



**AIA Singapore Private Limited**

# **HEALTHSHIELD GOLD MAX**

**APPLICATION AND**

**PRODUCT SUMMARY BOOKLET**

**(For SG Citizen, SPR and Foreigner)**

**April 2025**

## **SUBMISSION CHECKLIST**

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For Foreigner Plans, one of the following Valid Passes is required if the Insured is a foreigner

- (i) Employment Pass (EP);
- (ii) Personalised Employment Pass(PEP);
- (iii) EntrePass;
- (iv) S Pass;
- (v) Dependant Pass;
- (vi) Student Pass; or
- (vii) selected categories of Long Term Visit Pass.

## **CUSTOMER'S COPY**

Product Summaries	
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## APPLICATION FORM FOR HEALTH INSURANCE (PARTNERSHIP DISTRIBUTION)

Insurance Representative's Unit Code:	<input type="text"/>	Referral's Unit Code:	<input type="text"/>
Insurance Representative's Code:	<input type="text"/>	Referral's Code:	<input type="text"/>
Insurance Representative's Name/Channel:	<input type="text"/>	Referral's Name:	<input type="text"/>

Corporate ID: WM  Master Policy No. (For Worksite Marketing Only)

**WARNING:** In accordance with Section 23(5) of the Insurance Act 1966, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA Singapore), which may be highly volatile.

## 1 DETAILS OF APPLICANT/OWNER (Please tick the options as appropriate)

Name (shown on NRIC/FIN/Passport):	
Date of Birth:      dd      mm      yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female
Place of Birth:	NRIC/FIN/Passport No.:
Marital Status: <input type="radio"/> Single <input type="radio"/> Married	<i>For AIA HealthShield Gold Max application, please fill in NRIC/FIN No. only.</i>
<input type="radio"/> Widowed / Divorced / Separated	CPF Medisave Account (If different from NRIC No.):
Current Residence Address: <i>Please submit the following document(s) to show proof of this address.</i> <i>(i) For Singaporeans and PRs residing in Singapore- Copy of NRIC</i> <i>(ii) For Singaporeans and PRs residing overseas and Pass holders - Letters from government or banks, or utility or telephone bills (dated within the last 6 months)</i>	<i>If not Singaporean</i> Citizenship 1: Citizenship 2: Citizenship 3: Country of Residence: Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others <i>If the Proposed Insured / Applicant / Owner (Payor) is not Singaporean or Singapore PR, he/she must hold one of the following Valid Passes (Visa) to apply for AIA HealthShield Gold Max: S Pass, Employment Pass, Personalised Employment Pass, EntrePass, Student Pass, selected categories of Long Term Visit Pass, Dependent Pass or Work Permit.</i>
Postal Code:	Foreign Permanent Residence Address* - Please provide the <b>full</b> address in English. (Compulsory for non-Singaporeans) <i>For passers-by, please submit copy of passport or foreign identification card that shows proof of this address.</i> <i>If the address on the document(s) differs from this address, please explain the reason(s) in writing.</i> <i>* To be used as your foreign mailing address.</i>
Singapore Mailing Address: - if different from Current Residence Address (Use of P.O. Box is not allowed)	
Postal Code:	
Please provide the reason if: 1. Your "Current Residence Address" is different from your identity documents and/or 2. Your "Singapore Mailing Address" is different from your "Current Residence Address" Note: Please provide separate reasons if all the addresses do not match.	
Occupation:	Contact Details Home: Country Code - Phone No. Office: Country Code - Phone No. Mobile: Country Code - Phone No. Email:
Company Name:	
Exact Duties (please provide in details):	
Nature of Business:	
Business Address:	
Postal Code:	

**Please note:** Your Contact Details (email address, home, office and/or mobile telephone number) and/or Current Residence Address declared in this form will be used and will replace the contact details and residence address given to AIA Singapore for all your past and existing policies. Your Mobile Phone Number will be used in the future to receive One-Time-Pin (OTP) when logging into My AIA SG. Do note that these changes will be effected within a day upon successful submission of your application.



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## 2 DETAILS OF INSURED DEPENDANT(S)

Name of <b>Insured Dependant 1</b> (shown on NRIC/FIN/Passport):	
Date of Birth:            dd            mm            yyyy	NRIC/FIN/Passport No.:
Place of Birth:	<i>For AIA HealthShield Gold Max application, please fill in NRIC/FIN No. only.</i>
Gender: <input type="radio"/> Male <input type="radio"/> Female	CPF Medisave Account (If different from NRIC No.):
Occupation:	Country of Residence:
Company Name:	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR
Exact Duties (please provide in details):	<input type="radio"/> Pass Holders <input type="radio"/> Others
Nature of Business:	<i>If the Proposed Insured / Applicant / Owner (Payor) is not Singaporean or Singapore PR, he/ she must hold one of the following Valid Passes (Visa) to apply for AIA HealthShield Gold Max: S Pass, Employment Pass, Personalised Employment Pass, EntrePass, Student Pass, selected categories of Long Term Visit Pass, Dependent Pass or Work Permit.</i>
Relationship of Applicant/Owner to Insured Dependant 1:	<i>If not Singaporean</i>
<input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Grandchild	Citizenship 1:
<input type="radio"/> Spouse <input type="radio"/> Sibling	Citizenship 2:
	Citizenship 3:
Name of <b>Insured Dependant 2</b> (shown on NRIC/FIN/Passport):	
Date of Birth:            dd            mm            yyyy	NRIC/FIN/Passport No.:
Place of Birth:	<i>For AIA HealthShield Gold Max application, please fill in NRIC/FIN No. only.</i>
Gender: <input type="radio"/> Male <input type="radio"/> Female	CPF Medisave Account (If different from NRIC No.):
Occupation:	Country of Residence:
Company Name:	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR
Exact Duties (please provide in details):	<input type="radio"/> Pass Holders <input type="radio"/> Others
Nature of Business:	<i>If the Proposed Insured / Applicant / Owner (Payor) is not Singaporean or Singapore PR, he/ she must hold one of the following Valid Passes (Visa) to apply for AIA HealthShield Gold Max: S Pass, Employment Pass, Personalised Employment Pass, EntrePass, Student Pass, selected categories of Long Term Visit Pass, Dependent Pass or Work Permit.</i>
Relationship of Applicant/Owner to Insured Dependant 2:	<i>If not Singaporean</i>
<input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Grandchild	Citizenship 1:
<input type="radio"/> Spouse <input type="radio"/> Sibling	Citizenship 2:
	Citizenship 3:

## 3 DETAILS OF PLAN APPLIED FOR

	Applicant/Owner	Insured Dependant 1	Insured Dependant 2
<b>AIA HealthShield Gold</b>	<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Max A <input type="radio"/> Cancer Care Booster <input type="radio"/> Max B <input type="radio"/> Max B Lite <input type="radio"/> Max A <input type="radio"/> Max B Foreigner    Foreigner <input type="radio"/> Standard Plan	<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Max A <input type="radio"/> Cancer Care Booster <input type="radio"/> Max B <input type="radio"/> Max B Lite <input type="radio"/> Max A <input type="radio"/> Max B Foreigner    Foreigner <input type="radio"/> Standard Plan	<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Max A <input type="radio"/> Cancer Care Booster <input type="radio"/> Max B <input type="radio"/> Max B Lite <input type="radio"/> Max A <input type="radio"/> Max B Foreigner    Foreigner <input type="radio"/> Standard Plan
<b>AIA Max VitalHealth</b> (Not applicable for Standard Plan)	<input type="radio"/> Yes For AIA HealthShield Gold Max A, please indicate: <input type="radio"/> AIA Max VitalHealth A <input type="radio"/> Emergency and Outpatient care Booster <input type="radio"/> AIA Max VitalHealth A Value <input type="radio"/> Emergency and Outpatient care Booster	<input type="radio"/> Yes For AIA HealthShield Gold Max A, please indicate: <input type="radio"/> AIA Max VitalHealth A <input type="radio"/> Emergency and Outpatient care Booster <input type="radio"/> AIA Max VitalHealth A Value <input type="radio"/> Emergency and Outpatient care Booster	<input type="radio"/> Yes For AIA HealthShield Gold Max A, please indicate: <input type="radio"/> AIA Max VitalHealth A <input type="radio"/> Emergency and Outpatient care Booster <input type="radio"/> AIA Max VitalHealth A Value <input type="radio"/> Emergency and Outpatient care Booster
Please complete AIA Vitality Application form	<input type="radio"/> +AIA Vitality	<input type="radio"/> +AIA Vitality	<input type="radio"/> +AIA Vitality

Existing HealthShield Gold Max Assured?	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
AIA Hospital Income	P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3

#### 4 PREMIUM PAYMENT DETAILS

		Applicant/Owner	Insured Dependant 1	Insured Dependant 2
AIA HealthShield Gold	Mode	Annual	Annual	Annual
	Method	<input type="radio"/> My CPF Medisave Account^	<input type="radio"/> My CPF Medisave Account^ <input type="radio"/> Insured Dependant 1 CPF Medisave Account**	<input type="radio"/> My CPF Medisave Account^ <input type="radio"/> Insured Dependant 2 CPF Medisave Account**
AIA Healthshield Gold Max Foreigner	Mode+	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly
	Method	<input type="radio"/> Cash/Cheque <input type="radio"/> My CPF Medisave Account^	<input type="radio"/> Cash/Cheque <input type="radio"/> My CPF Medisave Account^	<input type="radio"/> Cash/Cheque <input type="radio"/> My CPF Medisave Account^
AIA Max VitalHealth / Cancer Care Booster	Mode	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly
AIA Hospital Income	Mode	<input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Monthly

+If you are also applying for AIA Max VitalHealth, the mode of payment will follow the basic plan.

^Refers to the Applicant/Owner's CPF Medisave Account

#### DECLARATION OF APPLICANT/OWNER

\*\*For each of the following Insured Dependant(s) selected above (each a "Selected Insured Dependant"), please deduct the premium for him/her from his/her respective CPF Medisave Account. I (Applicant/Owner) confirm that each Selected Insured Dependant is my child/ward and is below 16 years of age.

I (Applicant /Owner) confirm that I have received the notification letter from the CPF Board confirming the successful creation of the CPF Medisave Account(s) for the Selected Insured Dependant(s). If there is insufficient funds in a Selected Insured Dependant's CPF Medisave Account, please deduct the premium for him/her from my CPF Medisave Account.

**\*Note:** Financial Services Consultants and Insurance Advisers are not allowed to collect cash payment on behalf of AIA. If you are paying your premium by cheque, please ensure your cheque is crossed and made payable to AIA Singapore Private Limited. Please refer to AIA website for the list of payment methods available.

#### 5 GENERAL DETAILS, FAMILY HISTORY AND HEALTH DETAILS OF APPLICANT/OWNER AND INSURED DEPENDANTS

PART I. DETAILS OF PREVIOUS CONCURRENT INSURANCE APPLICATION AND PURSUITS OF APPLICANT/OWNER AND INSURED DEPENDANTS		Applicant/Owner		Insured Dependant 1		Insured Dependant 2	
		Yes	No	Yes	No	Yes	No
1	Is this proposal to replace or intended to replace in full or in part any insurance policy or investment products with AIA Singapore or any other financial adviser or institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>If the answer is "yes" and you are replacing an existing integrated shield plan, please tick to confirm:</b> I confirm that my Insurance Adviser has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the Life Assured will be automatically terminated. My Insurance Adviser has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefits such as: - The new plan may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new plan may be less suitable for me. - If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions. - If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits to those conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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2	Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way? (If yes, please indicate Company and provide details).	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
3	Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline? (If yes, please provide details).	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
<b>Remarks:</b> In connection with Insurance applied for, if any answer to question is "Yes", please give details below, quoting the relevant Applicant/Owner/Insured Dependant(s) and question number(s).													
<b>PART II. LIFESTYLE AND HEALTH DETAILS OF INSURED DEPENDANT(S) – JUVENILE BELOW AGE 16 YEARS (ATTAINED AGE)</b>		<b>Insured Dependant 1</b> Yes No		<b>Insured Dependant 2</b> Yes No									
1	a. Height (metres):	m		m									
	b. Weight (kilograms):	kg		kg									
	c. Was there any weight change in the past year? If yes, how much and state the reason.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
	d. Please indicate the following	<table border="1"> <tr> <td></td> <td>Name and address of the Doctor</td> <td>Date, reason and result of the last consultation</td> </tr> <tr> <td>Insured Dependant 1</td> <td></td> <td></td> </tr> <tr> <td>Insured Dependant 2</td> <td></td> <td></td> </tr> </table>				Name and address of the Doctor	Date, reason and result of the last consultation	Insured Dependant 1			Insured Dependant 2		
	Name and address of the Doctor	Date, reason and result of the last consultation											
Insured Dependant 1													
Insured Dependant 2													
2.	Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
3.	To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition? If yes, please indicate relationship, age at onset, current age, illness/age at death (if deceased).	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
4.	Has the child ever had, or have been told or been treated for:												
	a. any respiratory disease, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
	b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
	c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
5.	a. In the past 5 years, has the child had any (other than for immunisation or vaccination) of the following tests done? Blood test, Biopsy, Chest X-ray, CT Scan, ECGs, Cholesterol, Liver Function Tests, PAP smear, Ultrasound, Urine or other tests not mentioned. If yes, please specify the type of test done, date, reason and results of the respective test.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
	b. In the past 5 years, has the child had any (other than for immunisation or vaccination) illness, operation, medical advice, investigations or hospital treatment not mentioned above?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>									
<b>Remarks:</b> In connection with Insurance applied for, if any answer to question is "Yes", please give details below, quoting the relevant Applicant/Owner/Insured Dependant(s) and question number(s).													

PART III. LIFESTYLE AND HEALTH DETAILS OF APPLICANT/OWNER AND INSURED DEPENDANT(S) – ADULT AGE 16 YRS AND ABOVE (ATTAINED AGE)		Applicant/ Owner		Insured Dependant 1		Insured Dependant 2	
		Yes	No	Yes	No	Yes	No
1.	a. Have you smoked any cigarettes in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. If yes, please state how many cigarettes per day.	/day		/day		/day	
2.	Do you drink? If yes, please state how many glasses of alcohol do you consume every week, indicating - Beer(Cans/330ml), Wine(Glasses/100ml) and Spirits(Tots/30ml).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	a. Height (metres):	m		m		m	
	b. Weight (kilograms):	kg		kg		kg	
	c. Was there any weight change in the past year? If yes, how much and state the reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. Please indicate the following						
		Name and address of the Doctor			Date, reason and result of the last consultation		
	Applicant/Owner						
	Insured Dependant 1						
	Insured Dependant 2						
4.	Have you ever used any habit forming drugs or narcotics or been treated for drug habits or consumed alcohol excessively or been treated for alcoholism?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Have you ever had or been told to have or been treated for:						
	a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. diabetes, thyroid disorders or any other endocrine disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	j. cancer, tumours, cysts or growths of any kind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	k. anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	l. any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	a. Have you ever had HIV test done? If yes, please state reason, date and results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. In the last 3 months have had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? If yes, please state reason, date and results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	a. In the past 5 years, have you had any (other than for immunisation or vaccination) of the following tests done? Blood test, Biopsy, Chest X-ray, CT Scan, ECGs, Cholesterol, Liver Function Tests, PAP smear, Ultrasound, Urine or other tests not mentioned. If yes, please specify the type of test done, date, reason and results of the respective test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. In the past 5 years, have you had any (other than immunisation or vaccination) illness, operation, medical advice, hospital treatment not mentioned above?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, cardiomyopathy, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If yes, please indicate relationship, age at onset, current age and illness/age at death(if deceased).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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PART III. LIFESTYLE AND HEALTH DETAILS OF APPLICANT/OWNER AND INSURED DEPENDANT(S) – ADULT AGE 16 YRS AND ABOVE (ATTAINED AGE)		Applicant/Owner		Insured Dependant 1		Insured Dependant 2	
		Yes	No	Yes	No	Yes	No
<b>10. FOR ADULT FEMALE ONLY</b>							
a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next 6 months?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If yes, please state type, reason, date of test done (dd/mm/yyyy) and results of test (copy to be submitted if available)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Are you now pregnant? If yes, please indicate the expected delivery date (dd/mm/yyyy) and when was the last time (dd/mm/yyyy) you visited the doctor.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Has there been any complication(s) relating to this and/or previous pregnancies? If yes, please specify the complication(s) (Gestational diabetes, Caesarian section, Eclampsia, Hypertension, Diabetes, Thrombosis, Miscarriage or others not mentioned).		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Remarks:</b> In connection with Insurance applied for, if any answer to question is "Yes", please give details below, quoting the relevant Applicant/Owner/Insured Dependant(s) and question number(s)							

## 6 DECLARATION

1. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.		Applicant/Owner *		Insured Dependant 1		Insured Dependant 2	
		Yes	No	Yes	No	Yes	No
<b>A. For Singapore Citizen</b>							
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B. For Singapore Permanent Resident &amp; employment pass, work permit, dependant pass or other work pass holders</b>							
Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C. For student pass or long term visit pass holders</b>							
C.1 Does your pass have a duration of less than 90 days?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>D. If you do not belong to any of the above categories, please tick here</b>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
* For Applicant/Owner application, both the Applicant/Owner and Insured Dependant(s) need to answer; where the Applicant/Owner is not an individual, only the Insured Dependant(s) needs to answer.							
<b>I/We acknowledge and agree that the policy to be issued in relation to this application shall be deemed to be a Singapore policy.</b>							
<b>2. YOUR GUIDE TO LIFE/HEALTH INSURANCE - Tick as appropriate</b>							
<input type="radio"/>	I have been informed and directed to view or download a copy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business) from <a href="http://www.aia.com.sg">www.aia.com.sg</a> , or <a href="http://www.lia.org.sg">www.lia.org.sg</a>						
<input type="radio"/>	I have been informed and I request to be given a hardcopy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business).						



## 7 DECLARATION OF APPLICANT/OWNER (CPF MEDISAVE ACCOUNT HOLDER) & DEPENDANT(S) TO BE INSURED

1. I authorise the Central Provident Fund Board (the "CPFB") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my CPF Medisave Account (including any new CPF Medisave Account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 2015 and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

I authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:

- (i) payment and amount of premiums due, including the deduction of premiums from my CPF Medisave Account and my CPF Medisave Account balance;
- (ii) the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
- (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.

### Applicable for Selected Insured Dependant(s):

I, on behalf of each Selected Insured Dependant, hereby authorise the CPFB to deduct the premium due for him/her from his/her respective CPF Medisave Account (including any new CPF Medisave Account(s) which he/she may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 2015 and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time for the purposes of the PMIS.

I, on behalf of each Selected Insured Dependant, hereby authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued for him/her following this application. Such information includes but is not limited to:

- (i) payment and amount of premiums due, including the deduction of premiums from his/her respective CPF Medisave Account and his/her respective CPF Medisave Account balance;
  - (ii) the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
  - (iii) the amount of premium subsidies for him/her and the amount of additional premium applicable to him/her.
2. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in AIA Singapore's or the CPFB's possession, between AIA Singapore and the CPFB for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.  
  
I, on behalf of each Life/Lives to be Insured who is/are below 16 years of age, hereby consent to the transfer and disclosure, at any time and without notice to him/her/them, of any medical information on him/her/them, in AIA Singapore's or the CPFB's possession, between AIA Singapore and the CPFB for the purpose of assessing the insurability of him/her/them and/or the making of a claim under the PMIS.
  3. Subject to the relevant laws and terms and conditions, I understand that:
    - (i) Upon the commencement of this Healthshield Gold Max cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
    - (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this Healthshield Gold Max Cover of the Life/Lives to be Insured shall automatically terminate.
  4. I/We declare that my insurance adviser(s) has/have advised me/us that all Singapore Citizens and Permanent Residents will be covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts- a MediShield Life portion provided by the CPFB and an additional private insurance coverage portion provided by the Insurance Company. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our MediSave Account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

## 8 ADDITIONAL DECLARATION

I/We agree and declare on behalf of myself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that:

1. I/We will take up the additional cover offered by AIA Max VitalHealth, which is a complementary and non Medisave-approved health insurance plan.
2. I/We will pay the premium for AIA Max VitalHealth in cash only. Such premiums are separate from that deducted by CPF for the AIA HealthShield Gold Max plan.
3. I/We have received a copy of (1) Financial Health Review (2) Product Summary (3) "Your Guide to Health Insurance", the contents of which have been explained to me/us to my/our satisfaction.
4. I/We understand that all Pre-Existing Conditions before the effective date of this Policy are not covered.
5. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented to me/us in writing and approved by an officer specified in the policy.
6. The statements and answers in this application together with any required questionnaire or amendments (the "Information") are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
7. I (the Applicant/Owner if other than Proposed Insured) am not an undischarged bankrupt and that no bankruptcy application (including any statutory demand) or order has been made against me within the last twelve months.
8. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the initial premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
9. All my/our declarations made and my/our statements or answers in this application and in any required medical examination, questionnaire or amendments together with the relevant policy shall constitute the entire contract between the parties in so far as it may be relevant to the policy or policies I/we have requested.
10. I am/We are aware that the Policy Contract and all other documents are considered to be received by me/us within 7 days of posting to the address which I/we have instructed AIA Singapore to send correspondences to. I/We agree to inform AIA Singapore immediately of any change in my/our correspondence address.
11. By signing this application, I/we confirm that the Insurance Adviser(s) of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.



12. I/We hereby authorise, agree and consent to
- any medical source, insurance office or organisation to release to AIA Singapore, any relevant information concerning me/us at any time irrespective of whether the proposal is accepted by AIA Singapore; and
  - AIA Singapore to release to any medical source or insurance office any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
  - AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
  - AIA Singapore Private Limited ("**AIA Singapore**"), its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

**13. Deemed Delivered**

I/We understand that the policy document and all other documents from AIA Singapore are considered delivered and received (i) if made available electronically via My AIA, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on My AIA; and (ii) if posted, 7 days after the date of posting to the last known address notified to AIA Singapore.

**14. Electronic Receipt of Policy Documents and Correspondences**

I/We acknowledge and accept that if I/we had opted to receive my/our Policy Document and/or correspondences relating to my/our Policy ("Correspondences") electronically, my/our Policy Documents and/or Correspondences will be made available in my/our My AIA. My AIA is AIA Singapore's secure customer internet portal available on AIA Singapore's corporate website.

I/We understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in My AIA once my/our application has been officially approved by AIA Singapore and/or Correspondences are available for viewing. If I/we had opted to receive Policy Documents and Correspondences electronically, I/we acknowledge that the terms and conditions governing the upload, access and viewing of electronic documents in AIA Singapore's customer portal, (a copy of which is available upon request) have been explained to me/us and I/we agree to be bound by them.

I/We understand that not all of the Correspondences are currently available via electronic statements.

I/We consent to AIA Singapore providing me/us with hard copies of Correspondences that are currently unavailable electronically. I also understand and accept that AIA Singapore may cease providing hardcopies when the electronic copies become available in future.

I/We agree and accept that AIA (Singapore) will not be responsible for any consequences arising from my/our failure to (i) provide AIA Singapore with a true, complete and accurate email address and mobile number and/or (ii) notify AIA Singapore of any change(s) to my/our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

**Document Delivery Preference**

	Policy Contract (Hardcopy version is <u>only</u> available for applicant/Owner <u>age 60 and above</u> )	All other correspondences (Hardcopy version is <u>only</u> available for applicant/Owner <u>age 60 and above</u> )
Policy 1	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 2	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 3	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 4	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy

Note: Only one option to be selected (either electronic OR hardcopy).

#### 15. Marketing Consent

I want to know the latest promotions and customer benefits and consent to receiving marketing, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research and analysis by, AIA Persons<sup>1</sup>) and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accordance with the terms in this form and the AIA Personal Data Policy (Singapore). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by<sup>2</sup>):

- ☐ Post
- ☐ Electronic transmission to or through my email addresses and social media accounts
- ☐ Voice call
- ☐ Text message (e.g. SMS/MMS)

I understand that the consent provided by me in this form is in addition to and does not supersede any consent given previously for the above purposes.

I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, My AIA SG or by completing and submitting the relevant forms.

<sup>1</sup> "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore.

<sup>2</sup> According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.

#### 16. Payment methods used by AIA

I/We confirm and agree to the following:

- a) I/We are the legal and beneficial owner of the Singapore bank account that is linked to my/our Singapore NRIC/FIN in the use of PayNow.
- b) I/we agree and irrevocably authorise AIA Singapore to pay me/us all policy proceeds ("**Payment**") by making such Payment using PayNow to transfer to my/our bank account linked to my/our NRIC/FIN for the use of PayNow, and I/we accept all Payments made in such manner, save and except that Payment using PayNow will be made only if the amount does not exceed S\$200,000 (or such other permitted limit at the prevailing time);
- c) notwithstanding paragraph (b) above, where AIA Singapore in its sole and absolute discretion deems that it is not practicable for AIA Singapore to use PayNow, or that there is another preferable method of making Payment, AIA Singapore may make Payment using any other method as it deems fit in its sole and absolute discretion;
- d) all refunds of premiums or other payments will be effected by AIA Singapore to the source of the monies paid to AIA Singapore; however, if AIA Singapore is unable to ascertain or identify the origins of the payment to AIA Singapore, AIA Singapore may make such refunds to me/us using PayNow or such other methods as it deems appropriate in its sole and absolute discretion.
- e) Notwithstanding the above, I/we agree that payment will be made by cheque(s) if the insurance policy applied for is for business purposes and/or where the Applicant/Policyholder is not an individual.
- f) AIA Group is not responsible for verifying the authenticity, completeness and accuracy of my/our instructions and the contents of this application. Notwithstanding the foregoing, I/we authorize AIA Group to conduct any verifications on my/our accounts maintained with any persons or entities at its discretion, but such authorisation shall not be construed as creating any obligation on the part of the AIA Group to conduct such verification;
- g) AIA Group shall be discharged from all liabilities under and in connection with the Payment and I/we shall not hold AIA Group responsible or liable for any and all losses that I/we may incur in connection with the Payment using PayNow or other means to the accounts with details provided by me/us, including where I/we have provided incomplete, erroneous or inaccurate details of my/our account(s) or personal particulars ("**Inaccurate Information**");
- h) I/We shall indemnify and keep indemnified, the AIA Group, from and against and hold the AIA Group harmless in respect of any and all demands, claims, liabilities, losses, costs and expenses whatsoever (including all legal and other costs, charges and expenses, fines, penalties, levies and charges on a full indemnity basis) that may be incurred by such persons due to or in connection with the Payment using PayNow (including but not limited to the event where Inaccurate Information has been provided by me);
- i) AIA Group has the right to effect the Payment through any means for any reasons whatsoever, including the issuance of a cheque where another method to effect Payment is unsuccessful, and such payment shall constitute full and final discharge of any and all of AIA Singapore's obligations and liabilities to me/us in respect of the Payment.

In these terms and conditions, "**AIA Group**" means AIA Singapore, its related parties and service providers and its and their respective directors, employees, representatives, intermediaries, and agents.



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17. I/We understand and agree that should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.

**WARNING:** If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance Adviser but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

**WARNING:** Anyone who pays for, or is insured under AIA HealthShield Gold Max is not eligible for Additional Premium Support (APS) from the Government. \*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this AIA HealthShield Gold Max, you will stop receiving APS. This applies even if you are not the person paying for this AIA HealthShield Gold Max.

In addition, if you choose to be insured under this AIA HealthShield Gold Max, the person paying for AIA HealthShield Gold Max will stop receiving APS, if he or she is currently receiving APS.

\* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

**PLEASE NOTE:** You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

Declared in <b>SINGAPORE</b> on		Day:	Month:	Year:
	<b>INSURED DEPENDANT 1</b>	<b>INSURED DEPENDANT 2</b>	<b>WITNESSED BY</b>	
SIGNATURE OF APPLICANT/ OWNER*	SIGNATURE OF INSURED DEPENDANT(S)#		NAME & SIGNATURE OF AIA INSURANCE ADVISER(S)	

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available on your request.

\* Applicant/Owner shall pay for the AIA Max VitalHealth premiums in Cash.

# Signature is not required for a child of age 15 years and below.

**Please sign Benefit Illustration/ Product Summary and Financial Health Review together with this application form.**



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# AIA SINGAPORE

## APPLICATION FORM FOR INTERBANK GIRO

### PART 1: To Be Completed By Bank Account Holder

#### Important Notes :

- All fields are mandatory. Amendments made must be countersigned by the bank account holders. Use of correction fluid/tape is not allowed.
- The approval process for this GIRO application is approximately 2 months. Alternatively, for Non-Corporate Solutions policies, POSB/DBS Account Holders can apply for GIRO at our PAYEZ website, Internet banking or AXS kiosks and you will be notified within 7 days if the GIRO application is successful. Until your GIRO application is approved, kindly remit premium payments directly to AIA Singapore Private Limited.
- For Non-Corporate Solutions Policies, please mail to Life Operations at 03 Tampines Grande, #09-00, AIA Tampines Singapore 528799.
- For Corporate Solutions Policies, please mail to Corporate Solutions at 03 Tampines Grande, #07-00, AIA Tampines Singapore 528799.
- AIA Financial Services Consultants (AIA FSC) and their Family Members are not allowed to use their personal bank account (via GIRO) to pay premiums of Policy Owners, other than their own. Disciplinary action will be imposed accordingly for non-compliant.

Date: 

D	D	M	M	Y	Y	Y	Y
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Billing Organisation: AIA Singapore Private Limited

<p>a. I/We, hereby instruct you to process AIA Singapore Private Limited's instructions to debit my/our account.</p> <p>b. You are entitled to reject AIA Singapore Private Limited's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.</p> <p>c. This authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through AIA Singapore Private Limited.</p> <p>d. I/We hereby authorise, agree and consent to AIA Singapore, its associated persons/organisation, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") that had/have been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("PD Policy") which is available on AIA Singapore's website, including but not limited to, processing of this Application/Form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/Form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore.</p>	<p>d. (cont.) Without prejudice to the foregoing, I/ we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/ our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.</p>
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#### Name of Bank (Please tick only one):

- |   |  |                               |
|---|--|-------------------------------|
| <input type="checkbox"/> POSB/DBS           | <input type="checkbox"/> OCBC          | <input type="checkbox"/> UOB  |
| <input type="checkbox"/> Standard Chartered | <input type="checkbox"/> Maybank       | <input type="checkbox"/> HSBC |
| <input type="checkbox"/> Citibank           | <input type="checkbox"/> Others: _____ |                               |

#### For Non-HealthShield Policy Numbers:

- For loan repayment policy number prefix must be "R".
- Please ensure that policy numbers are written clearly.

#### Relationship of Account Holder to Policy Owner

1)									
2)									
3)									
4)									
5)									

#### For AIA HealthShield & AIA HSG Max Rider ONLY:

- For GIRO application of AIA HSG Max Rider, please apply under basic HealthShield prefix "H", e.g. to apply GIRO for E123456789 policy, indicate as H123456789

#### Relationship of Account Holder to Policy Owner

1)	H								
2)	H								
3)	H								
4)	H								
5)	H								

AIA Financial Services Consultant / Insurance Representative & Agency / Distributor's Name:

--

#### Bank Account Number (Please omit dash):

For OCBC Bank, please write full 10 or 12 digits account number

--	--	--	--	--	--	--	--	--	--	--	--

#### Bank Account Holder's Name(s):


**\* Please complete this section ONLY if Bank Account Holder is NOT the Policy Owner. For Joint Account holders, BOTH account holders' details must be furnished.**

#### NRIC / Passport / FIN


#### Date of Birth

DD	MM	YYYY
DD	MM	YYYY

#### Nationality


#### Occupation


#### Bank Account Holder's Contact (Home/Mobile)


#### Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Female

#### Signature(s)/ Thumbprint(s)\* / Company Stamp (as in Bank's record):

--

\*Your thumbprint(s) need to be witnessed and verified by the Bank's staff. For signature(s), you have an option to approach your respective Bank for verification.

### PART 2 : To Be Completed By AIA Singapore Private Limited

For POSB/DBS Accounts, please use the following account number:

BANK SWIFT BIC	AIA Singapore Bank A/C No.
DBSSSGSGXXX	0060126499

For Other Bank Accounts, please use the following account number:

BANK	BRANCH	AIA Singapore Bank A/C No.
7232	141	010876001

### PART 3 : To Be Completed By Bank

To: AIA Singapore Private Limited

This application is hereby REJECTED (please tick for the following reason(s)):

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from bank's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear#      | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by Signature/Thumbprint#         | <input type="checkbox"/> Others: _____                            |

Name of Approving Officer  
# Delete where applicable

Authorised Signature

Date

**AIA Singapore Private Limited (Reg. No. 201106386R)**  
AIA Payment & GIRO Application  
3 Tampines Grande, #09-01, AIA Tampines, Singapore 528799  
Monday to Friday: 8.45am – 5.30pm  
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG



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## AIA VITALITY MEMBERSHIP APPLICATION FORM

AIA Vitality

FSC's/IR's Name 1		FSC's/IR's Name 2	
FSC's/IR's Code 1		FSC's/IR's Code 2	
FSC's/IR's Unit 1		FSC's/IR's Unit 2	
Unit Name 1		Unit Name 2	
Contact No.		Contact No.	

### Particulars of Applicant

Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	NRIC/FIN/Passport No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
Date of Birth (DDMMYYYY) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Residency Status <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Contact No. Home <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Mobile <div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
Residential Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Block No</td> <td style="width: 10%;"></td> <td style="width: 10%;">Street Name</td> <td style="width: 70%;"></td> </tr> <tr> <td>Unit No.#</td> <td></td> <td>-</td> <td>Postal Code</td> </tr> </table>		Block No		Street Name		Unit No.#		-	Postal Code
Block No		Street Name							
Unit No.#		-	Postal Code						
Email Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>									

### Payment Details

Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	(The default monthly payment frequency will apply if there is no payment frequency selected)
Payment Amount (Inclusive of GST)	S\$8.00      S\$96.00	
Payment Method	<input type="checkbox"/> Credit Card (Please note that membership fee will be deducted on a recurring basis from the same Credit Card)	
	<input type="checkbox"/> GIRO - For all bank account holders (Please complete application for InterBank GIRO)	
	<input type="checkbox"/> eGIRO - For DBS and POSB account holders only (Please complete the Banking Details for eGIRO section)	
<i>Note: For GIRO and eGIRO payment methods, please make an upfront payment for 2 months of membership fee via Cash/Cheque, AXS, iBanking or PayEZ to activate AIA Vitality.</i>		

PT0022329 (01/2019 08/2020 01/2023)



\* U 6 1 0 1 1 9 7 0 1 0 2 0 3 \*

**AIA Singapore Private Limited (Reg No. 201106386R)**  
 AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246  
 Monday to Friday: 8.45am – 5.30pm  
 AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

## Banking Details for eGIRO

Bank Name

Bank Account No.

Name of Account Holder

NRIC/FIN/Passport No.

### Important Notes

eGiro is only applicable if (a) to (c) below can be met. Otherwise, please return to the Payment Details section and select another payment method.

a) eGiro is only available to POSB and DBS Bank Account Holders.

b) The following bank accounts are not allowed for eGIRO:

- Joint Account
- Trust Account
- Corporate Account
- SAYE (Save-As-You-Earn) Account

c) The bank account holder for this eGIRO application must be the same applicant of the AIA Vitality Membership.

d) Please note that the eGIRO application is subject to approval.

## Declaration and Authorisation

I/We hereby authorise, agree and consent to AIA Singapore Private Limited ("**AIA Singapore**"), its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

I/We further consent to AIA Persons contacting (i) me; and (ii) members of the AIA Vitality Programme (as the case may be for corporate policyholders), (and therefore to the receipt of messages) via electronic transmission (e.g. email), SMS, MMS, instant messaging, telephone (via all my/members' telephone numbers, whether registered in Singapore or otherwise), in relation to membership and participation in the AIA Vitality Programme, to provide information, news, promotions, offers and updates regarding the programme and its related products and services. Where I/we have provided consent on behalf of another person, I/we represent and warrant that I/we have obtained the necessary consents from such person.

I have read and understood the terms and conditions of the AIA Vitality Programme which is available at <https://www.aia.com.sg/en/health-wellness/aia-vitality/faqs#termsandconditions> and agree to be bound by them for the use of the AIA Vitality Programme.

### Marketing Consent Clause

1. I want to know the latest promotions and customer benefits and consent to receiving marketing, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research and analysis by, AIA Persons<sup>1</sup> and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accordance with the terms in this form and the AIA Personal Data Policy (Singapore) (<https://www.aia.com.sg/en/index/personal-data-policy.html>). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by<sup>2</sup>:

(i) Post

☐

(ii) Electronic transmission to or through my email addresses and social media accounts

☐

(iii) Voice call

☐

(iv) Text message (e.g. SMS/MMS)

☐

2. I understand that the consent provided by me in this form is in addition to and does not supersede any consent given previously for the above purposes.

3. I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, My AIA SG (<https://www.aia.com.sg/en/my-aia.html>) or by completing and submitting the relevant forms.

<sup>1</sup> "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore

<sup>2</sup> According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.

Signature of Applicant

Signature of FSC/IR 1

Signature of FSC/IR 2



**AIA Singapore Private Limited (Reg No. 201106386R)**  
AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246  
Monday to Friday: 8.45am – 5.30pm  
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

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## Product Summary for AIA HealthShield Gold Max (Version 8.6)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

### (A) Product information:

AIA HealthShield Gold Max offers protection against medical bills arising from hospitalisation, pre- and post-hospitalisation treatments and selected outpatient treatments.

There are 3 types of plans for you to choose to meet your hospitalisation needs and budget:

<b>AIA HealthShield Gold Max A:</b>	covers hospitalisation bills mostly on an ' <u>as charged</u> ' basis if treatments are received in a <u>standard room in a private</u> hospital and below.
<b>AIA HealthShield Gold Max B:</b>	covers hospitalisation bills mostly on an ' <u>as charged</u> ' basis if treatments are received in an <u>A-class ward in a public</u> hospital and below.
<b>AIA HealthShield Gold Max B Lite:</b>	covers hospitalisation bills mostly on an ' <u>as charged</u> ' basis if treatments are received in a <u>B1-class ward in a public</u> hospital and below.

### (i) Breakdown of standard premium

The tables below show the breakdown of AIA HealthShield Gold Max premiums for a standard life\*.

Age group (attained age next birthday)	MediShield Life premiums (fully payable by MediSave**)	Additional private insurance coverage (\$\$ and includes GST)						
		Additional withdrawal limits (AWLs)	AIA HealthShield Gold Max A		AIA HealthShield Gold Max B		AIA HealthShield Gold Max B Lite	
			Additional coverage premium	Cash outlay	Additional coverage premium	Cash outlay	Additional coverage premium	Cash outlay
1 – 20	200.00	300.00	281.00	0.00	103.90	0.00	69.26	0.00
21 – 25	295.00	300.00	281.00	0.00	111.02	0.00	71.30	0.00
26 – 30	295.00	300.00	362.00	62.00	111.02	0.00	71.30	0.00
31 – 35	503.00	300.00	440.00	140.00	171.14	0.00	103.90	0.00
36 – 40	503.00	300.00	490.00	190.00	171.14	0.00	103.90	0.00
41 – 45	637.00	600.00	1,105.00	505.00	334.12	0.00	165.02	0.00
46 – 50	637.00	600.00	1,199.00	599.00	334.12	0.00	202.70	0.00
51 – 55	903.00	600.00	1,708.00	1,108.00	468.58	0.00	219.00	0.00
56 – 60	903.00	600.00	2,170.00	1,570.00	510.36	0.00	242.44	0.00
61 – 65	1,131.00	600.00	2,931.00	2,331.00	743.64	143.64	366.72	0.00
66 – 70	1,326.00	600.00	4,308.00	3,708.00	1,389.48	789.48	590.84	0.00
71 – 73	1,643.00	900.00	5,722.00	4,822.00	1,921.24	1,021.24	876.06	0.00
74 – 75	1,816.00	900.00	6,338.00	5,438.00	2,077.10	1,177.10	1,028.86	128.86
76 – 78	2,027.00	900.00	7,925.00	7,025.00	2,956.24	2,056.24	1,394.58	494.58
79 – 80	2,187.00	900.00	8,837.00	7,937.00	2,968.46	2,068.46	1,394.58	494.58
81 – 83	2,303.00	900.00	9,393.00	8,493.00	3,024.48	2,124.48	1,444.50	544.50
84 – 85	2,616.00	900.00	9,488.00	8,588.00	3,100.88	2,200.88	1,494.42	594.42
86 – 88	2,785.00	900.00	9,582.00	8,682.00	3,204.80	2,304.80	1,660.46	760.46
89 – 90	2,785.00	900.00	9,679.00	8,779.00	3,379.00	2,479.00	1,930.42	1,030.42
91 – 93	2,826.00	900.00	10,163.00	9,263.00	3,665.24	2,765.24	2,109.70	1,209.70
94 – 95	2,826.00	900.00	10,672.00	9,772.00	3,956.58	3,056.58	2,297.14	1,397.14
96 – 98	2,826.00	900.00	11,417.00	10,517.00	4,422.14	3,522.14	2,597.66	1,697.66
99-100	2,826.00	900.00	11,533.00	10,633.00	4,760.34	3,860.34	2,813.62	1,913.62
Above 100	2,826.00	900.00	11,533.00	10,633.00	4,760.34	3,860.34	2,813.62	1,913.62
<b>Total (ANB 1 – 100)^</b>			<b>356,290.00</b>	<b>299,765.00</b>	<b>121,868.24</b>	<b>75,732.74</b>	<b>64,237.76</b>	<b>25,238.78</b>

\* A standard life is an insured who, at point of proposal, does not have any pre-existing condition.

\*\* Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the additional premiums. The Net MediShield Life Premium payable after accounting for these is fully payable by MediSave.

^This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore (MOH)'s website (go.gov.sg/moh-compare-ip) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.

### Notes:

- The total distribution cost of this product is 74% of additional private insurance coverage premiums for the first year and 5% to 12% of additional private insurance coverage premiums for renewal years. We can provide the distribution cost, charges and expenses upon written request.
- The last entry age is 75. Premium rates for age groups 76 and above are for renewal only. Ages are based on attained age next birthday.
- If the premium is paid by CPF MediSave and exceeds the additional withdrawal limits (as set out in the table in Section (i)), the outstanding balance must be paid in cash together with this application. If there are insufficient funds in the payor's MediSave account, the application will not be processed.



AIA HealthShield Gold Max is issued under a joint insurance arrangement with the Central Provident Fund (CPF) Board to enhance the coverage provided by MediShield Life. The insured will be covered by AIA HealthShield Gold Max and MediShield Life at the same time and, upon making a claim, we will pay the higher of the benefits under both plans.

## (ii) Schedule of benefits

AIA HealthShield Gold Max policy is made up of two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF) and additional private insurance coverage provided by AIA. Your AIA HealthShield Gold Max premium is made up of the MediShield Life premium and your AIA HealthShield Gold Max's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will be the MediShield Life payout and the AIA HealthShield Gold Max additional coverage payout. For example,

- if the payout based on the full AIA HealthShield Gold Max benefits is \$2,000, and the payout based on MediShield Life benefits is \$500, you will receive \$2,000, where \$500 is from the MediShield Life payout, and \$1,500 is from the AIA HealthShield Gold Max additional coverage payout.
- If MediShield Life benefits is higher than AIA HealthShield Gold Max benefits, you will receive the payout based on MediShield Life benefits.

We will only pay for charges that are, in our opinion, reasonable and customary. A charge is reasonable and customary if it:

- is charged for medical treatment, supplies or services that are medically necessary to treat an illness or injury in a way that is in line with acceptable standards of good medical practice;
- does not include fees or charges that would not have been made if no insurance had existed; and
- is not (in our opinion or the opinion of our medical advisor) more than:
  - the usual level of charges for similar medical treatment, supplies or services in Singapore;
  - the relevant fee benchmark (recommended charge for doctors and hospital fees in the private sector) published by the Singapore Government, MOH, or official bodies such as the Health Sciences Authority and the Allied Health Professions Council; or
  - our limits for similar diagnoses or procedures.

Except for benefits under part L (waiver of one year's premium benefit) and part M (extra cover for 30 critical illnesses benefit), all benefits are paid as a reimbursement of eligible expenses paid by the insured, and depend on the terms, conditions and limits set out in the schedule of benefits and your policy.

The following clinical situation requires additional criteria to be met in order for a claim to be admitted:

- Ptosis surgery

Details on the additional criteria that apply to the clinical situations above are on our website at [www.aia.com.sg/](http://www.aia.com.sg/).

This schedule of benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

### Comparison of benefits between MediShield Life and AIA HealthShield Gold Max

	Limits of compensation (Figures in S\$ and include GST)			
	MediShield Life (MSHL)	AIA HealthShield Gold Max A (includes MSHL payout)	AIA HealthShield Gold Max B (includes MSHL payout)	AIA HealthShield Gold Max B Lite (includes MSHL payout)
Room or ward entitlement	B2-class or C-class ward in a public hospital	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital	B1-class ward (or lower) in a public hospital
<b>(A) Hospitalisation and surgical benefits</b>				
(i) Daily room and board charges <sup>1</sup> (or equivalent charges for inpatient care provided through Mobile Inpatient Care @ Home)	1,630 per day for first two days, then 830 per day	As charged	As charged	As charged
(ii) Daily intensive care unit charges <sup>1</sup>	5,940 per day for first two days, then 5,140 per day	As charged	As charged	As charged
(iii) Community hospital charges <sup>1</sup> <ul style="list-style-type: none"> <li>• Rehabilitative care</li> <li>• Sub-acute care</li> </ul>	370 per day 570 per day	As charged	As charged	As charged
(iv) Surgical charges (including organ transplant and stem cell transplant) <ul style="list-style-type: none"> <li>• Surgical procedures<sup>2</sup> <ul style="list-style-type: none"> <li>➢ Table 1 (less complex procedures)</li> <li>➢ Table 2</li> <li>➢ Table 3</li> <li>➢ Table 4</li> </ul> </li> </ul>	240 – 490 760 – 1,120 1,390 – 1,920 2,310 – 2,460	As charged for Table 1 to Table 7	As charged for Table 1 to Table 7	As charged for Table 1 to Table 7



	Limits of compensation (Figures in S\$ and include GST)			
	MediShield Life (MSHL)	AIA HealthShield Gold Max A (includes MSHL payout)	AIA HealthShield Gold Max B (includes MSHL payout)	AIA HealthShield Gold Max B Lite (includes MSHL payout)
Room or ward entitlement	B2-class or C-class ward in a public hospital	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital	B1-class ward (or lower) in a public hospital
<ul style="list-style-type: none"> <li>➢ Table 5</li> <li>➢ Table 6</li> <li>➢ Table 7 (more complex procedures)</li> </ul>	2,700 – 3,270 3,540 3,900			
<ul style="list-style-type: none"> <li>• Surgical implants and approved medical consumables</li> </ul>	7,000 per treatment	As charged	As charged	As charged
<ul style="list-style-type: none"> <li>• Stereotactic radiosurgery<sup>3</sup></li> </ul>	15,700 per treatment course	As charged	As charged	As charged
(v) Hospice inpatient palliative care <ul style="list-style-type: none"> <li>• General</li> <li>• Specialised</li> </ul>	460 per day 500 per day	As charged	As charged	As charged
(vi) Continuation of autologous bone marrow transplant for multiple myeloma	6,000 per treatment	As charged	As charged	As charged
<b>(B) Pre-hospitalisation benefit</b>	Not covered	As charged  Within either: <ul style="list-style-type: none"> <li>• 100 days before hospitalisation; or</li> <li>• 13 months before hospitalisation under an AIA preferred provider<sup>4,5,6</sup></li> </ul>	As charged  Within 180 days before hospitalisation	As charged  Within 100 days before hospitalisation
<b>(C) Post-hospitalisation benefits</b>				
(i) Post-hospitalisation treatment	Not covered	As charged  Within either: <ul style="list-style-type: none"> <li>• 100 days after hospitalisation; or</li> <li>• 13 months after hospitalisation under an AIA preferred provider<sup>4,5,6</sup></li> </ul>	As charged  Within 180 days after hospitalisation	As charged  Within 100 days after hospitalisation
(ii) Extended post-hospitalisation treatment for 30 critical illnesses (100 days after hospitalisation ends)	Not covered	As charged <sup>7</sup>	As charged	As charged
<b>(D) Accidental inpatient dental treatment benefit</b>	Covered under inpatient hospital treatment	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)		
<b>(E) Pregnancy complications benefit</b>	As covered for benefits under part A (i) (daily room and board charges), (ii) (daily intensive care unit charges), (iii) (community hospital charges), and (iv) (surgical charges)	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits) <sup>8</sup>		



	Limits of compensation (Figures in S\$ and include GST)				
	MediShield Life (MSHL)	AIA HealthShield Gold Max A <i>(includes MSHL payout)</i>	AIA HealthShield Gold Max B <i>(includes MSHL payout)</i>		AIA HealthShield Gold Max B Lite <i>(includes MSHL payout)</i>
Room or ward entitlement	B2-class or C-class ward in a public hospital	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital		B1-class ward (or lower) in a public hospital
<b>(F) Congenital abnormalities benefits</b>					
(i) Congenital abnormalities of the insured's biological child <sup>9, 10</sup>	Not covered	Up to 20,000 per lifetime and 5,000 per child	Up to 16,000 per lifetime and 4,000 per child		Up to 12,000 per lifetime and 3,000 per child
(ii) Congenital abnormalities of the insured <sup>11</sup>	Covered under inpatient hospital treatment	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)			
<b>(G) Living donor organ transplant benefits</b>					
(i) Insured (as a living donor) donating an organ	Covered under inpatient hospital treatment	60,000 per organ transplant <sup>9, 12</sup>	40,000 per organ transplant <sup>9, 12</sup>		20,000 per organ transplant <sup>9, 12</sup>
(ii) Non-insured (as a living donor) donating an organ to the insured <sup>13</sup>	Covered under inpatient hospital treatment	60,000 per organ transplant <sup>9</sup>	40,000 per organ transplant <sup>9</sup>		20,000 per organ transplant <sup>9</sup>
<b>(H) Medical treatment outside Singapore benefits<sup>14</sup></b>					
(i) Emergency medical treatment outside Singapore	Not covered	As covered for benefits under part A (hospitalisation and surgical benefits) and part C (post-hospitalisation benefits)			
(ii) Planned medical treatment outside Singapore	Not covered	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)			Not covered
<b>(I) Psychiatric treatment benefits</b>					
(i) In-hospital psychiatric treatment <sup>1</sup>	230 per day (up to 60 days per policy year)	5,000 per policy year <sup>9</sup>	4,000 per policy year <sup>9</sup>		3,500 per policy year <sup>9</sup>
(ii) Post-hospitalisation psychiatric treatment (within 200 days after hospitalisation) <sup>9</sup>	Not covered	5,000 per policy year	2,500 per policy year		1,000 per policy year
<b>(J) Outpatient benefits<sup>15</sup></b>					
<b>Type of Hospital</b>	<b>Public Hospital</b>	<b>Private or public hospital</b>	<b>Private Hospital</b>	<b>Public hospital</b>	<b>Public hospital</b>
<ul style="list-style-type: none"><li>Radiotherapy for cancer<ul style="list-style-type: none"><li>➤ External or Superficial (except Hemi-body)</li></ul></li></ul>	400 per treatment session	As charged	500 per treatment session <sup>16</sup>	As charged	As charged
<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>➤ Hemi-body Radiotherapy</li></ul></li></ul>	620 per treatment session	As charged	500 per treatment session <sup>16</sup>	As charged	As charged
<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>➤ Brachytherapy with or without external</li></ul></li></ul>	620 per treatment session	As charged	500 per treatment session <sup>16</sup>	As charged	As charged
<ul style="list-style-type: none"><li>Stereotactic radiotherapy for cancer</li></ul>	460 per treatment session	As charged	4,000 per treatment session <sup>16</sup>	As charged	As charged





	Limits of compensation (Figures in S\$ and include GST)				
	MediShield Life (MSHL)	AIA HealthShield Gold Max A <i>(includes MSHL payout)</i>	AIA HealthShield Gold Max B <i>(includes MSHL payout)</i>		AIA HealthShield Gold Max B Lite <i>(includes MSHL payout)</i>
Room or ward entitlement	B2-class or C-class ward in a public hospital	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital		B1-class ward (or lower) in a public hospital
<ul style="list-style-type: none"><li>Cancer drug treatments on the Cancer Drug List</li></ul>	Patients receiving treatment for one primary cancer				
	200 - 9,600 per month <sup>28</sup>	5 x the 'MediShield Life limit per month' for one primary cancer per month <sup>29</sup>	5 x the 'MediShield Life limit per month' for one primary cancer per month <sup>16,29</sup>		5 x the 'MediShield Life limit per month' for one primary cancer per month <sup>29</sup>
	Patients receiving treatment for multiple primary cancers <sup>31</sup>				
	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary per month	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month <sup>29</sup>	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month <sup>16, 29</sup>		The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month <sup>29</sup>
<ul style="list-style-type: none"><li>Cancer drug services</li><li>Kidney dialysis</li><li>Erythropoietin</li><li>Approved immunosuppressant<sup>17</sup></li><li>Long-term parenteral nutrition</li></ul>	Patients receiving treatment for one primary cancer				
	3,600 per year	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>30</sup>	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>16,30</sup>		5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>30</sup>
	Patients receiving treatment for multiple primary cancers <sup>31</sup>				
	7,200 per year	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>30</sup>	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>16,30</sup>		5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>30</sup>
		1,750 per month	As charged	36,000 per policy year <sup>16</sup>	As charged
	220 per month	As charged	7,200 per policy year <sup>16</sup>	As charged	As charged
	710 per month	As charged	7,200 per policy year <sup>16</sup>	As charged	As charged
	2,200 per month	As charged	As charged		As charged
(K) Final expense benefit <sup>15</sup>	Not covered	5,000	3,500		2,500
(L) Waiver of one year's premium benefit (upon total and permanent disability) <sup>15,18</sup>	Not covered	One year's premium			



	Limits of compensation (Figures in S\$ and include GST)			
	MediShield Life (MSHL)	AIA HealthShield Gold Max A (includes MSHL payout)	AIA HealthShield Gold Max B (includes MSHL payout)	AIA HealthShield Gold Max B Lite (includes MSHL payout)
Room or ward entitlement	B2-class or C-class ward in a public hospital	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital	B1-class ward (or lower) in a public hospital
<b>(M) Extra cover for 30 critical illnesses benefit<sup>19</sup></b>				
• Additional limit per policy year	Not covered	100,000	75,000	50,000
• Additional limit per lifetime	Not covered	Unlimited	Unlimited	Unlimited
<b>(N) Cell, tissue and gene therapy benefit</b>	Covered under part (A) hospital & surgical benefits	250,000 per policy year	250,000 per policy year	250,000 per policy year
<b>(O) Proton beam therapy benefit<sup>32</sup></b>	Covered under radiotherapy for cancer under part (J) outpatient benefits	100,000 per policy year	100,000 per policy year	100,000 per policy year
<b>Maximum claim limit</b>				
• Limit per policy year	200,000	1,000,000, or 2,000,000 if hospitalised under an AIA preferred provider <sup>4,6,20</sup>	1,000,000	300,000
Limit per lifetime	Unlimited	Unlimited	Unlimited	Unlimited
<b>Pro-ration factor</b>				
Citizenship	Singapore citizen	Permanent resident	Singapore citizen / Permanent resident	
• <b>Inpatient</b> (daily ward and treatment charges & surgical charges)				
○ Private hospital	16% <sup>33</sup> / 10% <sup>34</sup>	16% <sup>33</sup> / 10% <sup>34</sup>	Does not apply	70% <sup>22</sup>
○ A-class ward	27% <sup>33</sup> / 25% <sup>34</sup>	25% <sup>33, 34</sup>	Does not apply	Does not apply
○ B1-class ward	34% <sup>33</sup> / 35% <sup>34</sup>	29% <sup>33</sup> / 30% <sup>34</sup>	Does not apply	Does not apply
○ B2-class ward (or B2+)	Does not apply	50% <sup>33</sup> / 60% <sup>34</sup>	Does not apply	Does not apply
○ C-class ward	Does not apply	50% <sup>33</sup> / 60% <sup>34</sup>	Does not apply	Does not apply
○ Short-stay ward in a public hospital	Subsidised Does not apply	50% <sup>33</sup> / 60% <sup>34</sup>	Does not apply	Does not apply
	Unsubsidised 27% <sup>33</sup> / 25% <sup>34</sup>	25% <sup>33, 34</sup>	Does not apply	Does not apply
• <b>Day surgery</b>				
○ Private hospital or private medical institution	21% <sup>33</sup> / 15% <sup>34</sup>	21% <sup>33</sup> / 15% <sup>34</sup>	Does not apply	70% <sup>22</sup>
○ Public hospital	Subsidised Does not apply	54% <sup>33</sup> / 58% <sup>34</sup>	Does not apply	Does not apply
	Unsubsidised 33% <sup>33</sup> / 25% <sup>34</sup>		Does not apply	Does not apply
• <b>Outpatient treatment</b>				



	Limits of compensation (Figures in S\$ and include GST)			
	MediShield Life (MSHL)	AIA HealthShield Gold Max A (includes MSHL payout)	AIA HealthShield Gold Max B (includes MSHL payout)	AIA HealthShield Gold Max B Lite (includes MSHL payout)
Room or ward entitlement	B2-class or C-class ward in a public hospital	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital	B1-class ward (or lower) in a public hospital
o Private hospital or private medical institution	30% <sup>35</sup> / 100% <sup>24,36</sup>	30% <sup>35</sup> / 56% <sup>24,36</sup>	Does not apply	65% <sup>23,25</sup>
o Public hospital	Subsidised		Does not apply	Does not apply
	Does not apply <sup>37</sup>	56% <sup>35</sup> / 67% <sup>36, 37</sup>		
	Unsubsidised			
	35% <sup>35</sup> / 100% <sup>24, 36</sup>	35% <sup>35</sup> / 56% <sup>24, 36</sup>		
Deductible <sup>26</sup> (per policy year)				
	Age 80 next birthday or younger	Age 81 next birthday or younger		
• Inpatient				
o Private hospital	3,500		3,500	3,500
o A-class ward	3,500		3,500	3,500
o B1-class ward	2,500		2,500	2,500
o B2-class ward (or B2+)	2,500		2,000	2,000
o C-class ward	2,000		1,500	1,500
o Short-stay ward in a public hospital	Subsidised	Unsubsidis- ed	2,000	2,000
	2,000	2,500		
• Day surgery				
o Private hospital or private medical institution	1,500		2,000	2,000
o Public hospital	Subsidised	Unsubsid- ised		
	1,500			
	Age 81 next birthday or older		Age 82 next birthday or older	
• Inpatient				
o Private hospital	4,500		4,500	4,500
o A-class ward	4,500		4,500	4,500
o B1-class ward	3,500		3,000	3,000
o B2-class ward (or B2+)	3,500		2,250	2,250
o C-class ward	2,750		1,500	1,500
o Short-stay ward in a public hospital	Subsidised	Unsubsidis- ed	3,000	3,000
	2,750	3,500		
• Day surgery				
o Private hospital	2,000		3,000	3,000
o Public hospital	Subsidised	Unsubsidis- ed		
	2,000			
Co-insurance <sup>27</sup>	All ward classes & day surgery <ul style="list-style-type: none"><li>0 to 5,000: 10%</li><li>5,001 to 10,000: 5%</li><li>more than 10,000: 3%</li></ul> Outpatient treatments: 10%		10%	
Last entry age	No limit		75	



	Limits of compensation (Figures in S\$ and include GST)			
	MediShield Life (MSHL)	AIA HealthShield Gold Max A (includes MSHL payout)	AIA HealthShield Gold Max B (includes MSHL payout)	AIA HealthShield Gold Max B Lite (includes MSHL payout)
<b>Room or ward entitlement</b>	<b>B2-class or C-class ward in a public hospital</b>	<b>Standard room (or lower) in a private hospital</b>	<b>A-class ward (or lower) in a public hospital</b>	<b>B1-class ward (or lower) in a public hospital</b>
<b>Maximum period of cover</b>	Lifetime	Lifetime		

You may refer to this website (<https://www.cpf.gov.sg/mslinfo>) for further information on MediShield Life benefits.

- <sup>1</sup> Includes the cost of meals, prescriptions and investigations, professional fees and miscellaneous medical charges.
- <sup>2</sup> Surgical procedures refer to the types of surgical operations listed in the "Table of Surgical Procedures" under the MediSave Scheme operated by MOH (Table 1 to Table 7). The benefit does not include the costs of any surgical implants, approved medical consumables and/or stereotactic radiosurgery procedure. The level of complexity of surgical procedures increases from Table 1 to Table 7. For the specific claim limits, you may refer to <https://www.cpf.gov.sg/mslinfo>.
- <sup>3</sup> Stereotactic radiosurgery means the gamma knife treatment or the novalis shaped beam treatment used to treat abnormalities and small tumours of the brain.
- <sup>4</sup> AIA preferred providers refer to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time).
- <sup>5</sup> To be covered for 13 months under the pre-hospitalisation benefit and post-hospitalisation benefits (post-hospitalisation treatment), the hospitalisation after the pre-hospitalisation treatment or before the post-hospitalisation treatment must be under an AIA preferred provider.
- <sup>6</sup> When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.
- <sup>7</sup> The extended post-hospitalisation treatment for 30 critical illnesses benefit will end once the post-hospitalisation treatment has been claimed for 200 days following the day the hospitalisation ended.
- <sup>8</sup> Pay the eligible expenses arises if the Insured needs hospitalisation in a hospital to undergo medical or surgical treatment due to one of the following pregnancy complications as defined in the policy contract. Pregnancy complications covered are:
  - (a) Ectopic pregnancy;
  - (b) Pre-eclampsia or eclampsia;
  - (c) Disseminated intravascular coagulation (DIC);
  - (d) Miscarriage after 13 weeks of pregnancy;
  - (e) Acute fatty liver during pregnancy;
  - (f) Choriocarcinoma and hydatidiform mole (molar pregnancy);
  - (g) Postpartum haemorrhage requiring hysterectomy;
  - (h) Still birth after 22 weeks of pregnancy;
  - (i) Cervical incompetency;
  - (j) Accreta placenta;
  - (k) Placental abruption after 20 weeks or more of pregnancy and before childbirth;
  - (l) Placenta praevia;
  - (m) Antepartum, intrapartum and postpartum haemorrhage;
  - (n) Placental insufficiency which leads to intrauterine growth restriction;
  - (o) Gestational diabetes mellitus;
  - (p) Obstetric cholestasis;
  - (q) Twin to twin transfusion syndrome;
  - (r) Infection of amniotic sac and membranes;
  - (s) Amniotic fluid embolism;
  - (t) Fourth degree perineal laceration following a vaginal delivery;
  - (u) Uterine rupture;
  - (v) Postpartum inversion of uterus;
  - (w) Obstetric injury or damage to pelvic organs following a vaginal delivery;
  - (x) Complications resulting in a caesarean hysterectomy;
  - (y) Retained placenta and membranes after delivery, or after miscarriage that happens after 13 weeks of pregnancy as a result of an unforeseen and involuntary event;
  - (z) Abscess of breast, associated with childbirth and breastfeeding;
  - (aa) Medically necessary abortion; and
  - (bb) Maternal death (death of the mother as a consequence of pregnancy or childbirth).
- <sup>9</sup> We will pay up to the relevant limits of compensation shown in the schedule of benefits for the following benefits, after first deducting any deductible and co-insurance:
  - Congenital abnormalities of the insured's biological child (covered under part F)
  - The insured donating an organ or a non-insured donating an organ to the insured (covered under part G)
  - In-hospital psychiatric treatment and post-hospitalisation psychiatric treatment (covered under part I)
- <sup>10</sup> Pay the eligible expenses arising if the insured's biological child needs hospitalisation in a hospital for medical or surgical treatment due to a congenital abnormality that developed while the foetus was in the uterus as diagnosed by a specialist. The cover only applies to treatment provided during the first 24 months after the child's birth.



- <sup>11</sup> Pay the eligible expenses arising if the Insured needs hospitalisation in a hospital for medical or surgical treatment due to a congenital abnormality that developed while the foetus was in the uterus as diagnosed by a specialist.
- <sup>12</sup> Pay the eligible expenses arising in connection with removing one of the insured's kidney or a part of their liver, so it can be transplanted into another living person, at a hospital in Singapore as approved under the MediShield Life Scheme and regulated under the Human Organ Transplant Act (HOTA). Eligible expenses being claimed must arise directly from the insured's surgery to have the organ removed and are limited to the charges for the insured's pre- and post-hospitalisation treatments and tests, hospitalisation, surgical procedure to remove the insured's organ removal, and storage and transport of the insured's organ.
- <sup>13</sup> Pay the eligible expenses arising in connection with a living donor having one of their kidneys or a part of their liver, removed so it can be transplanted into the insured's body, at a hospital in Singapore as approved under the MediShield Life Scheme and regulated under HOTA. Eligible expenses being claimed must arise directly from the organ-donation surgery and are limited to the charges for the living donor's hospitalisation, surgical procedure to remove the living donor's organ, and storage and transport of the living donor's organ after it is removed.
- <sup>14</sup> For both benefits under part (H) –medical treatment outside Singapore benefits, the deductible applied to the eligible expenses for this benefit will be equivalent to that for treatment on an A-class ward of a public hospital or in a private hospital in Singapore; and:
- (a) for part (H)(i) – emergency medical treatment outside Singapore benefit, the amount we will pay is limited to the reasonable and customary charges in a private hospital in Singapore;
- (b) for part (H)(ii) – planned medical treatment outside Singapore benefit:
- o the amount we will pay under AIA HealthShield Gold Max A is limited to the reasonable and customary charges for treatment in a private hospital in Singapore; or
  - o the amount we will pay under AIA HealthShield Gold Max B is limited to the reasonable and customary charges for treatment in an A-class ward of a public hospital in Singapore.
- <sup>15</sup> No deductible applies to the eligible expenses covered for outpatient benefit, but you do have to pay the co-insurance. No deductible or co-insurance applies to claims for the final expense benefit and waiver of one year's premium benefit (upon total and permanent disability). Deductible and co-insurance applies to the eligible expenses incurred under all other benefits.
- <sup>16</sup> For AIA HealthShield Gold Max B, if the insured incurs eligible expenses in a private hospital or private medical institution in Singapore for outpatient benefit, the following will apply:
- (i) If the eligible expenses (except for cancer drug treatments on the Cancer Drug List and cancer drug services) are less than or equal to the limits of compensation for the relevant treatment, as shown in the schedule of benefits, no pro-ration factor will apply.
- (ii) If the eligible expenses (except for cancer drug treatments on the Cancer Drug List and cancer drug services) are more than the limits of compensation for the relevant treatment, as shown in the schedule of benefits, the following will apply:
- For the amount of eligible expenses up to and including the limits of compensation, no pro-ration factor will apply.
  - For the remaining amount of eligible expenses above the limits of compensation, pro-ration factor will apply.
- (iii) Pro-ration factor will apply to eligible expenses incurred for cancer drug treatment on the Cancer Drug List and cancer drug services.
- <sup>17</sup> We will pay the eligible expenses for any of the immunosuppressants approved by Health Sciences Authority for organ transplant.
- <sup>18</sup> The benefit ends on the policy anniversary occurring immediately after (or on) the insured's 70<sup>th</sup> birthday. Please refer to the policy contract for the definition of total and permanent disability.
- <sup>19</sup> We will pay the limit per policy year under the extra cover for 30 critical illnesses benefit as additional limits to the limit per policy year under the maximum claim limit. For AIA HealthShield Gold Max A, this benefit will not increase the overall limit per policy year to more than S\$2,000,000.
- <sup>20</sup> We will pay up to S\$2,000,000 limit per policy year when all hospitalisation and treatments under the outpatient benefits are provided by, or under, an AIA preferred provider within the same policy year.
- <sup>21</sup> For AIA HealthShield Gold Max B Lite, pro-ration factor applies to all eligible expenses arising for hospitalisation or treatment in a class B1-ward of a public hospital if insured is a Singapore permanent resident.
- <sup>22</sup> For AIA HealthShield Gold Max B, we will apply pro-ration factor to all eligible expenses incurred in a private hospital or private medical institution in Singapore, or any hospital outside of Singapore (except for any eligible expenses incurred under the outpatient benefit stated in footnote 16 above).
- <sup>23</sup> For AIA HealthShield Gold Max B Lite, we will apply pro-ration factor to all eligible expenses incurred in an A-class ward of a public hospital or in a private hospital or private medical institution in Singapore, or a hospital outside of Singapore.
- <sup>24</sup> Pro-ration factors under MediShield Life will apply for non-subsidised outpatient cancer treatments and long-term parenteral nutrition. Pro-ration does not apply for non-subsidised immunosuppressants.
- <sup>25</sup> For AIA HealthShield Gold Max B Lite, we will apply pro-ration factor to all eligible expenses arising for outpatient treatment under the outpatient benefit if such expenses are incurred in a private hospital or private medical institution in Singapore, or any hospital outside of Singapore.
- <sup>26</sup> Deductible is the part of the eligible expenses per policy year which you must pay before you can claim any benefit under your policy.
- <sup>27</sup> Co-insurance is the amount you need to pay after the deductible (if any).
- <sup>28</sup> Depending on cancer drug treatment. Refer to the Cancer Drug List (CDL) on the MOH website under "MediShield Life Claim Limit per month" (<https://go.gov.sg/moh-cancerdruglist>). MOH may update this from time to time. The revised list will apply to the cancer drug treatment received on and from the date the list is updated.
- <sup>29</sup> The cancer drug treatments on the Cancer Drug List (CDL) benefit is a multiple of the MediShield Life limit for the specific cancer drug treatment. The latest MediShield Life limit per month is shown in the Cancer Drug List, under 'MediShield Life Claim Limit per month', on the MOH website (<https://go.gov.sg/moh-cancerdruglist>). MOH may update the list from time to time. The latest limit will apply to cancer drug treatments received on and from the date the list was updated.
- <sup>30</sup> The cancer drug services benefit is a multiple of the MediShield Life limit for cancer drug services. For the latest MediShield Life limit for cancer drug services, check 'Cancer Drug Services' under 'MediShield Life Benefit' on the MOH website (<https://go.gov.sg/mshlbenefits>). MOH may update this from time to time. The latest limit will apply to cancer drug services received within the policy year during which the list was updated.





- <sup>31</sup> "Multiple primary cancers" refers to two or more cancers that arise from different sites of the body or are of different histology or morphology groups (that have a different microscopic structure, form or shape), which are diagnosed by an oncologist. The higher claim limits for patients receiving treatment for multiple primary cancers are granted on the basis of an application, which the physician would need to send to MOH (for MediShield Life claims) and us (for MediSave-approved integrated shield plan claims) for review and approval.
- <sup>32</sup> We will pay the eligible expenses that arise if the insured needs proton beam therapy as an inpatient, outpatient or day-surgery patient. We will only cover proton beam therapy if it is an approved proton beam therapy shown on the MOH website (<https://go.gov.sg/pbt-approved-indications>), which may change from time to time.
- <sup>33</sup> This pro-ration factor applies to daily ward and treatment charges in inpatient and day surgery settings.
- <sup>34</sup> This pro-ration factor applies to surgical charges in inpatient and day surgery settings.
- <sup>35</sup> This pro-ration factor applies to outpatient treatments (excluding kidney dialysis and erythropoietin).
- <sup>36</sup> This pro-ration factor applies to outpatient kidney dialysis and erythropoietin treatments.
- <sup>37</sup> This pro-ration factor applies to outpatient kidney dialysis and erythropoietin treatments at MOH-subservent voluntary welfare organisations.

#### List of 30 critical illnesses

We will pay the extra cover for 30 critical illnesses benefit for the following critical illnesses:

- |   |  |                             |
|---|--|-----------------------------|
| 1. Heart attack of specified severity                           | 10. Major organ transplant or bone marrow transplant | 19. Loss of speech          |
| 2. Stroke   | 11. Multiple sclerosis                               | 20. Major burns             |
| 3. Coronary artery bypass surgery                               | 12. Blindness (loss of sight)                        | 21. Surgery to aorta        |
| 4. HIV due to blood transfusion, or occupationally acquired HIV | 13. Paralysis (loss of use of limbs)                 | 22. Terminal illness        |
| 5. Angioplasty or other invasive treatment for coronary artery  | 14. Muscular dystrophy                               | 23. End-stage lung disease  |
| 6. Major cancers  | 15. Alzheimer's disease or severe dementia           | 24. End-stage liver failure |
| 7. Fulminant hepatitis  | 16. Coma   | 25. Motor neurone disease   |
| 8. Primary pulmonary hypertension                               | 17. Deafness (loss of hearing)                       | 26. Parkinson's disease     |
| 9. Kidney failure   | 18. Heart valve surgery                              | 27. Aplastic anaemia        |
|   |  | 28. Benign brain tumour     |
|   |  | 29. Bacterial meningitis    |
|   |  | 30. Viral encephalitis      |

#### (B) Key product conditions:

The following are some key conditions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please look for your AIA Financial Services Consultant or insurance representative if you need further explanation.

Please note that the insured can only be covered under one MediSave-approved integrated medical insurance plan, which premium can be paid using MediSave, at any one time.

#### a) Pro-ration factor

##### If covered under AIA HealthShield Gold Max B

If eligible expenses arise:

- in a private hospital or private medical institution in Singapore (except for any eligible expenses for outpatient benefit covered under part J); or
  - for medical treatment in a hospital outside Singapore;
- the amount of eligible expenses we will pay will be reduced by multiplying the eligible expenses by the pro-ration factor shown in the schedule of benefits before we apply any deductible and co-insurance set out in the schedule of benefits.

If eligible expenses arise for outpatient treatment covered under part J (except for cancer drug treatment on the Cancer Drug List and cancer drug services) in a private hospital or private medical institution in Singapore, the following will apply.

- (a) If the eligible expenses are less than or equal to the limits of compensation for the relevant treatment, as shown in the schedule of benefits, we will pay up to the limits of compensation for the relevant treatment, less the co-insurance (as set out in the schedule of benefits). No pro-ration factor will apply.
- (b) If the eligible expenses are more than the limits of compensation for the relevant treatment, as shown in the schedule of benefits, the following will apply.
- For the amount of eligible expenses up to and including the limits of compensation, we will pay up to the limits of compensation less the co-insurance (as set out in the schedule of benefits) and no pro-ration factor will apply; and
  - For the remaining amount of eligible expenses above the limits of compensation, we will multiply that amount by the pro-ration factor (as shown in the schedule of benefits) before we apply the co-insurance.

If eligible expenses covered under part J (outpatient benefits) arise for cancer-drug treatment on the Cancer Drug List or cancer drug services, the amount of eligible expenses we will pay will be reduced by multiplying the eligible expenses by the pro-ration factor, as shown in the schedule of benefits, before we apply the co-insurance set out in the schedule of benefits.

##### If covered under AIA HealthShield Gold Max B Lite

If eligible expenses arise:

- for care or treatment provided on an A-class ward of a public hospital, or in a private hospital or private medical institution in Singapore; or
  - for medical treatment in a hospital outside Singapore;
- the amount of eligible expenses we will pay will be reduced by multiplying the eligible expenses by the pro-ration factor as shown in the schedule of benefits before we apply any deductible and co-insurance.



If the insured is a Singapore permanent resident, and eligible expenses arise for care or treatment provided on a B1-class ward in a public hospital, the amount of eligible expenses we will pay will be reduced by multiplying the eligible expenses by the pro-ration factor shown in the schedule of benefits before we apply any deductible or co-insurance set out in the schedule of benefits.

#### **b) When your policy ends**

Your policy will automatically end when:

- (a) any premium remains unpaid at the end of the grace period;
  - (b) a MediSave-approved integrated shield plan with another insurer starts to cover the insured;
  - (c) the insured dies;
  - (d) the insured stops being a Singapore citizen or Singapore permanent resident; or
  - (e) your policy is cancelled.
- whichever happens first.

#### **c) Claim**

You may look for your AIA Financial Services Consultant, insurance representative or call the AIA Customer Care Hotline at 1800 248 8000 for claim procedures.

#### **d) Paying benefits**

Any benefits due under your policy, except for waiver of one year's premium benefit under part L, will be paid to you, your legal representative, the hospital or community hospital, or any other relevant party we choose.

#### **e) Automatic renewal**

The policy is guaranteed to renew each year, on the policy anniversary date, if:

- your policy is in force on the policy anniversary; and
- you pay, and we receive, the renewal premium before the end of the grace period.

The renewal premium will be in line with the premium rate for the insured's age next birthday on the date of renewal.

#### **f) Changes to your policy**

We may change the premiums, benefits and cover provided by your policy, or change any of the terms or conditions in the policy contract, by giving you 31 days' notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore.

#### **g) Waiting period**

Waiting periods apply to some benefits under your policy. We will not pay such benefits if the condition covered by the benefits is diagnosed during the waiting period. These waiting periods start from the policy date, the last reinstatement date (if any) or the date of a plan upgrade (if any), whichever is latest. Policy date is the date your insurance cover started or was renewed.

- (a) For pregnancy complications benefit, a waiting period of 10 months applies.
- (b) For congenital abnormalities of insured's biological child, a waiting period of 10 months applies.
- (c) For insured (as a living donor) donating an organ, a waiting period of 24 months applies. The date the person receiving the insured's organ was first diagnosed with organ failure after the 24 months waiting period.

#### **h) General exclusions**

There are certain conditions where no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited to, the following conditions. Please read the policy contract for the full list of exclusions. Some of these exclusions may be covered under MediShield Life.

We will not cover any pre-existing condition unless it was declared in the application for your policy or any application to reinstate your policy, and we specifically agreed to cover it.

Your policy also does not cover any claims resulting directly or indirectly from or in connection with any of the following:

- (1) Any medical treatment which starts before the policy date.
- (2) Medication and medical devices that are not registered under the Health Products Act 2007 and listed on the Health Sciences Authority of Singapore's website ([www.hsa.gov.sg](http://www.hsa.gov.sg)).
- (3) Experimental or investigational medical or surgical techniques, as decided by our medical advisor. This includes medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products, whether or not the trials have a clinical trial certificate from the Health Sciences Authority of Singapore (HSA).
- (4) Congenital abnormality, except where covered under part F (congenital abnormalities benefits).
- (5) Pregnancy, miscarriage, abortion, childbirth, sterilisation or contraception, except where covered under part E (pregnancy complications benefit).
- (6) Infertility, sub-fertility (lower than normal fertility), assisted conception, any contraceptive operation or any sex change operation.
- (7) Any injury or illness directly or indirectly caused by intentional self-neglect, intentional self-inflicted injury, misuse or abuse of drugs or alcohol, drug overdose (whether intentional, accidental or otherwise) or injuries caused as a direct result of a criminal act or attempted suicide, whether the insured was sane or insane.
- (8) Any sexually transmitted disease, including AIDS (Acquired Immune Deficiency Syndrome) and AIDS-related complications, except for HIV due to blood transfusion and occupationally acquired HIV if covered by part M (extra cover for 30 critical illnesses benefit). For the purpose of considering whether this general exclusion applies, we will:
  - use the definition of AIDS published by the World Health Organization in 1987, or any subsequent revision of that definition;
  - consider whether blood tests or other relevant tests indicate, in our opinion or in the opinion of our medical advisor, the presence of HIV or antibodies to it.
- (9) Treatment for mental illnesses or psychiatric disorders, except where covered under part I (psychiatric treatment benefits).
- (10) Treatment for, arising from or related to obesity, weight loss, weight improvement or weight management, regardless of whether it is for medical or psychological reasons.



- (11) Injuries caused during war (whether or not war has been declared), civil commotion, riot, revolution, strike, nuclear incident or any war-like event.
- (12) Buying or renting medical appliances, equipment or machines, braces or corrective devices, prostheses, wheelchairs, walking aids, home aids, kidney dialysis machines, iron lungs, oxygen machines, hospital beds or any hospital equipment for use at home, or as an outpatient unless this is covered by MediShield Life for inpatient care provided through Mobile Inpatient Care @ Home.
- (13) Cosmetic or plastic surgery, unless it is
- to correct a defect in the function of the relevant organ; or
  - breast reconstruction after mastectomy (surgery to remove all or part of the breast) following a diagnosis of breast cancer, and is performed within 365 days of the mastectomy.
- Any surgery or reconstruction of the breast (or breasts) to produce a symmetrical appearance after a mastectomy or to alter the breast size or shape will not be covered.
- (14) Dental treatment, except where covered under part D (inpatient dental treatment benefit).
- (15) Correcting refractive errors (imperfections of the eye that prevent it from focusing light properly), such as short-sightedness.
- (16) Routine eye and ear examinations, and the costs of glasses, contact lenses and hearing aids.
- (17) Care provided in a hospice, unless covered under part (A) (g) (hospice inpatient palliative care), rest cures (periods of rest or leisure intended to improve physical or mental health), nursing at home or as an outpatient, or care in a convalescent home, nursing home or similar establishment, unless this is covered by MediShield Life for inpatient care provided through Mobile Inpatient Care @ Home.
- (18) Transport-related services, including ambulance fees and transport used for emergency evacuation and repatriation (returning a person or their remains to their home country), unless this is covered by MediShield Life for inpatient care provided through Mobile Inpatient Care @ Home.
- (19) Any treatments, medical services or supplies which are for primary prevention (medical services for generally healthy people, to prevent a disease from ever occurring, when there are no signs or symptoms that would indicate the need for the medical services), for health screening or for improving general health, including genetic tests, vitamins, health supplements, dietary replacements and non-prescribed drugs.
- (20) Acne, pigmentation, keloids, skin tags, moles, alopecia, and circumcision (unless it is medically necessary).
- (21) Vaccinations.
- (22) Costs relating to getting an organ or parts of an organ from a living donor for an organ transplant, including the living donor's expenses, except where covered under part G (living donor organ transplant benefits).
- (23) Medical treatment or hospitalisation outside Singapore, except where covered under part H (medical treatment outside Singapore benefits).
- (24) All exclusions for MediShield Life, as listed on the MOH website ([www.moh.gov.sg](http://www.moh.gov.sg)), except where your policy says otherwise.
- (25) Non-medical items such as parking fees, hospital administration and registration fees, fees for laundry, television rental and newspapers, and the cost of medical reports.
- (26) Alternative or complementary treatments, including traditional Chinese medicine, podiatric, chiropractic or osteopathic treatment or a stay in any healthcare establishment for social or non-medical reasons.
- (27) X-rays, general check-ups and medical services (including those provided to inpatients in a hospital) carried out mainly for primary prevention (medical services for generally healthy people, to prevent a disease from ever occurring, when there are no signs or symptoms that would indicate the need for the medical services).
- (28) Breaking or (intending to break) the law, resistance arrest, or any detention or imprisonment.
- (29) Medication and medical devices being used in a way that is not registered with the Health Sciences Authority of Singapore, unless the medical device or product:
- (i) is registered under Health Products Act 2007 and listed on the Health Sciences Authority of Singapore website ([www.hsa.gov.sg](http://www.hsa.gov.sg)); and
  - (ii) has been approved for the particular use by an overseas agency listed as a reference agency in the 'Reference drug regulatory agencies' area of the Health Sciences Authority of Singapore's website ([www.hsa.gov.sg](http://www.hsa.gov.sg))
- (30) Medical services and prescription that are not directly for the treatment of an illness or injury that has led to hospitalisation, except where covered under part B (pre-hospitalisation benefit) or part C (post-hospitalisation benefits).
- (31) Hospitalisation, medical treatment or services at a medical institution that is not accredited by MediShield Life, except where covered under part H (medical treatment outside Singapore benefits).
- (32) Hospitalisation, medical treatment or services that are not medically necessary.
- (33) Medical fees or expenses which are over reasonable and customary charges.
- (34) Outpatient cancer-drug treatments not on the Cancer Drug List.

#### i) Free-look period

The free-look period is 21 days from the date you receive the policy documents.

- If you chose to receive electronic copies of the policy documents, the 21-day free-look period will start when you receive our SMS text message or email telling you that the policy documents are available for you to view by logging in to the customer portal on our website.
- If you chose to receive the policy documents by post, the 21-day free-look period will start seven days after we post them.
- If you chose to have the policy documents delivered to you by hand, the 21-day free-look period will start seven days from the date we give the policy documents to the postal or courier company, or your insurance representative.

During the free-look period, you can cancel your policy by writing to us and we will refund any premium you have paid, without interest, as long as no claim has been made under your policy. We will refund the premium to your MediSave account, or directly to you, depending on how your premiums were paid.





You can only have one Integrated Shield Plan. Once this policy commences, your previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application; or
- not provide you with certain benefits

If you are currently holding an Integrated Shield Plan with us and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding an Integrated Shield Plan with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

In the event that you cannot afford, or do not wish to continue paying the premiums for your Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your Integrated Shield Plan. If you are a Singapore Citizen or Permanent Resident, regardless of your decision, you will continue to be covered by MediShield Life for life without any exclusion.

Anyone who pays for, or is insured under AIA HealthShield Gold Max is not eligible for Additional Premium Support (APS) from the Government. \*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this AIA HealthShield Gold Max, you will stop receiving APS. This applies even if you are not the person paying for this AIA HealthShield Gold Max.

In addition, if you choose to be insured under this AIA HealthShield Gold Max, the person paying for AIA HealthShield Gold Max will stop receiving APS, if he or she is currently receiving APS.

*\* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.*

#### **Important notes:**

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.



## Product Summary for AIA Max VitalHealth & AIA Max A Cancer Care Booster (Version 2.0)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

### (A) Product information:

**AIA Max VitalHealth** is an optional rider to AIA HealthShield Gold Max Series. The key benefit of the plan is to pay the deductible and/or co-insurance you have to pay under your AIA HealthShield Gold Max series policy, less the co-payment, as shown in the schedule of benefits for every claim.

**AIA Max A Cancer Care Booster** is an optional rider to AIA HealthShield Gold Max A or AIA HealthShield Gold Max Special A to provide additional coverage for cancer drug treatment under the Cancer Drug List (CDL), cancer drug services and coverage for selected cancer drug treatment not on the CDL. This booster may be attached to AIA HealthShield Gold Max A or AIA HealthShield Gold Max Special A, with or without AIA Max VitalHealth A or AIA Max VitalHealth A Value.

Co-payment is the amount you will need to pay for every claim. It is a fixed percentage (shown in the schedule of benefits) of the eligible expenses, after:

- any pro-ration factor shown in the schedule of benefits for your AIA HealthShield Gold Max series policy is applied; and
- any deductible due from you under your policy has been paid.

For the following benefits, we will pay the reasonable and customary charges incurred, less 5% of such charges that you will need to pay for every claim:

- Emergency outpatient treatment due to an accident benefit
- Post A&E treatment benefit
- Outpatient treatment for dengue fever and hand, foot and mouth disease benefit

You may integrate your AIA Max VitalHealth policy and AIA Max A Cancer Care Booster policy with AIA Vitality, which gives you discount on your future premiums depending on your vitality status.

### (i) Premium table

#### a) AIA Max VitalHealth

Age next birthday	AIA Max VitalHealth											
	Annual premium (S\$ and includes GST)						Monthly premium (S\$ and includes GST)					
	A		A Value		B	B Lite	A		A Value		B	B Lite
	-	#With booster	-	#With booster			-	#With booster	-	#With booster		
1 – 15	861.00	924.14	346.34	409.48	197.62	128.34	74.90	80.39	30.13	35.62	17.19	11.17
16 – 20	861.00	924.14	314.76	377.90	197.62	128.34	74.90	80.39	27.38	32.87	17.19	11.17
21 – 25	861.00	924.14	314.76	377.90	215.96	146.68	74.90	80.39	27.38	32.87	18.79	12.76
26 – 30	861.00	924.14	314.76	377.90	215.96	146.68	74.90	80.39	27.38	32.87	18.79	12.76
31 – 35	955.00	1,018.14	351.44	414.58	238.36	183.36	83.10	88.59	30.58	36.07	20.74	15.95
36 - 40	955.00	1,018.14	351.44	414.58	238.36	183.36	83.10	88.59	30.58	36.07	20.74	15.95
41 – 45	1,180.00	1,243.14	434.98	498.12	339.22	270.96	102.70	108.19	37.84	43.33	29.51	23.57
46 - 50	1,332.00	1,395.14	546.00	609.14	339.22	270.96	115.90	121.39	47.50	52.99	29.51	23.57
51 – 55	1,895.00	1,958.14	699.84	762.98	440.06	293.38	164.90	170.39	60.89	66.38	38.29	25.52
56 – 60	2,440.00	2,503.14	974.88	1,038.02	637.70	403.40	212.30	217.79	84.81	90.30	55.48	35.10
61 – 65	3,286.00	3,349.14	1,310.02	1,373.16	921.90	687.60	285.90	291.39	113.97	119.46	80.21	59.82
66 – 70	4,482.00	4,545.14	1,730.74	1,793.88	1,521.92	1,031.92	389.90	395.39	150.57	156.06	132.41	89.78
71 – 73	5,343.00	5,406.14	2,088.30	2,151.44	1,989.50	1,100.18	464.80	470.29	181.68	187.17	173.09	95.72
74 – 75	6,014.00	6,077.14	2,285.94	2,349.08	2,022.10	1,100.18	523.20	528.69	198.88	204.37	175.92	95.72
76 – 78	6,433.00	6,496.14	2,444.84	2,507.98	2,067.94	1,146.02	559.70	565.19	212.70	218.19	179.91	99.70
79 - 80	6,948.00	7,011.14	2,640.44	2,703.58	2,067.94	1,146.02	604.50	609.99	229.72	235.21	179.91	99.70
81 – 83	7,365.00	7,428.14	2,799.36	2,862.50	2,402.06	1,201.02	640.80	646.29	243.54	249.03	208.98	104.49
84 – 85	7,814.00	7,877.14	2,970.50	3,033.64	2,612.94	1,466.90	679.80	685.29	258.43	263.92	227.33	127.62
86 – 88	8,286.00	8,349.14	3,149.78	3,212.92	2,768.80	1,466.90	720.90	726.39	274.03	279.52	240.89	127.62
89 – 90	8,787.00	8,850.14	3,340.28	3,403.42	2,823.80	1,604.42	764.50	769.99	290.60	296.09	245.67	139.58
91 – 93	9,081.00	9,144.14	3,451.32	3,514.46	3,034.68	1,682.86	790.00	795.49	300.26	305.75	264.02	146.41
94 – 95	9,382.00	9,445.14	3,566.42	3,629.56	3,245.54	1,741.96	816.20	821.69	310.28	315.77	282.36	151.55
96 – 98	9,696.00	9,759.14	3,685.62	3,748.76	3,557.26	1,925.32	843.60	849.09	320.65	326.14	309.48	167.50
99 – 100	10,020.00	10,083.14	3,808.88	3,872.02	3,768.14	2,108.68	871.70	877.19	331.37	336.86	327.83	183.46



Above 100	10,020.00	10,083.14	3,808.88	3,872.02	3,768.14	2,108.68	871.70	877.19	331.37	336.86	327.83	183.46
<b>Total (ANB 1 – 100)^</b>	<b>344,997.00</b>	<b>351,311.00</b>	<b>131,995.78</b>	<b>138,309.78</b>	<b>110,037.34</b>	<b>64,561.52</b>	<b>360,182.40</b>	<b>366,770.40</b>	<b>137,801.88</b>	<b>144,389.88</b>	<b>114,879.60</b>	<b>67,402.56</b>

\*Booster refers to Emergency & Outpatient Care Booster

^This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore (MOH)'s website ([go.gov.sg/moh-compare-ip](http://go.gov.sg/moh-compare-ip)) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.

**b) AIA Max A Cancer Care Booster (attachable to AIA HealthShield Gold Max: A / Special A only)**

Age next birthday	AIA Max A Cancer Care Booster	
	Annual premium (S\$ and includes GST)	Monthly premium (S\$ and includes GST)
1 – 15	28.40	2.50
16 – 20	28.40	2.50
21 – 25	28.40	2.50
26 – 30	36.60	3.20
31 – 35	44.60	3.90
36 – 40	49.50	4.30
41 – 45	112.00	9.70
46 – 50	121.70	10.60
51 – 55	173.20	15.10
56 – 60	220.00	19.10
61 – 65	297.20	25.90
66 – 70	436.90	38.00
71 – 73	580.40	50.50
74 – 75	642.90	55.90
76 – 78	803.90	69.90
79 – 80	896.40	78.00
81 – 83	952.90	82.90
84 – 85	962.50	83.70
86 – 88	972.00	84.60
89 – 90	981.80	85.40
91 – 93	1,031.00	89.70
94 – 95	1,082.60	94.20
96 – 98	1,158.10	100.80
99 – 100	1,170.00	101.80
Above 100	1,170.00	101.80
<b>Total (ANB 1 – 100)^</b>	<b>36,135.80</b>	<b>37,736.40</b>

^This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore (MOH)'s website ([go.gov.sg/moh-compare-ip](http://go.gov.sg/moh-compare-ip)) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.

**Notes:**

1. The total distribution cost of this product is 74% of premiums for the first year and 5% to 12% of premiums for renewal years. We can provide the distribution cost, charges and expenses upon written request.
2. The last entry age is 75. Premium rates which applies to age groups 76 and above are for renewal only. Ages are based on attained age next birthday.
3. Please note that the premium rates for AIA Max VitalHealth and AIA Max A Cancer Care Booster are not guaranteed and we will change them from time to time to reflect our claims experience, medical inflation (medical trends and developments, and the increase in cost to support them) and the general cost of treatments, supplies and medical services in Singapore. Your policy is guaranteed to renew each year, on the policy anniversary of your AIA HealthShield Gold Max series policy, if you pay, and we receive, the renewal premium for your policy (based on the premium rates that apply to the insured's age next birthday at the time of renewal) before the end of the grace period. We will send you written notice at least 31 days before any change in your premium rates comes into force.
4. This policy is not a MediSave-approved policy and you may not use MediSave to pay the premium for this policy.

**(ii) Benefits**

**a) AIA Max VitalHealth**

AIA Max VitalHealth will pay the deductible and/or co-insurance you have to pay (as shown in the schedule of benefits below) for claims payable under your AIA HealthShield Gold Max policy and/or AIA Max A Cancer Care Booster.

AIA Max VitalHealth will also pay eligible expenses for other benefits under the schedule of benefits below.



If we pay any deductible and co-insurance under part K of your AIA HealthShield Gold Max series policy (final expense benefit), then under part A of your policy we will pay any remaining amount of the deductible and co-insurance over the limits of compensation shown for final expense benefit in the schedule of benefits for your AIA HealthShield Gold Max series policy.

The following schedule of benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

We will not pay the following benefits if the insured was diagnosed and hospitalised as an inpatient as a direct result of a psychiatric condition.

- Immediate family member accommodation benefit (part B)
- Post-hospitalisation alternative medicine benefit (part C)
- Post-hospitalisation home nursing benefit (part D)
- Ambulance service benefit (part E)
- Emergency medical evacuation and repatriation benefit (part K)

**Schedule of benefits**  
**(figures in S\$ and include GST):**

Plan type	AIA Max VitalHealth A	AIA Max VitalHealth A Value
Can be attached to	AIA HealthShield Gold Max A	
<b>(A) Deductible and co-insurance benefits</b>	<p><b><u>If treated in a public hospital</u></b> We will pay the deductible and co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>You must pay a co-payment of 5% for every claim, capped at 3,000 per policy year<sup>1</sup>.</p> <p><b><u>If treated in a private hospital</u></b> For the first claim, and any claim made three policy years or more after a previous claim for treatment in a private hospital, we will pay the deductible and co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>For all claims for treatment in a private hospital:</p> <ul style="list-style-type: none"> <li>• we will pay the amount of deductible over 2,000 and the co-insurance due under your AIA HealthShield Gold Max series policy; and</li> <li>• if you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</li> </ul> <p>You must pay a co-payment of 5% for every claim made under the deductible and</p>	<p><b><u>If treated in a public hospital</u></b> We will pay the deductible and co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>You must pay a co-payment of 5% for every claim, capped at 3,000 per policy year<sup>1</sup>.</p> <p><b><u>If treated in a private hospital</u></b> We will pay the co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>You must pay a co-payment of 10% for every claim made under your policy. The co-payment will be capped at 6,000 per policy year<sup>1</sup>, if:</p> <ul style="list-style-type: none"> <li>• the treatment is carried out by, or under, an AIA preferred provider<sup>2</sup>;</li> <li>• we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>• it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>2</sup>.</p>



Plan type	AIA Max VitalHealth A	AIA Max VitalHealth A Value
Can be attached to	AIA HealthShield Gold Max A	
	co-insurance benefits. The co-payment will be capped at 3,000 per policy year <sup>1</sup> , if: <ul style="list-style-type: none"> <li>the treatment is carried out by, or under, an AIA preferred provider<sup>2</sup>;</li> <li>we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>2</sup>.</p>	
<b>(B) Immediate family member accommodation</b> (as advised in writing by a physician during the period of insured's hospitalisation)	The standard charges for an additional bed in a standard room	The standard charges for an additional bed in a standard room, up to 70 a day
<b>(C) Post-hospitalisation alternative medicine</b> (within 100 days after the day the hospitalisation ends) • For cancer and stroke	5,000 per policy year	3,000 per policy year
<b>(D) Post-hospitalisation home nursing</b> (within 26 weeks after the hospitalisation ends)	500 per day (limited to 5,000 per policy year)	300 per day (limited to 3,000 per policy year)
<b>(E) Home palliative care</b> (service is provided by our appointed providers <sup>3</sup> & claim must be accompanied by a specialist's letter) • For terminal illness (including cancer)	15,000 per month (limited to 45,000 per lifetime)	15,000 per month (limited to 45,000 per lifetime)
<b>(F) Early-detection screening</b>	Free Health Screening <ul style="list-style-type: none"> <li>from the start of the third policy year; or</li> <li>from the policy anniversary on or immediately after the insured reaches the eligible age for the particular health screening;</li> </ul> whichever is later.	Does not apply

<b>Optional: Emergency and Outpatient Care Booster:</b>	
<i>(The below benefits under Emergency and Outpatient Care Booster applies only if you have selected to add this rider (subject to our acceptance, if required) and is stated on the policy schedule or an endorsement)</i>	
Can be attached to	AIA Max VitalHealth A or AIA Max VitalHealth A Value
<b>(G) Ambulance service</b>	250 per hospitalisation or outpatient treatment
<b>(H) Emergency outpatient treatment due to an accident</b>	2,000 per policy year (less 5% of the eligible expenses for every claim)
<b>(I) Post A&amp;E treatment</b> (within 30 days from the emergency outpatient treatment)	
<b>(J) Outpatient treatment for dengue fever and hand, foot and mouth disease</b>	300 per policy year (less 5% of the eligible expenses for every claim)



<b>(K) Emergency medical evacuation and repatriation<sup>4</sup></b>	50,000 per policy year
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<sup>1</sup> If you have attached AIA Max Cancer Care Booster to your policy, we will not pay the co-insurance due under part L of your policy for cancer drug treatment not on the Cancer Drug List. So the co-payment and co-payment cap will not apply.

<sup>2</sup> AIA preferred provider refer to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time). When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.

<sup>3</sup> As listed in our website: [www.aia.com.sg/qualityhealthcare-faq](http://www.aia.com.sg/qualityhealthcare-faq).

<sup>4</sup> To receive assistance, simply call (65) 6338 6200.

**Schedule of benefits**  
**(figures in SGD and include GST):**

Plan Type	AIA Max VitalHealth B	AIA Max VitalHealth B Lite
Can be attached to	AIA HealthShield Gold Max B	AIA HealthShield Gold Max B Lite
<b>(A) Deductible and co-insurance benefits</b>	<p>We will pay</p> <ul style="list-style-type: none"> <li>the deductible and co-insurance due under your AIA HealthShield Gold Max series policy; and</li> <li>the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</li> </ul> <p>You must pay a co-payment of 5% for every claim, capped at 3,000 per policy year<sup>5</sup> if:</p> <ul style="list-style-type: none"> <li>the treatment is carried out by, or under, an AIA preferred provider<sup>6</sup>;</li> <li>we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>6</sup>.</p>	
<b>(B) Immediate family member accommodation</b> (as advised in writing by a physician during the period of insured's hospitalisation)	The standard charges for an additional bed in a standard room, up to 70 a day	The standard charges for an additional bed in a standard room, up to 70 a day
<b>(C) Post-hospitalisation alternative medicine</b> (within 100 days after the day the hospitalisation ends) • For cancer and stroke	3,000 per policy year	1,000 per policy year
<b>(D) Post-hospitalisation home nursing</b> (within 26 weeks after the hospitalisation ends)	300 per day (limited to 3,000 per policy year)	200 per day (limited to 2,000 per policy year)
<b>(G) Ambulance service</b>	150 per hospitalisation or outpatient treatment	100 per hospitalisation or outpatient treatment
<b>(H) Emergency outpatient treatment due to an accident</b>	1,000 per policy year (less 5% of the eligible expenses for every claim)	800 per policy year (less 5% of the eligible expenses for every claim)
<b>(L) Outpatient cancer care benefits</b>	<b>Patients receiving treatment for one primary cancer</b>	
<b>(i) Cancer drug treatment on the Cancer Drug List (CDL treatments)</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>10</sup> )	10 x the 'MediShield Life limit per month' for one primary cancer per month <sup>7</sup> , less 10% co-insurance for every claim	
<b>(ii) Cancer drug services</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>10</sup> )	8 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>8</sup> , less 10% co-insurance for every claim	





Plan Type	AIA Max VitalHealth B	AIA Max VitalHealth B Lite
Can be attached to	AIA HealthShield Gold Max B	AIA HealthShield Gold Max B Lite
	<b>Patients receiving treatment for multiple primary cancers<sup>9</sup></b>	
<b>(i) Cancer drug treatment on the Cancer Drug List (CDL treatments)</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>10</sup> )	The total of the highest MediShield Life limits from among the covered CDL treatment for each primary cancer in that month <sup>7</sup> , less 10% co-insurance for every claim	
<b>(ii) Cancer drug services</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>10</sup> )	8 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>8</sup> , less 10% co-insurance for every claim	
<b>(iii) Cancer drug treatment not on the Cancer Drug List (non-CDL treatments)<sup>11</sup></b> (drug classes A, B, C, D1 to D3 and E1 to E3, as shown in the Non-CDL Classification Framework developed by the Life Insurance Association, Singapore)	50,000 per policy year, less 10% co-insurance for every claim	

<sup>5</sup> We will not pay the co-insurance due under part L of your policy for cancer drug treatment not on the Cancer Drug List. So the co-payment and co-payment cap will not apply.

<sup>6</sup> AIA preferred provider refers to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time). When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.

<sup>7</sup> The cancer drug treatments on the Cancer Drug List (CDL) benefit is a multiple of the MediShield Life limit for the specific cancer drug treatment. The latest MediShield Life limit per month is shown in the Cancer Drug List, under 'MediShield Life Claim Limit per month', on the MOH website (<https://go.gov.sg/moh-cancerdruglist>). MOH may update the list from time to time. The latest limit will apply to cancer drug treatments received on and from the date the list was updated.

<sup>8</sup> The cancer drug services benefit is a multiple of the MediShield Life limit for cancer drug services. For the latest MediShield Life limit for cancer drug services, check 'Cancer Drug Services' under 'MediShield Life Benefit' on the MOH website (<https://go.gov.sg/mshlbenefits>). MOH may update this from time to time. The latest limit will apply to cancer drug services received within the policy year during which the list was updated.

<sup>9</sup> "Multiple primary cancers" refers to two or more cancers that arise from different sites of the body or are of different histology or morphology groups (that have a different microscopic structure, form or shape), which are diagnosed by an oncologist. The higher claim limits for patients receiving treatment for multiple primary cancers are granted on the basis of an application, which the physician would need to send to MOH (for MediShield Life claims) and us (for MediSave-approved integrated shield plan claims) for review and approval.

<sup>10</sup> The amount we will pay is in addition to the payment we make under part J of your AIA HealthShield Gold Max series policy. It does not include the amount we will not pay under your AIA HealthShield Gold Max series policy due to the pro-ratio factor (if any).

<sup>11</sup> The amount of eligible expenses we will pay for non-CDL treatment will be reduced by multiplying the eligible expenses by the relevant pro-ratio factor shown in your AIA HealthShield Gold Max series policy's schedule of benefits.

## b) AIA Max A Cancer Care Booster

AIA Max A Cancer Care Booster pays the eligible expenses for cancer drug treatment on the Cancer Drug list (CDL), cancer drug services and selected cancer drug treatment not on the CDL, in line with the following schedule of benefits.

The following schedule of benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

### **Schedule of benefits** **(figures in SGD and include GST):**

Plan Type	AIA Max A Cancer Care Booster	
can be attached to:	AIA HealthShield Gold Max A	
<b>(L) Outpatient cancer care benefits:</b>	<b>Patients receiving treatment for one primary cancer</b>	<b>Patients receiving treatment for multiple primary cancers<sup>9</sup></b>
<b>(i) Cancer drug treatment on the Cancer Drug List (CDL treatments)</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>14</sup> )	16 x the 'MediShield Life limit per month' for one primary cancer per month <sup>12</sup> , less 10% co-insurance for every claim	The total of the highest MediShield Life limits from among the covered CDL treatment for each primary cancer in that month <sup>12</sup> , less 10% co-insurance for every claim



Plan Type	AIA Max A Cancer Care Booster	
can be attached to:	AIA HealthShield Gold Max A	
<b>(ii) Cancer drug services</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>14</sup> )	10 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>13</sup> , less 10% co-insurance for every claim	10 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>13</sup> , less 10% co-insurance for every claim
<b>(iii) Cancer drug treatment not on the Cancer Drug List (non-CDL treatment)</b> <sup>15</sup> (drug classes A, B, C, D1 to D3 and E1 to E3, as shown in the Non-CDL Classification Framework developed by the Life Insurance Association of Singapore)	200,000 per policy year, less 10% co-insurance for every claim	
<b>(M) Co-insurance cap</b>	<p>The excess co-insurance over 50,000 per policy year for cancer drug treatment on the Cancer Drug List (CDL) and cancer drug services under part L and AIA HealthShield Gold Max series policy, if:</p> <ul style="list-style-type: none"> <li>the treatment is carried out by, or under, an AIA preferred provider<sup>16</sup>;</li> <li>we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>16</sup>.</p> <p>If you are covered under both AIA Max VitalHealth A or AIA Max VitalHealth A Value and AIA Max A Cancer Care Booster, we will pay the co-insurance under either this part M or part A (deductible and co-insurance benefits), whichever is higher.</p>	

<sup>12</sup>The cancer drug treatments on the Cancer Drug List (CDL) benefit is a multiple of the MediShield Life limit for the specific cancer drug treatment. The latest MediShield Life limit per month is shown in the Cancer Drug List, under 'MediShield Life Claim Limit per month', on the MOH website (<https://go.gov.sg/moh-cancerdruglist>). MOH may update the list from time to time. The latest limit will apply to cancer drug treatments received on and from the date the list was updated.

<sup>13</sup>The cancer drug services benefit is a multiple of the MediShield Life limit for cancer drug services. For the latest MediShield Life limit for cancer drug services, check 'Cancer Drug Services' under 'MediShield Life Benefit' on the MOH website (<https://go.gov.sg/mshlbenefits>). MOH may update this from time to time. The latest limit will apply to cancer drug services received within the policy year during which the list was updated.

<sup>14</sup>The limit is on top of the maximum limit under the AIA HealthShield Gold Max series.

<sup>15</sup>The amount of eligible expenses we will pay will be reduced by multiplying such eligible expenses by the relevant pro-ratio factor shown in your AIA HealthShield Gold Max series policy's schedule of benefits.

<sup>16</sup>AIA preferred provider refers to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time). When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.

- We will only pay for charges that are, in our opinion, reasonable and customary. A charge is reasonable and customary if it:
- is charged for medical treatment, supplies or services that are medically necessary to treat an illness or injury in a way that is in line with acceptable standards of good medical practice;
  - does not include fees or charges that would not have been made if no insurance had existed; and
  - is not (in our opinion or the opinion of our medical advisor) more than:
    - the usual level of charges for similar medical treatment, supplies or services in Singapore;
    - the relevant fee benchmark (recommended charge for doctors and hospital fees in the private sector) published by the Singapore Government, MOH, or official bodies such as the Health Sciences Authority and the Allied Health Professions Council; or
    - our limits for similar diagnoses or procedures.

### (iii) Premium adjustment due to integration of AIA Vitality (for AIA Vitality integrated plan only)

Premiums for AIA Max VitalHealth series, AIA Max A Cancer Care Booster and Emergency & Outpatient Care Booster that are integrated with AIA Vitality is equal to the premium before adjustment due to integration of AIA Vitality multiplied by the 'Cumulative premium percentage'.

'Cumulative premium percentage' is the percentage applied at the policy date. Policy date is the date your insurance cover started or was renewed.

**Cumulative premium percentage applied at the date your insurance cover starts= 100%**





**Cumulative premium percentage applied at each renewal = Cumulative premium percentage at the date your insurance cover started or was renewed before the current renewal of your policy (whichever is later) + Annual premium adjustment percentage applied at the current renewal of your policy**

'Annual premium adjustment percentage' is the percentage applied at each renewal of your policy starting from the first renewal. The 'Annual premium adjustment percentage' is based on the insured's vitality status 45 days before the date the policy is renewed.

Vitality status	Annual premium adjustment percentage
Bronze	+2%
Silver	+1%
Gold	-1%
Platinum	-2%

If the insured does not have a vitality status 45 days before the policy is renewed due to termination of the insured's AIA Vitality membership, the 'Cumulative premium percentage' applied at that renewal shall be equal to 100%.

The 'Cumulative premium percentage' which applies at policy renewal shall be, as shown below, up to the maximum 'Cumulative premium percentage' and not less than the minimum 'Cumulative premium percentage'.

Minimum cumulative premium percentage	85%
Maximum cumulative premium percentage	100%

#### **(B) Key product conditions:**

The following are some key conditions found in the policy contract of this plan. The conditions also apply to AIA Max VitalHealth and AIA Max A Cancer Care Booster. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please look for your AIA Financial Services Consultant or insurance representative if you need further explanation.

#### **Changes to your policy**

We may change the premiums, benefits and cover provided by your policy or change any of the terms or condition in the policy contract by giving you 31 days' notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore.

The early detection screening benefit (applies to AIA Max VitalHealth A only) is a free health screening. We reserve the right to alter, suspend, remove or cancel this benefit at any time by giving you a notice and inform on the effective date. Any changes or cancellation of this benefit will not adjust the premium for your policy.

#### **Waiting period**

Waiting periods apply to some benefits under your policy. We will not pay such benefits if the condition covered by the benefits is diagnosed during the waiting period. These waiting periods start from the policy date, the last reinstatement date (if any) or the date of a plan upgrade (if any), whichever is latest.

- (a) For pregnancy complications benefit, a waiting period of 10 months applies.
- (b) For congenital abnormalities of the insured's biological child, a waiting period of 10 months applies.
- (c) For insured (as a living donor) donating an organ, a waiting period of 24 months applies. The date the person receiving the Insured's organ was first diagnosed with organ failure after the 24 months waiting period.

#### **General exclusions**

The same exclusions in the "General exclusions" section under your AIA HealthShield Gold Max policy shall apply to your policy, except where expressly covered under the "Benefits conditions" of AIA Max VitalHealth and/or AIA Max A Cancer Care Booster policy. Please look for your AIA Financial Services Consultant or insurance representative if you need further explanation.

#### **Claims or cancel your policy**

You may look for your AIA Financial Services Consultant, insurance representative or call our AIA Customer Care Hotline at 1800 248 8000 for claims procedures or to cancel your policy.



## Free-look period

The free-look period is 14 days from the date you receive the policy documents.

- If you chose to receive electronic copies of the policy documents, the 14-day free-look period will start when you receive our SMS text message or email telling you that the policy documents are available for you to view by logging in to the customer portal on our website.
- If you chose to receive the policy documents by post, the 14-day free-look period will start seven days after we post them.
- If you chose to have the policy documents delivered to you by hand, the 14-day free-look period will start seven days from the date we give the policy documents to the postal or courier company, or your insurance representative.

During the free-look period, you can cancel your policy by writing to us and we will refund any premium you have paid, without interest, as long as no claim has been made under your policy. We will refund the premium directly to you.

If your policy and your AIA HealthShield Gold Max series policy started at the same time and have the same policy date, the free-look period for your policy will be the same as the free-look period for your AIA HealthShield Gold Max series policy.

## **Important notes:**

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of the coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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## Product Summary for AIA HealthShield Gold Max for Foreigners (Version 6.6)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

### (A) Product information:

AIA HealthShield Gold Max offers protection against medical bills arising from hospitalisation, pre- and post-hospitalisation treatments and selected outpatient treatments.

There are 2 types of plans for you to choose to meet your hospitalisation needs and budget:

**AIA HealthShield Gold Max A:** covers hospitalisation bills mostly on an 'as charged' basis if treatments are received in a standard room in a private hospital and below.

**AIA HealthShield Gold Max B:** covers hospitalisation bills mostly on an 'as charged' basis if treatments are received in an A-class ward in a public hospital and below.

### (i) Standard premium table for dependants plans payable by MediSave

The tables below show the MediSave withdrawal limits and annual premiums for a standard life\*.

Age group (attained age next birthday)	MediSave withdrawal limits**	Insureds who are dependants of SC/SPR Premium rates (\$\$ and includes GST)			
		AIA HealthShield Gold Max A for foreigners		AIA HealthShield Gold Max B for foreigners	
		Annual premium	Cash outlay	Annual premium	Cash outlay
1 – 20	500.00	428.70	0.00	251.60	0.00
21 – 25	595.00	535.60	0.00	365.70	0.00
26 – 30	595.00	616.60	21.60	365.70	0.00
31 – 35	803.00	837.20	34.20	568.42	0.00
36 – 40	803.00	887.20	84.20	568.42	0.00
41 – 45	1,237.00	1,639.80	402.80	868.94	0.00
46 – 50	1,237.00	1,733.80	496.80	868.94	0.00
51 – 55	1,503.00	2,522.90	1,019.90	1,283.54	0.00
56 – 60	1,503.00	2,984.90	1,481.90	1,325.30	0.00
61 – 65	1,731.00	3,970.00	2,239.00	1,782.70	51.70
66 – 70	1,926.00	5,428.50	3,502.50	2,510.04	584.04
71 – 73	2,543.00	6,939.30	4,396.30	3,138.58	595.58
74 – 75	2,716.00	7,682.60	4,966.60	3,421.78	705.78
76 – 78	2,927.00	9,483.60	6,556.60	4,514.84	1,587.84
79 – 80	3,087.00	10,456.70	7,369.70	4,588.18	1,501.18
81 – 83	3,203.00	11,099.30	7,896.30	4,730.80	1,527.80
84 – 85	3,516.00	11,459.10	7,943.10	5,072.06	1,556.06
86 – 88	3,685.00	11,644.80	7,959.80	5,267.64	1,582.64
89 – 90	3,685.00	11,741.80	8,056.80	5,441.84	1,756.84
91 – 93	3,726.00	12,256.40	8,530.40	5,758.66	2,032.66
94 – 95	3,726.00	12,765.40	9,039.40	6,050.00	2,324.00
96 – 98	3,726.00	13,510.40	9,784.40	6,515.54	2,789.54
99 – 100	3,726.00	13,626.40	9,900.40	6,853.74	3,127.74
Above 100	3,726.00	13,626.40	9,900.40	6,853.74	3,127.74
<b>Total (ANB 1 – 100)^</b>		444,621.90	276,337.90	210,203.88	55,470.08

\* A standard life is an insured who, at point of proposal, does not have any pre-existing condition.

\*\* If you are a foreigner whose plan does not have a MediShield Life portion provided by the Central Provident Fund Board (CPFB), your payer may pay for your premiums with their MediSave, up to the MediSave withdrawal limits.

^This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore (MOH)'s website (go.gov.sg/moh-compare-ip) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.



(ii) Standard premium table for plans payable by cash

Age group (attained age next birthday)	AIA HealthShield Gold Max A for foreigners Premium rates (S\$ and includes GST)				AIA HealthShield Gold Max B for foreigners Premium rates (S\$ and includes GST)			
	Insureds who are dependants of SC/SPR <sup>#</sup>		Insureds who are non- dependants of SC/SPR		Insureds who are dependants of SC/SPR <sup>#</sup>		Insureds who are non- dependants of SC/SPR	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1 – 20	428.70	37.30	451.00	39.20	251.60	21.89	264.84	23.04
21 – 25	535.60	46.60	563.00	49.00	365.70	31.82	384.04	33.41
26 – 30	616.60	53.60	648.00	56.40	365.70	31.82	384.04	33.41
31 – 35	837.20	72.80	880.00	76.60	568.42	49.45	596.94	51.93
36 – 40	887.20	77.20	932.00	81.10	568.42	49.45	596.94	51.93
41 – 45	1,639.80	142.70	1,722.00	149.80	868.94	75.60	911.72	79.32
46 – 50	1,733.80	150.80	1,821.00	158.40	868.94	75.60	911.72	79.32
51 – 55	2,522.90	219.50	2,650.00	230.60	1,283.54	111.67	1,347.72	117.25
56 – 60	2,984.90	259.70	3,135.00	272.70	1,325.30	115.30	1,391.52	121.06
61 – 65	3,970.00	345.40	4,169.00	362.70	1,782.70	155.09	1,872.34	162.89
66 – 70	5,428.50	472.30	5,700.00	495.90	2,510.04	218.37	2,636.36	229.36
71 – 73	6,939.30	603.70	7,287.00	634.00	3,138.58	273.06	3,295.46	286.71
74 – 75	7,682.60	668.40	8,067.00	701.80	3,421.78	297.69	3,592.92	312.58
76 – 78	9,483.60	825.10	9,958.00	866.30	4,514.84	392.79	4,740.98	412.47
79 – 80	10,456.70	909.70	10,980.00	955.30	4,588.18	399.17	4,817.38	419.11
81 – 83	11,099.30	965.60	11,655.00	1,014.00	4,730.80	411.58	4,967.14	432.14
84 – 85	11,459.10	996.90	12,033.00	1,046.90	5,072.06	441.27	5,325.70	463.34
86 – 88	11,644.80	1,013.10	12,228.00	1,063.80	5,267.64	458.28	5,530.46	481.15
89 – 90	11,741.80	1,021.50	12,329.00	1,072.60	5,441.84	473.44	5,713.84	497.10
91 – 93	12,256.40	1,066.30	12,870.00	1,119.70	5,758.66	501.00	6,045.92	526.00
94 – 95	12,765.40	1,110.60	13,404.00	1,166.10	6,050.00	526.35	6,352.56	552.67
96 – 98	13,510.40	1,175.40	14,186.00	1,234.20	6,515.54	566.85	6,841.52	595.21
99 – 100	13,626.40	1,185.50	14,308.00	1,244.80	6,853.74	596.28	7,196.02	626.05
Above 100	13,626.40	1,185.50	14,308.00	1,244.80	6,853.74	596.28	7,196.02	626.05
<b>Total (ANB 1 – 100)<sup>^</sup></b>	<b>444,621.90</b>	<b>464,181.60</b>	<b>466,914.00</b>	<b>487,452.00</b>	<b>210,203.88</b>	<b>219,452.76</b>	<b>220,724.78</b>	<b>230,435.28</b>

<sup>#</sup> These premium rates apply to insureds who are dependants of Singapore Citizens (SC) / Singapore Permanent Residents (SPR), provided the policy owners of such policies are SC/SPR.

<sup>^</sup> This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore (MOH)'s website ([go.gov.sg/moh-compare-ip](http://go.gov.sg/moh-compare-ip)) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.

**Notes:**

- The total distribution cost of this product is 50% of premiums for the first year and 3% to 7% of premiums for renewal years. We can provide the distribution cost, charges and expenses upon written request.
- The last entry age is 75. Premium rates for age groups 76 and above are for renewal only. Ages are based on attained age next birthday.
- If the premium is paid by CPF MediSave and exceeds the annual MediSave withdrawal limits (as set out in table in Section (i)), the outstanding balance must be paid in cash together with this application. If there are insufficient funds in the payor's MediSave account, the application will not be processed.
- Monthly payment mode is only available to AIA HealthShield Gold Max policies issued to insureds who are foreigners with premiums fully payable by cash.
- A foreigner must hold one of the following valid passes to apply for AIA HealthShield Gold Max:
 

(i) Employment Pass (EP);	(v) Dependant Pass;
(ii) Personalised Employment Pass (PEP);	(vi) Student Pass;
(iii) EntrePass;	(vii) selected categories of Long Term Visit Pass; or
(iv) S Pass;	(viii) selected categories of Work Permit.



### (iii) Schedule of benefits

We will only pay for charges that are, in our opinion, reasonable and customary. A charge is reasonable and customary if it:

- is charged for medical treatment, supplies or services that are medically necessary to treat an illness or injury in a way that is in line with acceptable standards of good medical practice;
- does not include fees or charges that would not have been made if no insurance had existed; and
- is not (in our opinion or the opinion of our medical advisor) more than:
  - the usual level of charges for similar medical treatment, supplies or services in Singapore;
  - the relevant fee benchmark (recommended charge for doctors and hospital fees in the private sector) published by the Singapore Government, MOH, or official bodies such as the Health Sciences Authority and the Allied Health Professions Council; or
  - our limits for similar diagnoses or procedures.

Except for benefits under part L (waiver of one year's premium benefit) and part M (extra cover for 30 critical illnesses benefit), all benefits are paid as a reimbursement of eligible expenses paid by the insured, and depend on the terms, conditions and limits set out in the schedule of benefits and your policy.

The following clinical situation requires additional criteria to be met in order for a claim to be admitted:

- Ptosis surgery

Details on the additional criteria that apply to the clinical situations above are on our website at [www.aia.com.sg/](http://www.aia.com.sg/).

This schedule of benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

Limits of compensation (Figures in S\$ and includes GST)		
	AIA HealthShield Gold Max A for foreigners	AIA HealthShield Gold Max B for foreigners
Room or ward entitlement	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital
<b>(A) Hospitalisation and surgical benefits</b>		
(i) Daily room and board charges <sup>1</sup> (or equivalent charges for inpatient care provided through Mobile Inpatient Care @ Home)	As charged	As charged
(ii) Daily intensive care unit charges <sup>1</sup>	As charged	As charged
(iii) Community hospital charges <sup>1</sup>	As charged	As charged
(iv) Surgical charges (Including organ transplant and stem cell transplant)		
• Surgical procedures <sup>2</sup>	As charged	As charged
• Surgical implants and approved medical consumables	As charged	As charged
• Stereotactic radiosurgery <sup>3</sup>	As charged	As charged
(v) Hospice inpatient palliative care	As charged	As charged
(vi) Continuation of autologous bone marrow transplant for multiple myeloma	As charged	As charged
<b>(B) Pre-hospitalisation benefit</b>	As charged  Within either: • 100 days before hospitalisation; or • 13 months before hospitalisation under an AIA preferred provider <sup>4,5,6</sup>	As charged  Within 180 days before hospitalisation



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Limits of compensation (Figures in S\$ and includes GST)			
	AIA HealthShield Gold Max A for foreigners	AIA HealthShield Gold Max B for foreigners	
Room or ward entitlement	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital	
<b>(C) Post-hospitalisation benefits</b>			
	As charged		
(i) Post-hospitalisation treatment	Within either: • 100 days after hospitalisation; or 13 months after hospitalisation under an AIA preferred provider <sup>4,5,6</sup>	As charged	Within 180 days after hospitalisation
(ii) Extended post-hospitalisation treatment for 30 critical illnesses (100 days after hospitalisation ends)	As charged <sup>7</sup>	As charged	
<b>(D) Accidental inpatient dental treatment benefit</b>	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)		
<b>(E) Pregnancy complications benefit</b>	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits) <sup>8</sup>		
<b>(F) Congenital abnormalities benefits</b>			
(i) Congenital abnormalities of the insured's biological child <sup>9, 10</sup>	Up to 20,000 per lifetime and 5,000 per child	Up to 16,000 per lifetime and 4,000 per child	
(ii) Congenital abnormalities of the insured <sup>11</sup>	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)		
<b>(G) Living donor organ transplant benefits</b>			
(i) Insured (as a living donor) donating an organ	60,000 per organ transplant <sup>9, 12</sup>	40,000 per organ transplant <sup>9, 12</sup>	
(ii) Non-insured (as a living donor) donating an organ to the insured <sup>13</sup>	60,000 per organ transplant <sup>9</sup>	40,000 per organ transplant <sup>9</sup>	
<b>(H) Medical treatment outside Singapore benefits<sup>14</sup></b>			
(i) Emergency medical treatment outside Singapore	As covered for benefits under part A (hospitalisation and surgical benefits) and part C (post-hospitalisation benefits)		
(ii) Planned medical treatment outside Singapore	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)		
<b>(I) Psychiatric treatment benefits</b>			
(i) In-hospital psychiatric treatment <sup>1,9</sup>	5,000 per policy year	4,000 per policy year	
(ii) Post-hospitalisation psychiatric treatment (within 200 days after hospitalisation) <sup>9</sup>	5,000 per policy year	2,500 per policy year	
<b>(J) Outpatient benefits<sup>15</sup></b>			
<b>Type of Hospital</b>	<b>Private or public hospital</b>	<b>Private hospital</b>	<b>Public hospital</b>
• Radiotherapy for cancer	As charged	500 per treatment session <sup>22</sup>	As charged
• Stereotactic radiotherapy for cancer	As charged	4,000 per treatment session <sup>22</sup>	As charged





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Limits of compensation (Figures in S\$ and includes GST)			
	AIA HealthShield Gold Max A for foreigners	AIA HealthShield Gold Max B for foreigners	
Room or ward entitlement	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital	
<ul style="list-style-type: none"><li>Cancer drug treatments on the Cancer Drug List</li></ul>	Patients receiving treatment for one primary cancer		
	5 x the 'MediShield Life limit per month' for one primary cancer per month <sup>24</sup>	5 x the 'MediShield Life limit per month' for one primary cancer per month <sup>22,24</sup>	5 x the 'MediShield Life limit per month' for one primary cancer per month <sup>24</sup>
	Patients receiving treatment for multiple primary cancers <sup>26</sup>		
	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month <sup>24</sup>	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month <sup>22,24</sup>	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month <sup>24</sup>
<ul style="list-style-type: none"><li>Cancer drug services</li></ul>	Patients receiving treatment for one primary cancer		
	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>25</sup>	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>22,25</sup>	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>25</sup>
	Patients receiving treatment for multiple primary cancers <sup>26</sup>		
	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>25</sup>	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>22,25</sup>	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>25</sup>
<ul style="list-style-type: none"><li>Kidney dialysis</li></ul>	As charged	36,000 per policy year <sup>22</sup>	As charged
<ul style="list-style-type: none"><li>Erythropoietin</li></ul>	As charged	7,200 per policy year <sup>22</sup>	As charged
<ul style="list-style-type: none"><li>Approved immunosuppressant<sup>16</sup></li></ul>	As charged	7,200 per policy year <sup>22</sup>	As charged
<ul style="list-style-type: none"><li>Long-term parenteral nutrition</li></ul>	As charged	As charged	As charged
(K) Final expense benefit <sup>15</sup>	5,000	3,500	
(L) Waiver of one year's premium benefit (upon total and permanent disability) <sup>15,17</sup>	One year's premium		
(M) Extra cover for 30 critical illnesses benefit <sup>18</sup>			
<ul style="list-style-type: none"><li>Additional limit per policy year</li></ul>	100,000	75,000	
<ul style="list-style-type: none"><li>Additional limit per lifetime</li></ul>	Unlimited	Unlimited	
(N) Cell, tissue and gene therapy benefit	250,000 per policy year	250,000 per policy year	





Limits of compensation (Figures in S\$ and includes GST)		
	AIA HealthShield Gold Max A for foreigners	AIA HealthShield Gold Max B for foreigners
Room or ward entitlement	Standard room (or lower) in a private hospital	A-class ward (or lower) in a public hospital
<b>(O) Proton beam therapy benefit<sup>27</sup></b>	100,000 per policy year	100,000 per policy year
<b>Maximum claim limit</b>		
• Limit per policy year	1,000,000, or 2,000,000 if hospitalised under an AIA preferred provider <sup>4,6,19</sup>	1,000,000
• Limit per lifetime	Unlimited	Unlimited
<b>Pro-ration factor</b>	Does not apply	70% <sup>22,23</sup>
<b>Deductible<sup>20</sup> (per policy year)</b>		
Age 81 next birthday or younger Inpatient		
• C-class ward	1,500	1,500
• B2-class ward	2,000	2,000
• B1-class ward	2,500	2,500
• A-class ward	3,500	3,500
• Private hospital (all ward types, except day surgery and short- stay ward)	3,500	3,500
Day surgery/short-stay ward	2,000	2,000
Age 82 next birthday or older Inpatient		
• C-class ward	1,500	1,500
• B2-class ward	2,250	2,250
• B1-class ward	3,000	3,000
• A-class ward	4,500	4,500
• Private hospital (all ward types, except day surgery and short- stay ward)	4,500	4,500
Day surgery/short-stay ward	3,000	3,000
<b>Co-insurance<sup>21</sup></b>	10%	10%
<b>Last entry age</b>	75	75
<b>Maximum period of cover</b>	Lifetime	Lifetime

<sup>1</sup> Includes the cost of meals, prescriptions and investigations, professional fees and miscellaneous medical charges.

<sup>2</sup> Surgical procedures refer to the types of surgical operations listed in the "Table of Surgical Procedures" under the MediSave Scheme operated by MOH (Table 1 to Table 7). The benefit does not include the costs of any surgical implants, approved medical consumables and/or stereotactic radiosurgery procedure. The level of complexity of surgical procedures increases from Table 1 to Table 7.

<sup>3</sup> Stereotactic radiosurgery means the gamma knife treatment or the novalis shaped beam treatment used to treat abnormalities and small tumours of the brain.

<sup>4</sup> AIA preferred providers refer to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time).

<sup>5</sup> To be covered for 13 months under the pre-hospitalisation benefit and post-hospitalisation benefits (post-hospitalisation treatment), the hospitalisation after the pre-hospitalisation treatment or before the post-hospitalisation treatment must be under an AIA preferred provider.

<sup>6</sup> When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.

<sup>7</sup> The extended post-hospitalisation treatment for 30 critical illnesses benefit will end once the post-hospitalisation treatment has been claimed for 200 days following the day the hospitalisation ended.



- 8 Pay the eligible expenses arises if the insured needs hospitalisation in a hospital to undergo medical or surgical treatment due to one of the following pregnancy complications as defined in the policy contract. Pregnancy complications covered are:
- Ectopic pregnancy;
  - Pre-eclampsia or eclampsia;
  - Disseminated intravascular coagulation (DIC);
  - Miscarriage after 13 weeks of pregnancy;
  - Acute fatty liver during pregnancy;
  - Choriocarcinoma and hydatidiform mole (molar pregnancy);
  - Postpartum haemorrhage requiring hysterectomy;
  - Still birth after 22 weeks of pregnancy;
  - Cervical incompetency;
  - Accreta placenta;
  - Placental abruption after 20 weeks or more of pregnancy and before childbirth;
  - Placenta praevia;
  - Antepartum, intrapartum and postpartum haemorrhage;
  - Placental insufficiency which leads to intrauterine growth restriction;
  - Gestational diabetes mellitus;
  - Obstetric cholestasis;
  - Twin to twin transfusion syndrome;
  - Infection of amniotic sac and membranes;
  - Amniotic fluid embolism;
  - Fourth degree perineal laceration following a vaginal delivery;
  - Uterine rupture;
  - Postpartum inversion of uterus;
  - Obstetric injury or damage to pelvic organs following a vaginal delivery;
  - Complications resulting in a caesarean hysterectomy;
  - Retained placenta and membranes after delivery, or after miscarriage that happens after 13 weeks of pregnancy as a result of an unforeseen and involuntary event;
  - Abscess of breast, associated with childbirth and breastfeeding;
  - Medically necessary abortion; and
  - Maternal death (death of the mother as a consequence of pregnancy or childbirth).
- 9 We will pay up to the relevant limits of compensation shown in the schedule of benefits for the following benefits, after first deducting any deductible and co-insurance:
- Congenital abnormalities of the insured's biological child (covered under part F)
  - The insured donating an organ or a non-insured donating an organ to the insured (covered under part G)
  - In-hospital psychiatric treatment and post-hospitalisation psychiatric treatment (covered under part I)
- 10 Pay the eligible expenses arising if the insured's biological child needs hospitalisation in a hospital for medical or surgical treatment due to a congenital abnormality that developed while the foetus was in the uterus as diagnosed by a specialist. The cover only applies to treatment provided during the first 24 months after the child's birth.
- 11 Pay the eligible expenses arising if the insured needs hospitalisation in a hospital for medical or surgical treatment due to a congenital abnormality that developed while the foetus was in the uterus as diagnosed by a specialist.
- 12 Pay the eligible expenses arising in connection with removing one of the insured's kidney or a part of their liver, so it can be transplanted into another living person, at a hospital in Singapore as approved under the MediShield Life Scheme and regulated under the Human Organ Transplant Act (HOTA). Eligible expenses being claimed must arise directly from the insured's surgery to have the organ removed and are limited to the charges for the insured's pre- and post-hospitalisation treatments and tests, hospitalisation, surgical procedure to remove the insured's organ removal, and storage and transport of the insured's organ.
- 13 Pay the eligible expenses arising in connection with a living donor having one of their kidneys or a part of their liver, removed so it can be transplanted into the insured's body, at a hospital in Singapore as approved under the MediShield Life Scheme and regulated under HOTA. Eligible expenses being claimed must arise directly from the organ-donation surgery and are limited to the charges for the living donor's hospitalisation, surgical procedure to remove the living donor's organ, and storage and transport of the living donor's organ after it is removed.
- 14 For both benefits under part (H) –medical treatment outside Singapore benefits, the deductible applied to the eligible expenses for this benefit will be equivalent to that for treatment on an A-class ward of a public hospital or in a private hospital in Singapore; and:
- for part (H)(i) – emergency medical treatment outside Singapore benefit, the amount we will pay is limited to the reasonable and customary charges in a private hospital in Singapore;
  - for part (H)(ii) – planned medical treatment outside Singapore benefit:
    - the amount we will pay under AIA HealthShield Gold Max A is limited to the reasonable and customary charges for treatment in a private hospital in Singapore; or
    - the amount we will pay under AIA HealthShield Gold Max B is limited to the reasonable and customary charges for treatment in an A-class ward of a public hospital in Singapore.



- 15 No deductible applies to the eligible expenses covered for outpatient benefit, but you do have to pay the co-insurance. No deductible or co-insurance applies to claims for the final expense benefit and waiver of one year's premium benefit (upon total and permanent disability). Deductible and co-insurance applies to the eligible expenses incurred under all other benefits.
- 16 We will pay the eligible expenses for any of the immunosuppressants approved by Health Sciences Authority for organ transplant.
- 17 The benefit ends on the policy anniversary occurring immediately after (or on) the insured's 70<sup>th</sup> birthday. Please refer to the policy contract for the definition of total and permanent disability.
- 18 We will pay the limit per policy year under the extra cover for 30 critical illnesses benefit as additional limits to the limit per policy year under the maximum claim limit. For AIA HealthShield Gold Max A, this benefit will not increase the overall limit per policy year to more than S\$2,000,000.
- 19 We will pay up to S\$2,000,000 limit per policy year when all hospitalisation and treatments under the outpatient benefits are provided by, or under, an AIA preferred provider within the same policy year.
- 20 Deductible is the part of the eligible expenses per policy year which you must pay before you can claim any benefit under your policy.
- 21 Co-insurance is the amount you need to pay after the deductible (if any).
- 22 For AIA HealthShield Gold Max B, if the insured incurs eligible expenses in a private hospital or private medical institution in Singapore for outpatient benefit, the following will apply:
  - (i) If the eligible expenses (except for cancer drug treatments on the Cancer Drug List and cancer drug services) are less than or equal to the limits of compensation for the relevant treatment, as shown in the schedule of benefits, no pro-ration factor will apply.
  - (ii) If the eligible expenses (except for cancer drug treatments on the Cancer Drug List and cancer drug services) are more than the limits of compensation for the relevant treatment, as shown in the schedule of benefits, the following will apply:
    - For the amount of eligible expenses up to and including the limits of compensation, no pro-ration factor will apply.
    - For the remaining amount of eligible expenses above the limits of compensation, the pro-ration factor will apply.
  - (iii) Pro-ration factor will apply to eligible expenses incurred for cancer drug treatment on the Cancer Drug List and cancer drug services.
- 23 For AIA HealthShield Gold Max B, we will apply pro-ration factor to all eligible expenses incurred in a private hospital or private medical institution in Singapore, or any hospital outside of Singapore (except for any eligible expenses incurred under the outpatient benefit, stated in footnote 22 above).
- 24 The cancer drug treatments on the Cancer Drug List (CDL) benefit limit is a multiple of the MediShield Life limit for the specific cancer drug treatment. The latest MediShield Life limit per month is shown in the Cancer Drug List, under 'MediShield Life Claim Limit per month', on the MOH website (<https://go.gov.sg/moh-cancerdruglist>). MOH may update the list from time to time. The latest limit will apply to cancer drug treatments received on and from the date the list was updated.
- 25 The cancer drug services benefit is a multiple of the MediShield Life limit for cancer drug services. For the latest MediShield Life limit for cancer drug services, check 'Cancer Drug Services' under 'MediShield Life Benefit' on the MOH website (<https://go.gov.sg/mshlbenefits>). MOH may update this from time to time. The latest limit will apply to cancer drug services received within the policy year during which the list was updated.
- 26 "Multiple primary cancers" refers to two or more cancers that arise from different sites of the body or are of different histology or morphology groups (that have a different microscopic structure, form or shape), which are diagnosed by an oncologist. The higher claim limits for patients receiving treatment for multiple primary cancers are granted on the basis of an application, which the physician would need to send to MOH (for MediShield Life claims) and us (for MediSave-approved integrated shield plan claims) for review and approval.
- 27 We will pay the eligible expenses that arise if the insured needs proton beam therapy as an inpatient, outpatient or day-surgery patient. We will only cover proton beam therapy if it is an approved proton beam therapy shown on the MOH website (<https://go.gov.sg/pbt-approved-indications>), which may change from time to time.

#### List of 30 critical illnesses

We will pay the extra cover for 30 critical illnesses benefit for the following critical illnesses:

- |   |  |                             |
|---|--|-----------------------------|
| 1. Heart attack of specified severity                           | 10. Major organ transplant or bone marrow transplant | 19. Loss of speech          |
| 2. Stroke   | 11. Multiple sclerosis                               | 20. Major burns             |
| 3. Coronary artery bypass surgery                               | 12. Blindness (loss of sight)                        | 21. Surgery to aorta        |
| 4. HIV due to blood transfusion, or occupationally acquired HIV | 13. Paralysis (loss of use of limbs)                 | 22. Terminal illness        |
| 5. Angioplasty or other invasive treatment for coronary artery  | 14. Muscular dystrophy                               | 23. End-stage lung disease  |
| 6. Major cancers  | 15. Alzheimer's disease or severe dementia           | 24. End-stage liver failure |
| 7. Fulminant hepatitis  | 16. Coma   | 25. Motor neurone disease   |
| 8. Primary pulmonary hypertension                               | 17. Deafness (loss of hearing)                       | 26. Parkinson's disease     |
| 9. Kidney failure   | 18. Heart valve surgery                              | 27. Aplastic anaemia        |
|   |  | 28. Benign brain tumour     |
|   |  | 29. Bacterial meningitis    |
|   |  | 30. Viral encephalitis      |



### **(B) Key product conditions:**

The following are some key conditions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please look for your AIA Financial Services Consultant or insurance representative if you need further explanation.

Please note that the insured can only be covered under one medical insurance plan, which premium can be paid using MediSave, at any one time.

#### **a) Pro-ration factor**

##### **If covered under AIA HealthShield Gold Max B**

If eligible expenses arise:

- in a private hospital or private medical institution in Singapore (except for any eligible expenses for outpatient benefit covered under part J); or
- for medical treatment in a hospital outside Singapore;

the amount of eligible expenses we will pay will be reduced by multiplying the eligible expenses by the pro-ration factor shown in the schedule of benefits before we apply any deductible and co-insurance set out in the schedule of benefits.

If eligible expenses arise for outpatient treatment covered under part J (except for cancer drug treatment on the Cancer Drug List and cancer drug services) in a private hospital or private medical institution in Singapore, the following will apply.

- If the eligible expenses are less than or equal to the limits of compensation for the relevant treatment, as shown in the schedule of benefits, we will pay up to the limits of compensation for the relevant treatment, less the co-insurance (as set out in the schedule of benefits). No pro-ration factor will apply.
- If the eligible expenses are more than the limits of compensation for the relevant treatment, as shown in the schedule of benefits, the following will apply.
  - For the amount of eligible expenses up to and including the limits of compensation, we will pay up to the limits of compensation less the co-insurance (as set out in the schedule of benefits) and no pro-ration factor will apply; and
  - For the remaining amount of eligible expenses above the limits of compensation, we will multiply that amount by the pro-ration factor (as shown in the schedule of benefits) before we apply the co-insurance.

If eligible expenses covered under part J (outpatient benefits) arise for cancer-drug treatment on the Cancer Drug List or cancer drug services, the amount of eligible expenses we will pay will be reduced by multiplying the eligible expenses by the pro-ration factor, as shown in the schedule of benefits, before we apply the co-insurance set out in the schedule of benefits.

#### **b) When your policy ends**

Your policy will automatically end:

- if any premium remains unpaid at the end of the grace period;
  - if your premium is paid from your MediSave account and a medical insurance plan that is held with another insurer, and for which premiums are paid with MediSave funds, starts to cover the insured;
  - when the insured dies;
  - when your policy is cancelled;
  - if the insured's valid pass is cancelled or it expires, and is not replaced within 60 days; or
  - when the insured becomes a Singapore citizen or Singapore permanent resident and the policy is converted to a MediSave-approved integrated shield plan;
- whichever happens first.

#### **c) Claim**

You may look for your AIA Financial Services Consultant, insurance representative or call the AIA Customer Care Hotline at 1800 248 8000 for claim procedures.

#### **d) Paying benefits**

Any benefits due under your policy, except for waiver of one year's premium benefit under part L, will be paid to you, your legal representative, the hospital or community hospital, or any other relevant party we choose.

#### **e) Automatic renewal**

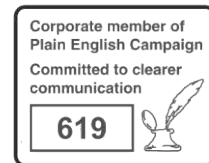
The policy is guaranteed to renew each year, on the policy anniversary date, if:

- your policy is in force on the policy anniversary; and
- you pay, and we receive, the renewal premium before the end of the grace period.

The renewal premium will be in line with the premium rate for the insured's age next birthday on the date of renewal.

#### **f) Changes to your policy**

We may change the premiums, benefits and cover provided by your policy, or change any of the terms or conditions in the policy contract, by giving you 31 days' notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore.



#### g) Waiting period

Waiting periods apply to some benefits under your policy. We will not pay such benefits if the condition covered by the benefits is diagnosed during the waiting period. These waiting periods start from the policy date, the last reinstatement date (if any) or the date of a plan upgrade (if any), whichever is latest. Policy date is the date your insurance cover started or was renewed.

- (a) For pregnancy complications benefit, a waiting period of 10 months applies.
- (b) For congenital abnormalities of insured's biological child, a waiting period of 10 months applies.
- (c) For insured (as a living donor) donating an organ, a waiting period of 24 months applies. The date the person receiving the insured's organ was first diagnosed with organ failure after the 24 months waiting period.

#### h) General exclusions

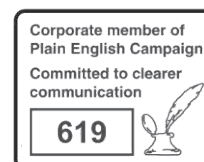
There are certain conditions where no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited to, the following conditions. Please read the policy contract for the full list of exclusions.

We will not cover any pre-existing condition unless it was declared in the application for your policy or any application to reinstate your policy, and we specifically agreed to cover it.

Your policy also does not cover any claims resulting directly or indirectly from or in connection with any of the following:

- (1) Any medical treatment which starts before the policy date.
- (2) Medication and medical devices that are not registered under the Health Products Act 2007 and listed on the Health Sciences Authority of Singapore's website ([www.hsa.gov.sg](http://www.hsa.gov.sg)).
- (3) Experimental or investigational medical or surgical techniques, as decided by our medical advisor. This includes medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products, whether or not the trials have a clinical trial certificate from the Health Sciences Authority of Singapore (HSA).
- (4) Congenital abnormality, except where covered under part F (congenital abnormalities benefits).
- (5) Pregnancy, miscarriage, abortion, childbirth, sterilisation or contraception, except where covered under part E (pregnancy complications benefit).
- (6) Infertility, sub-fertility (lower than normal fertility), assisted conception, any contraceptive operation or any sex change operation.
- (7) Any injury or illness directly or indirectly caused by intentional self-neglect, intentional self-inflicted injury, misuse or abuse of drugs or alcohol, drug overdose (whether intentional, accidental or otherwise) or injuries caused as a direct result of a criminal act or attempted suicide, whether the insured was sane or insane.
- (8) Any sexually transmitted disease, including AIDS (Acquired Immune Deficiency Syndrome) and AIDS-related complications, except for HIV due to blood transfusion and occupationally acquired HIV if covered by part M (extra cover for 30 critical illnesses benefit). For the purpose of considering whether this general exclusion applies, we will:
  - use the definition of AIDS published by the World Health Organization in 1987, or any subsequent revision of that definition;
  - consider whether blood tests or other relevant tests indicate, in our opinion or in the opinion of our medical advisor, the presence of HIV or antibodies to it.
- (9) Treatment for mental illnesses or psychiatric disorders, except where covered under part I (psychiatric treatment benefits).
- (10) Treatment for, arising from or related to obesity, weight loss, weight improvement or weight management, regardless of whether it is for medical or psychological reasons.
- (11) Injuries caused during war (whether or not war has been declared), civil commotion, riot, revolution, strike, nuclear incident or any war-like event.
- (12) Buying or renting medical appliances, equipment or machines, braces or corrective devices, prostheses, wheelchairs, walking aids, home aids, kidney dialysis machines, iron lungs, oxygen machines, hospital beds or any hospital equipment for use at home or as an outpatient, unless this is covered by MediShield Life for inpatient care provided through Mobile Inpatient Care @ Home.
- (13) Cosmetic or plastic surgery, unless it is
  - to correct a defect in the function of the relevant organ; or
  - breast reconstruction after mastectomy (surgery to remove all or part of the breast) following a diagnosis of breast cancer, and is performed within 365 days of the mastectomy.
 Any surgery or reconstruction of the breast (or breasts) to produce a symmetrical appearance after a mastectomy or to alter the breast size or shape will not be covered.
- (14) Dental treatment, except where covered under part D (inpatient dental treatment benefit).
- (15) Correcting refractive errors (imperfections of the eye that prevent it from focusing light properly), such as short-sightedness.
- (16) Routine eye and ear examinations, and the costs of glasses, contact lenses and hearing aids.
- (17) Care provided in a hospice, unless covered under part (A) (g) (hospice inpatient palliative care), rest cures (periods of rest or leisure intended to improve physical or mental health), nursing at home or as an outpatient, or care in a convalescent home, nursing home or similar establishment, unless this is covered by MediShield Life for inpatient care provided through Mobile Inpatient Care @ Home.
- (18) Transport-related services, including ambulance fees and transport used for emergency evacuation and repatriation (returning a person or their remains to their home country), unless this is covered by MediShield Life for inpatient care provided through Mobile Inpatient Care @ Home.
- (19) Any treatments, medical services or supplies which are for primary prevention (medical services for generally healthy people, to prevent a disease from ever occurring, when there are no signs or symptoms that would indicate the need for the medical services), for health screening or for improving general health, including genetic tests, vitamins, health supplements, dietary replacements and non-prescribed drugs.
- (20) Acne, pigmentation, keloids, skin tags, moles, alopecia, and circumcision (unless it is medically necessary).





- (21) Vaccinations.
- (22) Costs relating to getting an organ or parts of an organ from a living donor for an organ transplant, including the living donor's expenses, except where covered under part G (Living donor organ transplant benefits).
- (23) Medical treatment or hospitalisation outside Singapore, except where covered under part H (medical treatment outside Singapore benefits).
- (24) All exclusions for MediShield Life, as listed on the MOH website ([www.moh.gov.sg](http://www.moh.gov.sg)), except where your policy says otherwise.
- (25) Non-medical items such as parking fees, hospital administration and registration fees, fees for laundry, television rental and newspapers, and the cost of medical reports.
- (26) Alternative or complementary treatments, including traditional Chinese medicine, podiatric, chiropractic or osteopathic treatment or a stay in any healthcare establishment for social or non-medical reasons.
- (27) X-rays, general check-ups and medical services (including those provided to inpatients in a hospital) carried out mainly for primary prevention (medical services for generally healthy people, to prevent a disease from ever occurring, when there are no signs or symptoms that would indicate the need for the medical services).
- (28) Breaking or (intending to break) the law, resistance arrest, or any detention or imprisonment.
- (29) Medication and medical devices being used in a way that is not registered with the Health Sciences Authority of Singapore, unless the medical device or product:
  - (i) is registered under Health Products Act 2007 and listed on the Health Sciences Authority of Singapore website ([www.hsa.gov.sg](http://www.hsa.gov.sg)); and
  - (ii) has been approved for the particular use by an overseas agency listed as a reference agency in the 'Reference drug regulatory agencies' area of the Health Sciences Authority of Singapore's website ([www.hsa.gov.sg](http://www.hsa.gov.sg))
- (30) Medical services and prescription that are not directly for the treatment of an illness or injury that has led to hospitalisation, except where covered under part B (pre-hospitalisation benefit) or part C (post-hospitalisation benefits).
- (31) Hospitalisation, medical treatment or services at a medical institution that is not accredited by MediShield Life, except where covered under part H (medical treatment outside Singapore benefits).
- (32) Hospitalisation, medical treatment or services that are not medically necessary.
- (33) Medical fees or expenses which are over reasonable and customary charges.
- (34) Outpatient cancer-drug treatments not on the Cancer Drug List.

#### i) Free-look period

The free-look period is 21 days from the date you receive the policy documents.

- If you chose to receive electronic copies of the policy documents, the 21-day free-look period will start when you receive our SMS text message or email telling you that the policy documents are available for you to view by logging in to the customer portal on our website.
- If you chose to receive the policy documents by post, the 21-day free-look period will start seven days after we post them.
- If you chose to have the policy documents delivered to you by hand, the 21-day free-look period will start seven days from the date we give the policy documents to the postal or courier company, or your insurance representative.

During the free-look period, you can cancel your policy by writing to us and we will refund any premium you have paid, without interest, directly to you.

#### j) Change of citizenship, residency or valid pass status

You must tell us immediately, in writing, if the insured:

- has a change of citizenship, residency status or valid-pass status; or
- has their valid pass cancelled (or it expires).

If you do not tell us about the change before you make a claim, we can reject that claim.

If the insured's valid pass is cancelled or it expires, and they do not get a new one within 60 days, your policy will automatically end.

If the insured becomes a Singapore citizen or Singapore permanent resident, you must tell us immediately. We will convert your policy to a MediSave-approved integrated shield plan under a joint insurance arrangement with the CPF Board. Under that arrangement, the insured also has cover under the MediShield Life Scheme Act 2015.

Any claim that arises before the policy date for the new MediSave-approved integrated shield plan will be settled in line with the plan type you had before your policy was converted.



#### For plans being paid by MediSave

You can only have one plan for which premiums can be paid using MediSave. Once this policy commences, your previous plan that is paid using MediSave (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application; or
- not provide you with certain benefits

If you are currently holding a plan with us that is paid using MediSave and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding a plan that is paid using MediSave with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

In the event that you cannot afford, or do not wish to continue paying the premiums for your plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your plan.

Anyone who pays for, or is insured under AIA HealthShield Gold Max is not eligible for Additional Premium Support (APS) from the Government. \*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this AIA HealthShield Gold Max, you will stop receiving APS. This applies even if you are not the person paying for this AIA HealthShield Gold Max.

In addition, if you choose to be insured under this AIA HealthShield Gold Max, the person paying for AIA HealthShield Gold Max will stop receiving APS, if he or she is currently receiving APS.

*\* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.*

#### **Important notes:**

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.



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## Product Summary for AIA Max VitalHealth for Foreigners & AIA Max A Cancer Care Booster for Foreigners (Version 2.0)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

### (A) Product information:

**AIA Max VitalHealth** is an optional rider to AIA HealthShield Gold Max Series. The key benefit of the plan is to pay the deductible and/or co-insurance you have to pay under your AIA HealthShield Gold Max series policy, less the co-payment, as shown in the schedule of benefits for every claim.

**AIA Max A Cancer Care Booster** is an optional rider to AIA HealthShield Gold Max A or AIA HealthShield Gold Max Special A to provide additional coverage for cancer drug treatment under the Cancer Drug List (CDL), cancer drug services and coverage for selected cancer drug treatment not on the CDL. This booster may be attached to AIA HealthShield Gold Max A or AIA HealthShield Gold Max Special A, with or without AIA Max VitalHealth A / AIA Max VitalHealth A Value.

Co-payment is the amount you will need to pay for every claim. It is a fixed percentage (shown in the schedule of benefits) of the eligible expenses, after:

- any pro-ration factor shown in the schedule of benefits for your AIA HealthShield Gold Max series policy is applied; and
- any deductible due from you under your policy has been paid.

For the following benefits, we will pay the reasonable and customary charges incurred, less 5% of such charges that you will need to pay for every claim:

- Emergency outpatient treatment due to an accident benefit
- Post A&E treatment benefit
- Outpatient treatment for dengue fever and hand, foot and mouth disease benefit

You may integrate your AIA Max VitalHealth policy and AIA Max A Cancer Care Booster policy with AIA Vitality, which gives you discount on your future premiums depending on your vitality status.

### (i) Premium table

#### a) AIA Max VitalHealth (premium rates in S\$ and includes GST)

Age next birthday	Insureds who are dependants of SC/SPR*									
	Annual premium					Monthly premium				
	A		A Value		B	A		A Value		B
	-	#With booster	-	#With booster		-	#With booster	-	#With booster	
1 – 15	861.00	924.14	346.34	409.48	197.62	74.90	80.39	30.13	35.62	17.19
16 – 20	861.00	924.14	314.76	377.90	197.62	74.90	80.39	27.38	32.87	17.19
21 – 25	861.00	924.14	314.76	377.90	215.96	74.90	80.39	27.38	32.87	18.79
26 – 30	861.00	924.14	314.76	377.90	215.96	74.90	80.39	27.38	32.87	18.79
31 – 35	955.00	1,018.14	351.44	414.58	238.36	83.10	88.59	30.58	36.07	20.74
36 – 40	955.00	1,018.14	351.44	414.58	238.36	83.10	88.59	30.58	36.07	20.74
41 – 45	1,180.00	1,243.14	434.98	498.12	339.22	102.70	108.19	37.84	43.33	29.51
46 – 50	1,332.00	1,395.14	546.00	609.14	339.22	115.90	121.39	47.50	52.99	29.51
51 – 55	1,895.00	1,958.14	699.84	762.98	440.06	164.90	170.39	60.89	66.38	38.29
56 – 60	2,440.00	2,503.14	974.88	1,038.02	637.70	212.30	217.79	84.81	90.30	55.48
61 – 65	3,286.00	3,349.14	1,310.02	1,373.16	921.90	285.90	291.39	113.97	119.46	80.21
66 – 70	4,482.00	4,545.14	1,730.74	1,793.88	1,521.92	389.90	395.39	150.57	156.06	132.41
71 – 73	5,343.00	5,406.14	2,088.30	2,151.44	1,989.50	464.80	470.29	181.68	187.17	173.09
74 – 75	6,014.00	6,077.14	2,285.94	2,349.08	2,022.10	523.20	528.69	198.88	204.37	175.92
76 – 78	6,433.00	6,496.14	2,444.84	2,507.98	2,067.94	559.70	565.19	212.70	218.19	179.91
79 – 80	6,948.00	7,011.14	2,640.44	2,703.58	2,067.94	604.50	609.99	229.72	235.21	179.91
81 – 83	7,365.00	7,428.14	2,799.36	2,862.50	2,402.06	640.80	646.29	243.54	249.03	208.98
84 – 85	7,814.00	7,877.14	2,970.50	3,033.64	2,612.94	679.80	685.29	258.43	263.92	227.33
86 – 88	8,286.00	8,349.14	3,149.78	3,212.92	2,768.80	720.90	726.39	274.03	279.52	240.89
89 – 90	8,787.00	8,850.14	3,340.28	3,403.42	2,823.80	764.50	769.99	290.60	296.09	245.67
91 – 93	9,081.00	9,144.14	3,451.32	3,514.46	3,034.68	790.00	795.49	300.26	305.75	264.02
94 – 95	9,382.00	9,445.14	3,566.42	3,629.56	3,245.54	816.20	821.69	310.28	315.77	282.36
96 – 98	9,696.00	9,759.14	3,685.62	3,748.76	3,557.26	843.60	849.09	320.65	326.14	309.48
99 – 100	10,020.00	10,083.14	3,808.88	3,872.02	3,768.14	871.70	877.19	331.37	336.86	327.83



Above 100	10,020.00	10,083.14	3,808.88	3,872.02	3,768.14	871.70	877.19	331.37	336.86	327.83
<b>Total (ANB 1 – 100)<sup>^</sup></b>	344,997.00	351,311.00	131,995.78	138,309.78	110,037.34	360,182.40	366,770.40	137,801.88	144,389.88	114,879.60

\* These premium rates apply to insureds who are dependants of Singapore Citizens (SC) / Singapore Permanent Residents (SPR) provided the policy owners of such policies are SC/SPR.

<sup>^</sup> This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore (MOH)'s website (go.gov.sg/moh-compare-ip) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.

# Booster refers to Emergency & Outpatient Care Booster.

Age next birthday	Insureds who are non-dependants of SC/SPR									
	Annual premium					Monthly premium				
	A		A Value		B	A		A Value		B
	-	#With booster	-	#With booster		-	#With booster	-	#With booster	
1 – 15	886.00	951.18	356.54	421.72	202.70	77.10	82.77	31.02	36.69	17.63
16 – 20	886.00	951.18	323.94	389.12	202.70	77.10	82.77	28.18	33.85	17.63
21 – 25	886.00	951.18	323.94	389.12	222.06	77.10	82.77	28.18	33.85	19.32
26 – 30	886.00	951.18	323.94	389.12	222.06	77.10	82.77	28.18	33.85	19.32
31 – 35	983.00	1,048.18	361.62	426.80	245.50	85.50	91.17	31.46	37.13	21.36
36 – 40	983.00	1,048.18	361.62	426.80	245.50	85.50	91.17	31.46	37.13	21.36
41 – 45	1,217.00	1,282.18	448.22	513.40	349.40	105.90	111.57	39.00	44.67	30.40
46 – 50	1,374.00	1,439.18	562.30	627.48	349.40	119.50	125.17	48.92	54.59	30.40
51 – 55	1,952.00	2,017.18	721.22	786.40	453.30	169.80	175.47	62.75	68.42	39.44
56 – 60	2,516.00	2,581.18	1,004.42	1,069.60	657.04	218.90	224.57	87.38	93.05	57.16
61 – 65	3,385.00	3,450.18	1,349.76	1,414.94	949.42	294.50	300.17	117.43	123.10	82.60
66 – 70	4,615.00	4,680.18	1,782.70	1,847.88	1,566.74	401.50	407.17	155.09	160.76	136.31
71 – 73	5,504.00	5,569.18	2,151.46	2,216.64	2,049.60	478.80	484.47	187.18	192.85	178.32
74 – 75	6,195.00	6,260.18	2,354.18	2,419.36	2,083.22	539.00	544.67	204.81	210.48	181.24
76 – 78	6,626.00	6,691.18	2,518.20	2,583.38	2,130.08	576.50	582.17	219.08	224.75	185.32
79 – 80	7,157.00	7,222.18	2,719.90	2,785.08	2,130.08	622.70	628.37	236.63	242.30	185.32
81 – 83	7,587.00	7,652.18	2,882.88	2,948.06	2,474.40	660.10	665.77	250.81	256.48	215.27
84 – 85	8,049.00	8,114.18	3,059.12	3,124.30	2,691.38	700.30	705.97	266.14	271.81	234.15
86 – 88	8,532.00	8,597.18	3,244.52	3,309.70	2,851.30	742.30	747.97	282.27	287.94	248.06
89 – 90	9,049.00	9,114.18	3,440.12	3,505.30	2,908.36	787.30	792.97	299.29	304.96	253.03
91 – 93	9,356.00	9,421.18	3,555.22	3,620.40	3,127.38	814.00	819.67	309.30	314.97	272.08
94 – 95	9,662.00	9,727.18	3,673.40	3,738.58	3,342.32	840.60	846.27	319.59	325.26	290.78
96 – 98	9,987.00	10,052.18	3,796.66	3,861.84	3,664.22	868.90	874.57	330.31	335.98	318.79
99 – 100	10,320.00	10,385.18	3,922.98	3,988.16	3,881.20	897.80	903.47	341.30	346.97	337.66
Above 100	10,320.00	10,385.18	3,922.98	3,988.16	3,881.20	897.80	903.47	341.30	346.97	337.66
<b>Total (ANB 1 – 100)<sup>^</sup></b>	355,345.00	361,863.00	135,952.72	142,470.72	113,320.16	370,988.40	377,792.40	141,933.84	148,737.84	118,305.96

#Booster refers to Emergency & Outpatient Care Booster.

<sup>^</sup>This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore (MOH)'s website (go.gov.sg/moh-compare-ip) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.

#### b) AIA Max A Cancer Care Booster (attachable to AIA HealthShield Gold Max: A / Special A only)

Age next birthday	AIA Max A Cancer Care Booster Premium rates (S\$ and includes GST)			
	Insureds who are dependants of SC/SPR*		Insureds who are non-dependants of SC/SPR	
	Annual premium		Annual premium	
	Monthly premium		Monthly premium	
1 – 15	28.40	2.50	29.30	2.50
16 – 20	28.40	2.50	29.30	2.50
21 – 25	28.40	2.50	29.30	2.50
26 – 30	36.60	3.20	37.70	3.30
31 – 35	44.60	3.90	45.90	4.00
36 – 40	49.50	4.30	51.00	4.40
41 – 45	112.00	9.70	115.40	10.00
46 – 50	121.70	10.60	125.40	10.90
51 – 55	173.20	15.10	178.50	15.50



56 – 60	220.00	19.10	226.60	19.70
61 – 65	297.20	25.90	306.20	26.60
66 – 70	436.90	38.00	450.00	39.20
71 – 73	580.40	50.50	598.00	52.00
74 – 75	642.90	55.90	662.30	57.60
76 – 78	803.90	69.90	828.10	72.00
79 – 80	896.40	78.00	923.40	80.30
81 – 83	952.90	82.90	981.50	85.40
84 – 85	962.50	83.70	991.40	86.30
86 – 88	972.00	84.60	1,001.30	87.10
89 – 90	981.80	85.40	1,011.30	88.00
91 – 93	1,031.00	89.70	1,062.00	92.40
94 – 95	1,082.60	94.20	1,115.10	97.00
96 – 98	1,158.10	100.80	1,192.90	103.80
99 – 100	1,170.00	101.80	1,205.20	104.90
Above 100	1,170.00	101.80	1,205.20	104.90
<b>Total (ANB 1 – 100)^</b>	<b>36,135.80</b>	<b>37,736.40</b>	<b>37,224.80</b>	<b>38,841.60</b>

\* These premium rates apply to insureds who are dependants of Singapore Citizens (SC) or Singapore Permanent Residents (SPR) provided the policy owners of such policies are SC or SPR.

^ This is an estimate of the total premiums that one has to pay over their lifetime for the additional private insurance coverage. However, premiums are not guaranteed and may be reviewed from time to time. You may refer to the Ministry of Health of Singapore's website ([go.gov.sg/moh-compare-ip](http://go.gov.sg/moh-compare-ip)) for a comparison of the benefits and estimated lifetime gross premiums payable for the current selling Integrated Shield Plans (IPs) across all insurers.

#### Notes:

- The total distribution cost of this product is 74% of premiums for the first year and 5% to 12% of premiums for renewal years. We can provide the distribution cost, charges and expenses upon written request.
- The last entry age is 75. Premium rates for age groups 76 and above are for renewal only. Ages are based on attained age next birthday.
- Please note that the premium rates for AIA Max VitalHealth and AIA Max A Cancer Care Booster are not guaranteed and we will change them from time to time to reflect our claims experience, medical inflation (medical trends and developments, and the increase in cost to support them) and the general cost of treatments, supplies and medical services in Singapore. Your policy is guaranteed to renew each year, on the policy anniversary of your AIA HealthShield Gold Max series policy, if you pay, and we receive, the renewal premium for your policy (based on the premium rates that apply to the insured's age next birthday at the time of renewal) before the end of the grace period. We will send you written notice at least 31 days before any change in your premium rates comes into force.
- A foreigner must hold one of the following valid passes to apply for AIA Max VitalHealth and AIA Max A Cancer Care Booster:
 

(i) Employment Pass (EP);	(v) Dependant Pass;
(ii) Personalised Employment Pass (PEP);	(vi) Student Pass;
(iii) EntrePass;	(vii) selected categories of Long Term Visit Pass;
(iv) S Pass;	(viii) selected categories of Work Permit
- The premium payment mode of AIA Max VitalHealth and AIA Max A Cancer Care Booster will follow the premium payment mode of AIA HealthShield Gold Max if the insured is: (1) a non-dependant of a SC or SPR; or (2) a dependant of a SC or SPR where the AIA HealthShield Gold Max is paid by cash.
- This policy is not a Medisave-approved policy and you may not use MediSave to pay the premium for this policy.

#### (ii) Benefits

##### a) AIA Max VitalHealth

AIA Max VitalHealth will pay the deductible and/or co-insurance you have to pay (as shown in the schedule of benefits below) for claims payable under your AIA HealthShield Gold Max policy and/or AIA Max A Cancer Care Booster.

AIA Max VitalHealth will also pay eligible expenses for other benefits under the schedule of benefits below.

If we pay any deductible and co-insurance under part K of your AIA HealthShield Gold Max series policy (final expense benefit), then under part A of your policy we will pay any remaining amount of the deductible and co-insurance over the limits of compensation shown for final expense benefit in the schedule of benefits for your AIA HealthShield Gold Max series policy.

The following schedule of benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

We will not pay the following benefits if the insured was diagnosed and hospitalised as an inpatient as a direct result of a psychiatric condition.

- Immediate family member accommodation benefit (part B)
- Post-hospitalisation alternative medicine benefit (part C)
- Post-hospitalisation home nursing benefit (part D)
- Ambulance service benefit (part E)
- Emergency medical evacuation and repatriation benefit (part K)



**Schedule of benefits  
(figures in S\$ and include GST):**

Plan type	AIA Max VitalHealth A	AIA Max VitalHealth A Value
Can be attached to:	<b>AIA HealthShield Gold Max A</b>	
<b>(A) Deductible and co-insurance benefits</b>	<p><b><u>If treated in a public hospital</u></b> We will pay the deductible and co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>You must pay a co-payment of 5% for every claim, capped at 3,000 per policy year<sup>1</sup>.</p> <p><b><u>If treated in a private hospital</u></b> For the first claim, and any claim made three policy years or more after a previous claim for treatment in a private hospital, we will pay the deductible and co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>For all claims for treatment in a private hospital:</p> <ul style="list-style-type: none"> <li>• we will pay the amount of deductible over 2,000 and the co-insurance due under your AIA HealthShield Gold Max series policy; and</li> <li>• if you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</li> </ul> <p>You must pay a co-payment of 5% for every claim made under the deductible and co-insurance benefits. The co-payment will be capped at 3,000 per policy year<sup>1</sup>, if:</p> <ul style="list-style-type: none"> <li>• the treatment is carried out by, or under, an AIA preferred provider<sup>2</sup>; <ul style="list-style-type: none"> <li>• we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>• it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> </li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>2</sup>.</p>	<p><b><u>If treated in a public hospital</u></b> We will pay the deductible and co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>You must pay a co-payment of 5% for every claim, capped at 3,000 per policy year<sup>1</sup>.</p> <p><b><u>If treated in a private hospital</u></b> We will pay the co-insurance due under your AIA HealthShield Gold Max series policy.</p> <p>If you have the AIA Max A Cancer Care Booster, we will also pay the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</p> <p>You must pay a co-payment of 10% for every claim made under your policy. The co-payment will be capped at 6,000 per policy year<sup>1</sup>, if:</p> <ul style="list-style-type: none"> <li>• the treatment is carried out by, or under, an AIA preferred provider<sup>2</sup>;</li> <li>• we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>• it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>2</sup>.</p>
<b>(B) Immediate family member accommodation</b> (as advised in writing by a physician during the period of insured's hospitalisation)	The standard charges for an additional bed in a standard room	The standard charges for an additional bed in a standard room, up to 70 a day



Plan type	AIA Max VitalHealth A	AIA Max VitalHealth A Value
<b>Can be attached to:</b>	<b>AIA HealthShield Gold Max A</b>	
<b>(C) Post-hospitalisation alternative medicine</b> (within 100 days after the day the hospitalisation ends) • For cancer and stroke	5,000 per policy year	3,000 per policy year
<b>(D) Post-hospitalisation home nursing</b> (within 26 weeks after the hospitalisation ends)	500 per day (limited to 5,000 per policy year)	300 per day (limited to 3,000 per policy year)
<b>(E) Home palliative care</b> (service is provided by our appointed providers <sup>3</sup> & claim must be accompanied by a specialist's letter) • For terminal illness (including cancer)	15,000 per month (limited to 45,000 per lifetime)	15,000 per month (limited to 45,000 per lifetime)
<b>(F) Early-detection screening</b>	Free Health Screening • from the start of the third policy year; or • from the policy anniversary on or immediately after the insured reaches the eligible age for the particular health screening; whichever is later.	Does not apply

<b>Optional: Emergency and Outpatient Care Booster:</b> (The below benefits under Emergency and Outpatient Care Booster applies only if you have selected to add this rider (subject to our acceptance, if required) and is stated on the policy schedule or an endorsement)	
<b>Can be attached to:</b>	AIA Max VitalHealth A or AIA Max VitalHealth A Value
<b>(G) Ambulance service</b>	250 per hospitalisation or outpatient treatment
<b>(H) Emergency outpatient treatment due to an accident</b>	2,000 per policy year (less 5% of the eligible expenses for every claim)
<b>(I) Post A&amp;E treatment</b> (within 30 days from the emergency outpatient treatment)	
<b>(J) Outpatient treatment for dengue fever and hand, foot and mouth disease</b>	300 per policy year (less 5% of the eligible expenses for every claim)
<b>(K) Emergency medical evacuation and repatriation<sup>4</sup></b>	50,000 per policy year

<sup>1</sup> If you have attached AIA Max Cancer Care Booster to your policy, we will not pay the co-insurance due under part L of your policy for cancer drug treatment not on the Cancer Drug List. So the co-payment and co-payment cap will not apply.

<sup>2</sup> AIA preferred provider refer to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time). When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.

<sup>3</sup> As listed in our website: [www.aia.com.sg/qualityhealthcare-faq](http://www.aia.com.sg/qualityhealthcare-faq).

<sup>4</sup> To receive assistance, simply call (65) 6338 6200.





**Schedule of benefits**  
**(figures in SGD and include GST):**

Plan type	AIA Max VitalHealth B	
Can be attached to:	AIA HealthShield Gold Max B	
<b>(A) Deductible and co-insurance benefits</b>	<p>We will pay</p> <ul style="list-style-type: none"> <li>the deductible and co-insurance due under your AIA HealthShield Gold Max series policy; and</li> <li>the co-insurance due under part L for cancer drug treatment on the Cancer Drug List and cancer drug services.</li> </ul> <p>You must pay a co-payment of 5% for every claim, capped at 3,000 per policy year<sup>5</sup> if:</p> <ul style="list-style-type: none"> <li>the treatment is carried out by, or under, an AIA preferred provider<sup>6</sup>;</li> <li>we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>6</sup>.</p>	
<b>(B) Immediate family member accommodation</b> (as advised in writing by a physician during the period of insured's hospitalisation)	The standard charges for an additional bed in a standard room, up to 70 a day	
<b>(C) Post-hospitalisation alternative medicine</b> (within 100 days after the day the hospitalisation ends) • For Cancer and Stroke	3,000 per policy year	
<b>(D) Post-hospitalisation home nursing</b> (within 26 weeks after the hospitalisation ends)	300 per day (limited to 3,000 per policy year)	
<b>(G) Ambulance service</b>	150 per hospitalisation or outpatient treatment	
<b>(H) Emergency outpatient treatment due to an accident</b>	1,000 per policy year (less 5% of the eligible expenses for every claim)	
<b>(L) Outpatient cancer care benefits</b>	<b>Patients receiving treatment for one primary cancer</b>	<b>Patients receiving treatment for multiple primary cancers<sup>9</sup></b>
<b>(i) Cancer drug treatment on the Cancer Drug List (CDL treatments)</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>10</sup> )	10 x the 'MediShield Life limit per month' for one primary cancer per month <sup>7</sup> , less 10% co-insurance for every claim	The total of the highest MediShield Life limits from among the covered CDL treatment for each primary cancer in that month <sup>7</sup> , less 10% co-insurance for every claim
<b>(ii) Cancer drug services</b> (on top of the limit provided under AIA HealthShield Gold Max Series <sup>10</sup> )	8 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>8</sup> , less 10% co-insurance for every claim	8 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>8</sup> , less 10% co-insurance for every claim
<b>(iii) Cancer drug treatment not on the Cancer Drug List (Non-CDL)<sup>10</sup></b> (drug classes A, B, C, D1 to D3 and E1 to E3, as shown in the Non-CDL Classification Framework developed by the Life Insurance Association, Singapore)	50,000 per policy year, less 10% co-insurance for every claim	





- <sup>5</sup> We will not pay the co-insurance due under part L of your policy for cancer drug treatment not on the Cancer Drug List. So the co-payment and co-payment cap will not apply.
- <sup>6</sup> AIA preferred provider refers to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time). When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.
- <sup>7</sup> The cancer drug treatments on the Cancer Drug List (CDL) benefit is a multiple of the MediShield Life limit for the specific cancer drug treatment. The latest MediShield Life limit per month is shown in the Cancer Drug List, under 'MediShield Life Claim Limit per month', on the MOH website (<https://go.gov.sg/moh-cancerdruglist>). MOH may update the list from time to time. The latest limit will apply to cancer drug treatments received on and from the date the list was updated.
- <sup>8</sup> The cancer drug services benefit is a multiple of the MediShield Life limit for Cancer Drug Services. For the latest MediShield Life limit for cancer drug services, check 'Cancer Drug Services' under 'MediShield Life Benefit' on the MOH website (<https://go.gov.sg/mshlbenefits>). MOH may update this from time to time. The latest limit will apply to cancer drug services received within the policy year during which the list was updated.
- <sup>9</sup> "Multiple primary cancers" refers to two or more cancers that arise from different sites of the body or are of different histology or morphology groups (that have a different microscopic structure, form or shape), which are diagnosed by an oncologist. The higher claim limits for patients receiving treatment for multiple primary cancers are granted on the basis of an application, which the physician would need to send to MOH (for MediShield Life claims) and us (for MediSave-approved integrated shield plan claims) for review and approval.
- <sup>10</sup> The amount we will pay is in addition to the payment we make under part J of your AIA HealthShield Gold Max series policy. It does not include the amount we will not pay under your AIA HealthShield Gold Max series policy due to the pro-ration factor (if any).
- <sup>11</sup> The amount of eligible expenses we will pay for non-CDL treatment will be reduced by multiplying the eligible expenses by the relevant pro-ration factor shown in your AIA HealthShield Gold Max series policy's schedule of benefits.

#### b) AIA Max A Cancer Care Booster

AIA Max A Cancer Care Booster pays the eligible expenses for cancer drug treatment on the Cancer Drug list (CDL), cancer drug services and selected cancer drug treatment not on the CDL, in line with the following schedule of benefits.

The following schedule of benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

#### Schedule of benefits (figures in SGD and includes GST):

Plan Type	AIA Max A Cancer Care Booster	
can be attached to:	AIA HealthShield Gold Max A	
(L) Outpatient cancer care benefits:	Patients receiving treatment for one primary cancer	Patients receiving treatment for multiple primary cancers <sup>9</sup>
(i) Cancer drug treatment on the Cancer Drug List (CDL treatments) (on top of the limit provided under AIA HealthShield Gold Max Series <sup>14</sup> )	16 x the 'MediShield Life limit per month' for one primary cancer per month <sup>12</sup> , less 10% co-insurance for every claim	The total of the highest MediShield Life limits from among the covered CDL treatment for each primary cancer in that month <sup>12</sup> , less 10% co-insurance for every claim
(ii) Cancer drug services (on top of the limit provided under AIA HealthShield Gold Max Series <sup>14</sup> )	10 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year <sup>13</sup> , less 10% co-insurance for every claim	10 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year <sup>13</sup> , less 10% co-insurance for every claim
(iii) Cancer drug treatment not on the Cancer Drug List (non-CDL treatment) <sup>15</sup> (drug classes A, B, C, D1 to D3 and E1 to E3, as shown in the Non-CDL Classification Framework developed by the Life Insurance Association of Singapore)	200,000 per policy year, less 10% co-insurance for every claim	
(M) Co-insurance cap	<p>The excess co-insurance over 50,000 per policy year for cancer drug treatment on the Cancer Drug List (CDL) and cancer drug services under part L and AIA HealthShield Gold Max series policy, if:</p> <ul style="list-style-type: none"> <li>the treatment is carried out by, or under, an AIA preferred provider<sup>16</sup>;</li> <li>we have issued a certificate of pre-authorisation relating to the treatment; or</li> <li>it is emergency treatment the insured is referred for by an accident and emergency department in Singapore.</li> </ul> <p>When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider<sup>16</sup>.</p>	



Plan Type	AIA Max A Cancer Care Booster
can be attached to:	<b>AIA HealthShield Gold Max A</b>
	If you are covered under both AIA Max VitalHealth A or AIA Max VitalHealth A Value and AIA Max A Cancer Care Booster, we will pay the co-insurance under either this part M or part A (deductible and co-insurance benefit), whichever is higher.

<sup>12</sup> The cancer drug treatments on the Cancer Drug List (CDL) benefit is a multiple of the MediShield Life limit for the specific cancer drug treatment. The latest MediShield Life limit per month is shown in the Cancer Drug List, under 'MediShield Life Claim Limit per month', on the MOH website (<https://go.gov.sg/moh-cancerdruglist>). MOH may update the list from time to time. The latest limit will apply to cancer drug treatments received on and from the date the list was updated.

<sup>13</sup> The cancer drug services benefit is a multiple of the MediShield Life limit for cancer drug services. For the latest MediShield Life limit for cancer drug services, check 'Cancer Drug Services' under 'MediShield Life Benefit' on the MOH website (<https://go.gov.sg/mshlbenefits>). MOH may update this from time to time. The latest limit will apply to cancer drug services received within the policy year during which the list was updated.

<sup>14</sup> The limit is on top of the maximum limit under the AIA HealthShield Gold Max series.

<sup>15</sup> The amount of eligible expenses we will pay will be reduced by multiplying such eligible expenses by the relevant pro-ratio factor shown in your AIA HealthShield Gold Max series policy's schedule of benefits.

<sup>16</sup> AIA preferred provider refers to any public hospital and any private medical service provider listed on our website at [www.aia.com.sg/qualityhealthcare](http://www.aia.com.sg/qualityhealthcare) (we may change our list of medical service providers at any time). When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.

- We will only pay for charges that are, in our opinion, reasonable and customary. A charge is reasonable and customary if it:
- is charged for medical treatment, supplies or services that are medically necessary to treat an illness or injury in a way that is in line with acceptable standards of good medical practice;
  - does not include fees or charges that would not have been made if no insurance had existed; and
  - is not (in our opinion or the opinion of our medical advisor) more than:
    - the usual level of charges for similar medical treatment, supplies or services in Singapore;
    - the relevant fee benchmark (recommended charge for doctors and hospital fees in the private sector) published by the Singapore Government, MOH, or official bodies such as the Health Sciences Authority and the Allied Health Professions Council; or
    - our limits for similar diagnoses or procedures.

### (iii) Premium adjustment due to integration of AIA Vitality (for AIA Vitality integrated plan only)

Premiums for AIA Max VitalHealth series, AIA Max A Cancer Care Booster and Emergency & Outpatient Care Booster that are integrated with AIA Vitality is equal to the premium before adjustment due to integration of AIA Vitality multiplied by the 'Cumulative premium percentage'.

'Cumulative premium percentage' is the percentage applied at the policy date. Policy date is the date your insurance cover started or was renewed.

**Cumulative premium percentage applied at the date your insurance cover starts= 100%**

**Cumulative premium percentage applied at each renewal = Cumulative premium percentage at the date your insurance cover started or was renewed before the current renewal of your policy (whichever is later) + Annual premium adjustment percentage applied at the current renewal of your policy**

'Annual premium adjustment percentage' is the percentage applied at each renewal of your policy starting from the first renewal. The 'Annual premium adjustment percentage' is based on the insured's vitality status 45 days before the date the policy is renewed.

Vitality status	Annual premium adjustment percentage
<b>Bronze</b>	<b>+2%</b>
<b>Silver</b>	<b>+1%</b>
<b>Gold</b>	<b>-1%</b>
<b>Platinum</b>	<b>-2%</b>

If the Insured does not have a vitality status 45 days before the policy is renewed due to termination of the insured's AIA Vitality membership, the 'Cumulative premium percentage' applied at that renewal shall be equal to 100%.

The 'Cumulative premium percentage' which applies at policy renewal shall be, as shown below, up to the maximum 'Cumulative premium percentage' and not less than the minimum 'Cumulative premium percentage'.



Minimum cumulative premium percentage	85%
Maximum cumulative premium percentage	100%

**(B) Key product conditions:**

The following are some key conditions found in the policy contract of this plan. The conditions also apply to AIA Max VitalHealth and AIA Max A Cancer Care Booster. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please look for your AIA Financial Services Consultant or insurance representative if you need further explanation.

**Changes to your policy**

We may change the premiums, benefits and cover provided by your policy or change any of the terms or condition in the policy contract by giving you 31 days' notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore.

The early detection screening benefit (applies to AIA Max VitalHealth A only) is a free health screening. We reserve the right to alter, suspend, remove or cancel this benefit at any time by giving you a notice and inform on the effective date. Any changes or cancellation of this benefit will not adjust the premium for your policy.

**Waiting period**

Waiting periods apply to some benefits under your policy. We will not pay such benefits if the condition covered by the benefits is diagnosed during the waiting period. These waiting periods start from the policy date, the last reinstatement date (if any) or the date of a plan upgrade (if any), whichever is latest.

- (a) For pregnancy complications benefit, a waiting period of 10 months applies.
- (b) For congenital abnormalities of the insured's biological child, a waiting period of 10 months applies.
- (c) For insured (as a living donor) donating an organ, a waiting period of 24 months applies. The date the person receiving the Insured's organ was first diagnosed with organ failure after the 24 months waiting period.

**General exclusions**

The same exclusions in the "General exclusions" section under your AIA HealthShield Gold Max policy shall apply to your policy, except where expressly covered under the "Benefits conditions" of AIA Max VitalHealth and/or AIA Max A Cancer Care Booster policy. Please look for your AIA Financial Services Consultant or insurance representative if you need further explanation.

**Claims or cancel your policy**

You may look for your AIA Financial Services Consultant, insurance representative or call our AIA Customer Care Hotline at 1800 248 8000 for claims procedures or to cancel your policy.

**Free-Look Period**

The free-look period is 14 days from the date you receive the policy documents.

- If you chose to receive electronic copies of the policy documents, the 14-day free-look period will start when you receive our SMS text message or email telling you that the policy documents are available for you to view by logging in to the customer portal on our website.
- If you chose to receive the policy documents by post, the 14-day free-look period will start seven days after we post them.
- If you chose to have the policy documents delivered to you by hand, the 14-day free-look period will start seven days from the date we give the policy documents to the postal or courier company, or your insurance representative.

During the free-look period, you can cancel your policy by writing to us and we will refund any premium you have paid, without interest, as long as no claim has been made under your policy. We will refund the premium directly to you.

If your policy and your AIA HealthShield Gold Max series policy started at the same time and have the same policy date, the free-look period for your policy will be the same as the free-look period for your AIA HealthShield Gold Max series policy.

**Important notes:**

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of the coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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