Industry observers have noted that this transition period may lead insurers to recalibrate underwriting practices, adjust product design or refine operational measures to maintain sustainable pricing.

What should employers do now?

The impact of the reform will differ depending on how each employer's medical plan is structured, particularly in terms of how claims are settled. As a first step, employers may want to look closely at whether their plans rely more on direct payments to healthcare providers or on employee reimbursements, as this distinction will significantly influence the level of VAT exposure under the new rules.

It is also advisable to begin discussing expected premium adjustments with insurers or brokers so that upcoming renewals can be anticipated with greater clarity and budgeting can be aligned accordingly.

How can Seguro Monterrey New York Life help?

As employers adjust to the implications of Mexico's 2026 VAT reform, Seguros Monterrey New York Life (SMNYL) provides a range of services and tools that can help organizations manage the transition and maintain continuity in their employee medical programs.

Top CONDUSEF rating for service excellence

SMNYL has been evaluated by CONDUSEF (Comisión Nacional para la Protección y Defensa de los Usuarios de Servicios Financieros) and has received the highest score available in the IDATU index, which measures service response and quality in the financial services sector. This reflects measurable performance against the regulator's criteria for customer attention and claims handling.

Transparent, employee centered digital experience

Employees insured under SMNYL can access digital platforms where they can consult the status of their active claims and navigate an extensive medical network that includes hospitals, pharmacies, laboratories, and auxiliary services. This functionality supports transparency and helps employees understand and manage their healthcare interactions.

Holistic assistance programs for medical and advisory needs

All SMNYL health policies include Alfamedical, an assistance service offering at home medical visits (with the first consultation provided at no additional cost) and access to advisory services across multiple areas, including medical, nutritional, psychological, legal, travel related and funerary topics. Additionally, the “Médicos a tu Lado” program enables employees to obtain consultations with participating specialists without requiring a second valuation, facilitating more direct access to care.

Optimizing care pathways and medication support

For situations involving scheduled medical procedures or chronic treatment needs, SMNYL’s Case Management team can help employees navigate their care and optimize use of their coverage. In cases where ongoing medication costs exceed a defined limit, the program includes automatic supply of those medications. SMNYL also operates infusion centers within its medical network and maintains a hospital based supervision structure designed to monitor billing practices and help ensure that charges correspond to the services provided.

Employer support in preparing for VAT reform

In addition to the above operational and member support services, SMNYL offers employers three areas of practical assistance as they prepare for the impact of the VAT reform:

- SMNYL can share plan specific analyses to help employers understand how VAT exposure arises within their medical program. This includes illustrating how much of their claims activity involves direct provider payments and how this may influence upcoming renewal estimates.
- SMNYL can work with employers to review potential adjustments to plan design. This may include evaluating the balance between direct payment and reimbursement structures, assessing opportunities to enhance case management, or considering network refinements that could help moderate cost increases while maintaining access to necessary care.
- SMNYL can provide insights that assist employers in budgeting and forecasting medical costs for 2026–2027. Their familiarity with provider billing patterns, claim behavior and ongoing regulatory developments can support employers in preparing for renewal discussions and aligning internal financial planning with expected market conditions.

Collectively, these capabilities help employers navigate the operational and financial considerations associated with the VAT reform while supporting continuity in employee healthcare coverage.

Sources:

Lockton Global, February 5, 2026, [Mexico Ends VAT Creditability for Insurers on Insurance Claim Payments](#)
Fitch Ratings, June 11, 2025, [Claims Costs Rise, Coverage to Fall Under Mexico VAT Insurance Reform](#)
Asinta, December 4, 2025, [How Mexico's 2026 Tax Reform Could Affect Insurance Premiums](#)
A.M. Best, December 16, 2025, [Mexico VAT Developments](#)



If you'd like more information or want to discuss your employee benefits plan in Mexico, please reach out to your IGP Business Development Manager or...



José Ignacio Irastorza Gutiérrez

Seguros Monterrey New York Life, S.A. de C.V.

+52 55 5326-9000

jjirastorza@mnyl.com.mx

[Visit Seguros Monterrey New York Life](#)



www.igpinfo.com | [LinkedIn](#)

The information in this publication is subject to change and does not provide legal, financial, tax or insurance advice. Please contact your IGP Account Executive or IGPinfo@jhancock.com for more details.

The International Group Program (IGP) is a registered brand name under John Hancock.

IGP operates in the State of New York under John Hancock Signature Insurance Agency, Inc., a NY licensed broker.

IGP Network Partners operating outside of the United States are not necessarily licensed in or authorized to conduct insurance business in any state in the United States including, the State of New York. The policies and/or contracts issued by a Network Partner to contract holders outside of the United States have not been approved by the NY superintendent of Financial Services, are not protected by the NY State guaranty fund and are not subject to the laws of NY or the laws and/or protections of any other state where the Network Partner is not licensed to do business.

© International Group Program - www.igpinfo.com