



FREQUENTLY ASKED QUESTIONS (FAQS)

1. What is the Cancer Drug List (CDL)?

To keep cancer treatments and insurance premiums affordable in the longer term, CDL is introduced by the Ministry of Health of Singapore (MOH). The CDL comprises of clinically proven and more cost-effective cancer drug treatments (i.e. drugs paired with specified clinical indications, dosage form & strength, for which the drugs can be administered).

A treatment is clinically proven if it has met the regulatory authority's (in the case of Singapore, the Health Sciences Authority of Singapore's (HSA's)) required standards of safety, quality and efficacy. A treatment is cost-effective if its clinical benefits are commensurate with its costs. For more information, please refer to the FAQs on MOH's website at <https://www.moh.gov.sg/home/our-healthcare-system/medishield-life/what-is-medishield-life/what-medishield-life-benefits/cancer-drug-list>.

The CDL is published on MOH's website at <https://go.gov.sg/moh-cancerdruglist> and currently covers almost all cancer drug treatments approved by the HSA. MOH will update it every few months to keep up with medical advancements and the latest clinical evidence.

2. What are the benefits of CDL?

Through the CDL, MOH can negotiate better prices and extend subsidies for more cancer drugs. More than 80% subsidised cancer patients in Public Health Institutions (PHI) will now be able to access a wider range of subsidised cancer drug treatments than before. These changes aim to keep cancer drug treatments and insurance premiums affordable in the longer term.

3. When will the CDL be implemented?

MediShield Life (MSHL) and MediSave (MSV) only cover treatments on the CDL from 1 September 2022.

For Integrated Shield Plan (IP), such as AIA HealthShield Gold Max, and its rider, the CDL will only come into effect from 1 April 2023, when an existing policy is renewed, or a new policy is purchased.

4. How will the CDL affect my coverage under AIA HealthShield Gold Max?

Your policy's Chemotherapy for Cancer and Immunotherapy for Cancer under **AIA HealthShield Gold Max's Outpatient Benefit** will be replaced with 2 new benefits as follows, from 1 April 2023, or upon renewal, whichever is later:

- **Cancer Drug Treatment benefit** – Only cancer drug treatments on the CDL will be claimable, up to the treatment-specific claim limits. Selected non-CDL treatments will be claimable under riders. If you are currently undergoing cancer drug treatment, you are encouraged to consult your doctor early on whether your treatment is on the CDL.
- **Cancer Drug Services benefit** – Services that are part of a cancer drug treatment (including non-CDL treatments), such as consultations, scans, lab investigations, treatment preparation and administration, supportive care drugs and blood transfusions, will be claimable.

If a cancer drug treatment is not listed or not administered exactly as described in the CDL, it will not be claimable. However, for Insureds with rider that has Cancer Care Benefits, such treatment will still be able to claim up to \$50,000 per policy year, subject to some co-payment.

5. How can I find out what outpatient cancer drug treatment is claimable under AIA HealthShield Gold Max?

You may check with your doctor if the treatment is on CDL.

You can also visit the MOH's website at <https://go.gov.sg/moh-cancerdruglist> to view the latest version of the CDL. The list contains information on subsidies (if applicable), MediShield Life and MediSave claim limit for each of the treatments (drug indication pairs).

6. What if the outpatient cancer treatment is not on the CDL?

Customers who are undergoing treatments not on the CDL may wish to discuss with their doctors on whether they are suitable alternative treatments on the CDL. However, if switching to a CDL treatment is not feasible, please be assured that there is support available for those facing financial difficulties affording the treatment.

- Subsidised patients may approach a Medical Social Worker (MSW) in their public healthcare institution (PHI) for financial assistance such as MediFund.
- Non-subsidised patients in a PHI or patients in a private medical institution, may approach their doctor to refer them to subsidised care in a PHI, where financial assistance may be available. The PHI's medical team will review their treatment plan and provide financial counselling (e.g., eligibility for subsidies) before they decide whether to proceed with the transfer.

7. What will be the claim limit for outpatient cancer drug treatment under AIA HealthShield Gold Max (HSG Max)?

Under **AIA HSG Max**, the claim limit will be a multiple of the MediShield Life (MSHL) claim limit for the cancer drug treatment on the CDL. The usual 10% Co-insurance applies for each claim. For the MediShield Life Limit, please refer to the MOH's website at <https://go.gov.sg/moh-cancerdruglist>.

	<ul style="list-style-type: none"> • HSG Max A • HSG Max B* • HSG Max B Lite* • HSG Max C*^ • HSG Max (Plan 1) for Foreigners^ 	HSG Max Standard*
Outpatient Benefit:		
Cancer Drug Treatment on the CDL ^{^^} (monthly limit)	5 times of MediShield Life limit	3 times of MediShield Life limit
Cancer Drug Services ^{^^} (yearly limit)	5 times of MediShield Life limit	2 times of MediShield Life limit

* Pro-ration Factor applies for treatment in Private hospital.

^ Withdrawn plan (not available for new business).

^^ Original benefit name: Chemotherapy for Cancer & Immunotherapy for Cancer.

If the Insured is also covered under the **rider with Cancer Care benefits**, the coverage will be as follow:

	AIA Max A Cancer Care Booster (attachable to AIA HSG Max A)	
	Without AIA Max VitalCare#/ AIA Max VitalHealth (A/A Value)	With AIA Max VitalCare#/ AIA Max VitalHealth (A/A Value)
Cancer Care Benefits:		
(i) Cancer Drug Treatment on the CDL (monthly limit, on top of the basic IP plan limit)	16 times of MediShield Life limit (Less 10% Co-insurance for every claim ^{##})	16 times of MediShield Life limit (Subject to the respective rider's Co-payment and Co-payment Cap per Policy Year [@])
(ii) Cancer Drug Services (yearly limit, on top of the basic IP plan limit)	10 times of MediShield Life limit (Less 10% Co-insurance for every claim ^{##})	10 times of MediShield Life limit (Subject to the respective rider's Co-payment and Co-payment Cap per Policy Year [@])
(iii) Cancer Drug Treatment not on the CDL* (yearly limit)	\$200,000 (Less 10% Co-insurance for every claim)	\$200,000 (Less 10% Co-insurance for every claim)

The above cancer coverage will not be applicable to AIA HSG Max A policyholders if the AIA Max A Cancer Care Booster is not attached.

	<ul style="list-style-type: none"> • AIA Max VitalHealth B • AIA Max VitalHealth B Lite • AIA Max Essential C[#]
Cancer Care Benefits:	
(i) Cancer Drug Treatment on the CDL (monthly limit, on top of the basic IP plan limit [^])	10 times of MediShield Life limit (Subject to the respective rider's Co-payment and Co-payment Cap per Policy Year [@])
(ii) Cancer Drug Services (yearly limit, on top of the basic IP plan limit [^])	8 times of MediShield Life limit (Subject to the respective rider's Co-payment and Co-payment Cap per Policy Year [@])
(iii) Cancer Drug Treatment not on the CDL* (yearly limit [^])	\$50,000 (Less 10% Co-insurance for every claim)

[#] Withdrawn plan (not available for new business).

^{##} The Co-insurance will be capped at \$50,000 per Policy Year if treatment is: by AIA Preferred Providers / pre-authorized / due to Emergency Confinement.

[@] The Co-payment is: 10% / 5% per claim and will be capped at \$6,000 / \$3,000 per Policy Year (for AIA Max VitalHealth A Value for treatment in Private hospital / Restructured hospital respectively); or 5% per claim and will be capped at \$3,000 per Policy Year (for the rest of the riders). The Co-payment will be capped per Policy Year if treatment is: by AIA Preferred Providers / pre-authorized / due to Emergency Confinement.

[^] After Pro-ration factor for treatment in Private hospital.

* Only non-CDL treatments under selected drug classes are covered under riders. Please refer to the next paragraph for more information. For non-CDL treatments, there is no coverage for the Co-insurance incurred, nor is there stop-loss / Co-payment Cap for the Co-insurance incurred; and the Co-insurance incurred will not count towards the prevailing stop-loss / Co-payment Cap under the Deductible & Co-insurance Benefits.

Scope of rider coverage for non-CDL treatments

The Life Insurance Association, Singapore (LIA Singapore) has developed a "Non-CDL Classification Framework" (<https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>) to provide greater clarity and facilitate a common understanding of non-CDL treatments covered by riders. Under the framework, cancer drug treatments are grouped according to regulatory approvals and clinical guidelines. Riders will cover non-CDL treatments under drug classes **A to C; D1 to D3** and **E1 to E3**.

8. What is an Illustration of the claim limit for outpatient cancer drug treatment on CDL?

In this illustration, **Acalabrutinib** is claimable under drug treatment on CDL as it is prescribed for the cancer type and indication in accordance with CDL as follow:

- Cancer type: Leukaemia
- Indication: Monotherapy for previously untreated chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) in patients who are unsuitable for fludarabine-based therapy.

Claims Illustration for cancer drug treatment on CDL

CDL treatment: Acalabrutinib in a Private hospital / clinic

Plan: AIA HealthShield Gold Max A + optional AIA Max A Cancer Care Booster

	MSHL Claim Limit [^]	AIA Claim Limit		
		AIA HealthShield Gold Max A ^{^^}	optional AIA Max A Cancer Care Booster ^{^^}	Total Claim Limit
Cancer drug treatment on CDL (monthly limit)	\$2,000	\$10,000 (5 x MSHL)	\$32,000 (16x MSHL)	\$42,000 (21x MSHL)
Cancer drug services (yearly limit)	\$3,600	\$18,000 (5x MSHL)	\$36,000 (10x MSHL)	\$54,000 (15x MSHL)

[^]The MSHL's Cancer drug treatment on CDL Claim Limit listed above is correct as of 1 September 2022. The MSHL's Cancer drug services Claim Limit listed above is effective from 1 April 2023.

^{^^} (1) Payout under AIA HealthShield Gold Max A and AIA Max A Cancer Care Booster's Cancer Drug Treatment on CDL & Cancer Drug Services is subject to 10% Co-insurance (up to 5% is covered under AIA Max VitalHealth / AIA Max VitalCare (if attached), subject to the prevailing Co-payment per claim and Co-payment Cap per Policy Year). (2) If AIA Max VitalHealth / AIA Max VitalCare is not attached, the 10% Co-insurance incurred per claim will be capped at \$50,000 per Policy Year if treatment is: by AIA Preferred Providers / pre-authorized / due to Emergency Confinement.

9. Will Insureds be restricted to selecting only cancer drug treatment in the CDL?

No, they are not. However, if they undergo a cancer drug treatment **not** under CDL, the treatment will only be covered under the **rider's Cancer Care Benefits**, for drug classes A, B, C, D1 to D3 and E1 to E3; and up to \$50,000 per policy year (subject to 10% Co-insurance).

10. What is an illustration of the claim limit for outpatient cancer drug treatment not on CDL?

In this illustration, **Pertuzumab** is claimable under cancer drug treatment **not on CDL** (Class D2).

It is not claimable under cancer drug treatment on CDL because it is not prescribed for the cancer and indication in accordance with CDL.

Claims Illustration for cancer drug treatment not on CDL

Non-CDL Treatment: Pertuzumab for HER2-positive unresectable and metastatic biliary tract cancer

Class of Non-CDL Treatment (as of September 2022): Class D2

Plan: AIA HealthShield Gold Max A + optional AIA Max A Cancer Care Booster

	MSHL Claim Limit [^]	AIA Claim Limit		
		AIA HealthShield Gold Max A ^{^^}	optional AIA Max A Cancer Care Booster ^{^^}	Total Claim Limit
Cancer drug treatment (non-CDL) (yearly limit)	Not covered	Not covered	\$200,000	\$200,000
Cancer drug services (yearly limit)	\$3,600	\$18,000 (5x MSHL)	\$36,000 (10x MSHL)	\$54,000 (15x MSHL)

[^] The MSHL's Cancer drug services Claim Limit listed above is effective from 1 April 2023.

^{^^} (1) Payout under AIA HealthShield Gold Max A and AIA Max A Cancer Booster's Cancer Drug Treatment (non-CDL) & Cancer Drug Services is subject to 10% Co-insurance (up to 5% of the Co-insurance incurred under AIA HealthShield Gold Max A and Cancer Drug Services is covered under AIA Max VitalHealth / AIA Max VitalCare (if attached), subject to the prevailing Co-payment per claim and Co-payment Cap per Policy Year). (2) If AIA Max VitalHealth / AIA Max VitalCare is not attached, the 10% Co-insurance incurred per claim under Cancer Drug Treatment (CDL) and Cancer Drug Services will be capped at \$50,000 per Policy Year if treatment is: by AIA Preferred Providers / pre-authorized / due to Emergency Confinement. (3) For Cancer Drug Treatments (non-CDL), there is no stop-loss / Co-payment Cap for the Co-insurance incurred; and the Co-insurance incurred will not count towards the prevailing stop-loss / Co-payment Cap under the Deductible & Co-insurance Benefits.

11. Will there be support for those currently seeking cancer drug treatment?

Yes. To provide sufficient time for affected individuals to adjust to the changes, customers on a course of cancer drug treatment as of 31 March 2023¹ and whose policies are renewing between 1 April 2023 and 30 September 2023, will continue to receive their current coverage until 30 September 2023. Thereafter, these customers will not be able to make IP claims for any treatments not on the CDL, and their claims for CDL treatments will be subject to the revised limits. Customers whose policy renewals are between 1 October 2023 and 31 March 2024, will see no change to their IP coverage until their policy renewal.

Customers who are undergoing treatments not listed on the CDL may wish to discuss with their doctors on whether there are suitable alternative treatments on the CDL. However, if switching to a CDL treatment is not feasible, please be assured that there is support available for those facing financial difficulties affording the treatment.

- Subsidised patients may approach a Medical Social Worker (MSW) in their public healthcare institution (PHI) for financial assistance such as MediFund.

¹ Where at least one IP claim is made for an outpatient or inpatient cancer drug treatment administered between 1 January 2023 to 31 March 2023.

- Non-subsidised patients in a PHI or patients in a private medical institution, may approach their doctor to refer them to subsidised care in a PHI, where financial assistance may be available. The PHI's medical team will review their treatment plan and provide financial counselling (e.g., eligibility for subsidies) before they decide whether to proceed with the transfer.

12. How do I submit an outpatient cancer drug treatment claim?

Per current practice & MOH's advice, all outpatient cancer treatment claims will continue to be e-Filed. However, there are two scenarios whereby e-Filing is not possible – (1) Foreigner Shield plans and (2) Treatments without a MediClaims drug code². In these scenarios, customers may continue to submit their bills through AIA's ClaimsEZ system. To facilitate claims processing, the bill should be submitted **with** a doctor's memo to indicate the following information:

- 1) **For Foreigner Shield claims** – the memo should indicate the MediClaims drug code and indication code;
- 2) **For treatments that do not have MediClaims drug codes** – the memo should include a remark to indicate the drug(s) that cannot be e-filed due to lack of a MediClaims drug code and specify the indication of the treatment.

² Scenario 2 occurs mainly due to the nature of the updating cycle for the MediClaims code table. In between cycles, it is possible that newly registered drugs are not yet reflected on the MediClaims code table and hence the treatment cannot be e-Filed.