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Real change to health begins at AIAVitality.com.sg

Frequently asked questions (FAQ)

1. What are the revisions to AIA HealthShield Gold Max (AIA HSG Max) plans and riders?

As the medical landscape continues to evolve, we remain committed to providing you access to quality healthcare, while ensuring that our plans remain sustainable over the long term at the same time.

With that in mind, we will be making the following changes to AIA HSG Max plans and riders with effect from 1 October 2026 (new purchase and upon policy renewal):

Revisions	AIA HSG Max A[1]	AIA HSG Max B[1]	AIA HSG Max B Lite
Extended coverage for cataract procedures to include more intraocular lenses for AIA preferred provider* REVISED	✓	✓	✓
Limit per policy year REVISED	✓	✓	No change
High-cost drug treatments benefit NEW	✓	✓	✓
Stereotactic Radiosurgery (for cancer) benefit NEW	✓	✓	✓
Pro-ration for all outpatient benefits REVISED	No change	✓	No change
Premium revisions	✓ Also applies to withdrawn riders (see below)	No change	No change
Revisions	**AIA Max VitalHealth Pro A, Max VitalHealth A / A Value & AIA Max VitalCare riders**	**AIA Max VitalHealth Pro B & AIA Max VitalHealth B riders**	**AIA Max VitalHealth Pro B Lite & AIA Max VitalHealth B Lite riders**
Extended post-hospitalisation treatment for AIA Partner Facility benefit NEW	✓ Only applies to AIA Max VitalHealth Pro A, AIA Max VitalHealth A & AIA Max VitalCare	-	-
Premium revisions	✓ Only applies to AIA Max A Cancer Care Booster, AIA Max VitalHealth A / A Value and AIA Max VitalCare	No change	No change

The following changes will also be extended to AIA HSG Max C and AIA HSG Max Plan 1 (FR) plan:

- High-cost drug treatments benefit; and
- Extended coverage for cataract procedures to include more intraocular lenses for AIA preferred provider*.

There will be no change to AIA HSG Max Standard plans.

For more information, please refer to your updated policy documents which can be accessed from AIA+. The updated policy documents will be available on AIA+ about 30 days before your policy renewal date.

** AIA preferred provider refers to any public hospital and any private medical service providers listed on our website (we may change our list of medical service providers at any time).*

2. How do I view and download my new policy documents?

You can view and download your new policy documents from AIA+:

- Step 1: Login to AIA+ and tap 'More'
- Step 2: Select 'eDocuments' under 'Request/Document history'
- Step 3: Select your policy
- Step 4: View and download your documents

Extended coverage for cataract procedures to include more intraocular lenses for AIA preferred provider

3. Which intraocular lenses do we cover for cataract procedures?

From 1 October 2026, we will cover the surgical implants fees for the following under medically necessary cataract procedures:

- monofocal non-toric standard lenses for all claims; or
- monofocal toric lenses, multifocal (toric or non-toric) lenses or Extended Depth of Focus (EDOF) lenses if it is administered under our AIA preferred provider*.

We will not cover all other types of lenses for cataract procedures.

This change will apply to AIA HSG Max A, B, B Lite, C and Plan 1 (FR) policies.

Please refer to your policy document for more information.

** AIA preferred provider refers to any public hospital and any private medical service providers listed on our website (we may change our list of medical service providers at any time).*

4. What happens if my cataract procedure is not performed by an AIA preferred provider?

If your medically necessary cataract procedure is not performed by an AIA preferred provider*, we will only pay for the following:

- eligible expenses for surgical procedures and approved medical consumables; and
- monofocal non-toric standard lenses,

subject to the policy terms and conditions.

We will also not pay for other types of lenses for cataract procedures not performed by an AIA preferred provider*.

** AIA preferred provider refers to any public hospital and any private medical service providers listed on our website (we may change our list of medical service providers at any time).*

AIA Partner Facility and its benefits

5. What is AIA Partner Facility and Extended Partner Facility?

AIA Partner Facility is a group of trusted healthcare partner committed to delivering high-quality, cost-efficient medical care for our AIA HSG Max customers. We work closely with our partners to keep healthcare accessible and affordable for our customers, while ensuring high standards of care and service are delivered.

Extended Partner Facility is a group of healthcare providers that have work with AIA but do not meet the same level of cost-efficiency as AIA Partner Facilities. While they continue to provide quality care, their charges may be higher. This gives customers access to a broader network of healthcare providers while maintaining confidence in the quality of care received.

The full list of hospitals and medical facilities is available on our website and may be updated from time to time.

6. What benefits do AIA Partner Facility and Extended Partner Facility provide to AIA HSG Max customers?

You will enjoy higher coverage if you choose to use an AIA Partner Facility^:

All AIA HSG Max A policyholders:

Enjoy higher maximum claim limit for treatments (including outpatient treatments) under an AIA Partner Facility^ within the policy year.

Limit per policy year	Before 1 Oct 2026	From 1 Oct 2026
S$2,000,000	AIA preferred provider*	AIA Partner Facility^
S$1,350,000	-	Extended Partner Facility^
S$1,000,000	Non-AIA preferred provider	Other hospitals or medical facilities

AIA HSG Max A policyholders with AIA Max VitalHealth Pro A, AIA Max VitalHealth A or AIA Max VitalCare:

Enjoy a 60-days extension for post-hospitalisation coverage on top of "Post-hospitalisation benefits" under your AIA HSG Max A plan, if you were hospitalised in an AIA Partner Facility^.

This may increase your post-hospitalisation coverage to 15 months[#] if the treatment is under an AIA preferred provider* and the hospitalisation is in an AIA Partner Facility^.

[#] Assuming there are 30 days in a calendar month, and your hospitalisation treatment is under an AIA preferred provider.*

All AIA HSG Max B policyholders:

Higher maximum claim limit for treatments (including outpatient treatments) under an AIA Partner Facility^ within the policy year.

Limit per policy year	Before 1 Oct 2026	From 1 Oct 2026
S$1,200,000	AIA preferred provider*	AIA Partner Facility^
S$1,000,000	Non-AIA preferred provider	Extended Partner Facility^ or other hospitals or medical facilities

** AIA preferred provider refers to any public hospital and any private medical service providers listed on our website (we may change our list of medical service providers at any time).*
^The full list of hospitals and medical facilities is available on our website and may be updated from time to time.

Please refer to your policy documents for more information.

7. What happens if I was hospitalised (or received outpatient treatments) in more than one type of facility within the same policy year?

If you were hospitalised (or received outpatient treatments) in more than one type of facility within a policy year, the applicable maximum limit per policy year will be the lowest limit among the facility types used during that policy year.

AIA HSG Max A:

Types of Facility	Limit per policy year
• AIA Partner Facility	S$2,000,000
• Extended Partner Facility	S$1,350,000
• Other hospitals or medical facilities	S$1,000,000
• AIA Partner Facility • Extended Partner Facility	S$1,350,000
• AIA Partner Facility • Other hospitals or medical facilities	S$1,000,000
• AIA Partner Facility • Extended Partner Facility • Other hospitals or medical facilities	S$1,000,000
• Extended Partner Facility • Other hospitals or medical facilities	S$1,000,000

AIA HSG Max B:

Types of Facility	Limit per policy year
• AIA Partner Facility	S$1,200,000
• Extended Partner Facility	S$1,000,000
• Other hospitals or medical facilities	S$1,000,000
• AIA Partner Facility • Extended Partner Facility	S$1,000,000
• AIA Partner Facility • Other hospitals or medical facilities	S$1,000,000
• AIA Partner Facility • Extended Partner Facility • Other hospitals or medical facilities	S$1,000,000
• Extended Partner Facility • Other hospitals or medical facilities	S$1,000,000

8. How does the 'Extended post-hospitalisation treatment for AIA Partner Facility benefit' work?

If you are hospitalised in an AIA Partner Facility, you will enjoy an additional 60-days extension for post-hospitalisation coverage on top of "Post-hospitalisation benefits" under your AIA HSG Max A plan.

This is applicable to AIA HSG Max A with AIA Max VitalHealth Pro A, AIA Max VitalHealth A or AIA Max VitalCare riders.

Example:

Under AIA HSG Max A	With AIA Max VitalHealth Pro A, VitalHealth A or VitalCare	Total post-hospitalisation coverage
AIA preferred provider*: 13 months	AIA Partner Facility: +60 days	15 months#
	Extended Partner Facility / Other hospitals or medical facilities: N.A.	13 months
Others: 100 days	AIA Partner Facility: +60 days	160 days
	Extended Partner Facility / Other hospitals or medical facilities: N.A.	100 days

With Extended post-hospitalisation treatment for 30 critical illnesses^:

Under AIA HSG Max A	With AIA Max VitalHealth Pro A, VitalHealth A or VitalCare	Total post-hospitalisation coverage
AIA preferred provider*: 13 months	AIA Partner Facility: +60 days	15 months#
	Extended Partner Facility / Other hospitals or medical facilities: N.A.	13 months
Others: 200 days (100 + 100 days)	AIA Partner Facility: +60 days	260 days
	Extended Partner Facility / Other hospitals or medical facilities: N.A.	200 days

** AIA preferred provider refers to any public hospital and any private medical service providers listed on our website (we may change our list of medical service providers at any time).*

 # Assuming there are 30 days in a calendar month, and your hospitalisation treatment is under an AIA preferred provider.*

^Under AIA HSG Max A, the "Extended post-hospitalisation treatment for 30 critical illnesses" provides an additional 100 days of post-hospitalisation coverage, up to a total of 200 days following the day the hospitalisation ended.

Any claims payable during this additional 60 days will be paid under the "Post-hospitalisation benefits" of your AIA HealthShield Gold Max series policy, and will be subject to the same terms and conditions under the "Post-hospitalisation benefits" of your AIA HealthShield Gold Max series policy (including but not limited to deductible, co-insurance and limits of compensation). The same maximum claim limit per policy year of your AIA HealthShield Gold Max series policy will apply for this benefit.

We do not pay any amount that is not payable under the "Post-hospitalisation benefits" of your AIA HealthShield Gold Max series policy or due to pro-ration factor (if any).

Please refer to your policy documents for more information.

9. Are outpatient treatments (such as kidney dialysis or cancer drug treatments) subject to the new AIA Partner Facility/Extended Partner Facility framework?

Yes, outpatient treatments provided at the dialysis or oncology centres are subject to the new AIA Partner Facility / Extended Partner Facility framework. For updated information, please visit https://www.aia.com.sg/qualityhealthcare to view the latest participating facility list.

10. What happens to my limit per policy year if the hospital or medical facility is no longer an AIA Partner Facility?

If you receive treatment at an AIA Partner Facility before it is delisted from the AIA Partner Facility list, the higher limit per policy year applicable to AIA Partner Facilities will continue to apply until the end of that policy year. If treatments are received at different facility types, the applicable annual policy limit will be the lowest limit among the facility types used during that policy year (refer to Q7).

Example:

(a) If you are admitted to an AIA Partner Facility on 5 January 2026, and the facility is delisted from the AIA Partner Facility list with effect from 10 January 2026, the higher limit per policy year for AIA Partner Facilities will continue to apply until the end of your current policy year.

(b) However, if you are admitted to the same facility on 11 January 2026, after it has been delisted from the AIA Partner Facility list with effect from 10 January 2026, the applicable limit per policy year based on its respective classification (e.g. Extended Partner Facility or other hospitals or medical facilities) will apply instead.

Upon policy renewal, if the hospital or medical facility is no longer an AIA Partner Facility, any treatment received at that facility will be subject to the applicable limit per policy year based on its respective classification (e.g. Extended Partner Facility or other hospitals or medical facilities) under the renewed policy.

The same will apply for Extended Partner Facilities as well.

11. What happens to my 'Extended post-hospitalisation treatment for AIA Partner Facility benefit' if the hospital or medical facility is no longer an AIA Partner Facility?

If you receive treatment at an AIA Partner Facility before it is delisted from the AIA Partner Facility list, the extended post-hospitalisation treatment applicable for AIA Partner Facilities will continue to apply for that hospitalisation until the end of the post-hospitalisation coverage.

Example:

(a) If you are admitted to an AIA Partner Facility on 5 January 2026, and the facility is delisted from the AIA Partner Facility list with effect from 10 January 2026, the 'Extended post-hospitalisation treatment for AIA Partner Facility benefit' will continue to apply for that hospitalisation until the end of the post-hospitalisation coverage.

(b) However, if you are admitted to the same facility on 11 January 2026, after it has been delisted from the AIA Partner Facility list with effect from 10 January 2026, this benefit will no longer apply to this hospitalisation. The post-hospitalisation coverage will be limited to the 'Post-hospitalisation benefits' under your AIA HSG Max A instead.

Upon policy renewal, if the hospital or medical facility is no longer an AIA Partner Facility, any treatment received at that facility will not be eligible for this benefit under the renewed policy.

12. How can I find out if there is a change in the hospital or medical facility classification?

The list of AIA Partner Facilities and Extended Partner Facilities is subject to change. Customers can visit https://www.aia.com.sg/qualityhealthcare to view the latest facility classifications and participating facility list. This will ensure that you have the most updated information on the facility's classification and the applicable policy benefits.

High-cost drug treatments

13. What are high-cost drug treatments?

With medical advancements, there are many new drug treatments with the potential to improve the quality of life and clinical outcomes of patients. However, such drugs can be expensive, and they have to be administered recurrently over a long period of time.

Hence, the Ministry of Health of Singapore (MOH) has developed a list of selected high-cost drug treatments for rare blood conditions and childhood onset conditions which are assessed to be clinically- and cost-effective.

From 1 October 2025, MediShield Life (MSHL) will only cover high-cost drug treatments which are listed on the MSHL's benefit schedule (https://go.gov.sg/mshlbenefits) and are used for the clinical criteria specified on the MSHL's benefit schedule.

14. Do AIA HSG Max plans cover high-cost drug treatments?

From 1 October 2025, AIA HSG Max plans will only cover high-cost drug treatments listed on the MSHL's benefit schedule and are used for the clinical criteria specified on the MSHL's benefit schedule. The MSHL's benefit schedule (https://go.gov.sg/mshlbenefits) may be updated from time to time.

From 1 October 2026, we are introducing the "High-cost drug treatments benefit" where AIA HSG Max plans will only cover high-cost drug treatments listed on the MSHL's benefit schedule and are used for the clinical criteria specified on the MSHL's benefit schedule, subject to the limits of compensation as shown on the AIA HSG Max's schedule of benefits:

High-cost drug treatments benefit	Limits of compensation (per calendar month*)
Drug Treatment and Prophylaxis for Haemophilia A	S$2,800
Drug Treatment and Prophylaxis for Haemophilia B	S$9,600
Drug Treatment for Immune Thrombocytopenia and Refractory Severe Aplastic Anaemia	S$3,600
Drug Treatment of Thalassaemia	S$1,600
Drug Treatment of Children with Short Stature due to Conditions Associated with Growth Failure	S$1,600
Drug Treatment for Spinal Muscular Atrophy	S$14,800
Drug Treatment for Fabry Disease	S$8,800
Drug Treatment for X-Linked Hypophosphataemia	S$13,600

**Calendar month refers to the period of time beginning on the first day of each of the 12 calendar months in a year and ending on the last day of each of these months.*

The high-cost drugs must be provided in line with the clinical criteria specified on the MSHL's benefit schedule.

We will not cover any high-cost drugs that are listed on the MSHL's benefit schedule but are not used in line with the clinical criteria specified on the MSHL's benefit schedule.

We will not pay for consultation fees, medicines, examinations and tests that are provided during the outpatient high-cost drug treatments under this benefit.

We will not pay for inpatient, outpatient and day-surgery high-cost drug treatments under any other benefits.

This change will apply to AIA HSG Max A, B, B Lite, C and Plan 1 (FR) policies.

Please refer to your policy documents for more information.

15. How are the claim limits applied to high-cost drug treatments?

The limits will apply on a per calendar month* basis for the respective clinical criteria specified under the 'High-cost drug treatments benefit'. The claim limit is intended to cover the cost of the high-cost drug received during the treatment.

All other medical services (ancillary services) received during the high-cost drug treatments will not be payable under this benefit.

**Calendar month refers to the period of time beginning on the first day of each of the 12 calendar months in a year and ending on the last day of each of these months.*

16. How are the claim limits applied to high-cost drug treatments if they are submitted across multiple months for inpatient treatments?

If the insured is admitted to a hospital, and the hospitalisation claim covers more than one calendar month*, the total eligible limits of compensation will be the sum of the respective limits of compensation for each calendar month* in which the claim incurs.

The limits of compensation for each calendar month* will be applied to the claim in the order of the earliest to the latest calendar month* (see Q17 below).

**Calendar month refers to the period of time beginning on the first day of each of the 12 calendar months in a year and ending on the last day of each of these months.*

Example:
Drug Treatment and Prophylaxis for Haemophilia A at S$2,800 per calendar month

Admission Period		Number of calendar months	Total eligible limit of compensation
Date of admission	Date of discharge		
6 Jan 2027	1 Feb 2027	2	2 x S$2,800 = S$5,600
10 Jan 2027	28 Feb 2027	2	2 x S$2,800 = S$5,600
15 Jan 2027	30 Mar 2027	3	3 x S$2,800 = S$8,400
31 Jan 2027	5 Apr 2027	4	4 x S$2,800 = S$11,200

17. What happens if a high-cost drug treatment claim is submitted later but relates to a period for which the monthly limit has already been fully or partially used??

For all high-cost drugs treatment claim, if the applicable limits of compensation for a particular calendar month* have already been used (fully or partially) by an earlier claim, it will not be available again for another claim, even if that claim is submitted later but relates to the same period (please refer to example below).

Example – For hospitalisation (inpatient/day surgery) claim

1. Drug Treatment and Prophylaxis for Haemophilia A at S$2,800 per calendar month

Claim	Admission period	Claim amount	Total eligible limit of compensation	Total payable amount	Remaining amount
1	20 Jan 2027 to 1 Apr 2027	$10,000	4 x S$2,800 = S$11,200	S$10,000	S$1,200 for Apr 2027
2	15 Apr 2027 to 2 May 2027	S$2,500	S$1,200 + (1 x S$2,800) = S$4,000	S$2,500	S$1,500 for May 2027
3	10 Jan 2027 to 15 Jan 2027	S$2,000	S$0 – Jan 2027's limit fully utilised under Claim 1	S$0	-

- For Claim 2, the remaining S$1,200 can be utilised under Apr 2027 (from Claim 1).
- For Claim 3, there is no payout as Jan 2027's limit has been fully utilised under Claim 1.

2. Drug Treatment and Prophylaxis for Haemophilia B at S$9,600 per calendar month

Claim	Admission period	Claim amount	Total eligible limit of compensation	Total payable amount	Remaining amount
1	15 Jan 2027 to 20 Mar 2027	$22,000	3 x S$9,600 = S$28,800	S$22,000	S$6,800 for Mar 2027
2	6 Jan 2027 to 9 Jan 2027	S$4,000	S$0 – Jan 2027's limit fully utilised under Claim 1	S$0	-

Example – For outpatient claim (to be submitted monthly. Multi-month claim is not allowed)

Drug Treatment and Prophylaxis for Haemophilia A at S$2,800 per calendar month

Claim	Claim period	Claim amount	Total eligible limit of compensation	Total payable amount	Remaining amount
1	20 Jan 2027 to 30 Jan 2027	S$2,000	S$2,800	S$2,000	S$800 for Jan 2027
2	15 Apr 2027 to 20 Apr 2027	S$3,500	S$2,800	S$2,800	S$0 for Apr 2027
3	10 Jan 2027 to 15 Jan 2027	S$2,000	S$800 – Jan 2027's limit partially utilised under Claim 1	S$800	S$0 for Jan 2027
4	25 Apr 2027 to 30 Apr 2027	S$1,000	S$0 – Apr 2027's limit fully utilised under Claim 2	S$0	-

- For Claim 3, the remaining S$800 can be utilised under Jan 2027 (from Claim 1).
- For Claim 4, there is no payout as Apr 2027's limit has been fully utilised under Claim 2.

18. Does AIA HSG Max cover medical services (ancillary services) received during high-cost drug treatments?

AIA HSG Max plans will only cover for medical services received under an inpatient (or day surgery) high-cost drug treatment. These will be processed under the "Hospitalisation and surgical benefits", subject to the respective policy's terms and conditions.

For medical services received under the outpatient high-cost drug treatments, it will not be payable under "High-cost drug treatments benefit". However, it can be payable under "Pre-hospitalisation benefit" or Post-hospitalisation benefits" under AIA HSG Max, subject to the terms and conditions of the policy.

19. Are high-cost drugs payable under any other benefits?

No, all high-cost drug treatments (including inpatient, day surgery and outpatient settings) are only payable under the "High-cost drug treatments benefit".

20. What happens if I use a high-cost drug for a medical condition not listed on the MSHL's benefit schedule?

High-cost drugs used for medical conditions NOT listed on the MSHL's benefit schedule are not subject to the 'High-cost drug treatments benefit' framework and may be payable under your policy, subject to the policy's terms and conditions.

21. How do I submit a claim for high-cost drug treatments?

For Singapore Citizens and Permanent Residents, all claims must be submitted by a hospital or medical institution via the claim system set up by MOH.

For Foreigners, all claims must be submitted online through AIA+ or our website.

Stereotactic radiosurgery (for cancer) benefit

22. What is 'Stereotactic radiosurgery (for cancer) benefit'?

From 1 October 2026, all stereotactic radiosurgery (for cancer) treatments received in an inpatient, day surgery or outpatient [NEW] setting will be covered under this benefit.

For outpatient stereotactic radiosurgery (for cancer) treatments, we will pay for consultation fees, medicines, examinations and tests that are provided as part of the treatment. These treatments must be directly related to the outpatient stereotactic radiosurgery (for cancer) treatment and ordered by the physician, and subject to the same limits of compensation for this benefit.

Please refer to your policy documents for more information.

Changes under AIA HSG Max B plans

23. What are the changes to AIA HSG Max B plans from 1 October 2026

From 1 October 2026, a pro-ration factor of 70% will be applied to the total eligible claim amount for all outpatient treatments received at any private hospital or private medical institution. This means that 70% of the eligible claim amount will be payable under your outpatient benefits, subject to co-insurance.

Example:
Outpatient kidney dialysis treatment under a private medical institution:

- Total eligible bill amount: S$50,000
- 70% pro-ration: $50,000 X 70% = $35,000

AIA HSG Max B will cover S$35,000, subject to co-insurance.
You will be required to pay the remaining S$15,000 of the bill.

Please refer to your policy documents for more information.

Premium revision with effect from 1 October 2026

24. How will the premium revision impact AIA HSG Max policies?

Healthcare costs have been rising because of advancement in medical technologies, medical inflation and changes in the medical landscape. For this reason, we have revised the premiums for the following AIA HSG Max plan and riders:

Basic plans	Withdrawn riders^
AIA HSG Max A (or Special A)*	AIA Max VitalHealth A AIA Max VitalHealth A Value AIA Max VitalCare AIA Max A Cancer Care Booster

This premium revision is required to help ensure that our plans remain sustainable over the long-term and we continue to meet the evolving needs of our customers.

There will be no change in premiums for the other plans and riders.

**For Singapore Citizen or Permanent Resident plans, the increase in premiums will impact the private insurance portion only (excluding MSHL premiums).*
^ Withdrawn and not available for new business or for switching in.

25. When will these changes take place?

Affected policyholders should take note of the following key dates:

- For new customers, new premium rates will be implemented from 1 October 2026
- For current policyholders, new premium rates will take effect on their respective policy anniversary dates from 1 October 2026.
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26. Why are the changes necessary?

Our focus remains on keeping healthcare coverage affordable for our customers. AIA reviews the premiums regularly to ensure that our portfolio remains financially sustainable over the long term.

However, in recent years, there has been an increase in claims due to the following reasons:

- Medical inflation continues to remain high (estimated at 13%*).;
- An ageing population which has led to increased consumption of healthcare services;
- Advancement of medical technologies including newer and costlier treatments.

**Source: aon-global-medical-trend-rates-report-2026.pdf*

27. What is AIA doing to keep our healthcare coverage affordable?

AIA is an active advocate for collaboration among stakeholders in the industry to better manage healthcare costs. We have also rolled out some initiatives, which include:

- The first insurer to establish direct relationships with healthcare providers through our AIA Quality Healthcare Partners (AQHP), providing quality, affordable care from our 600+ panel doctors to our customers.
- Established AIA Partner Facility, a group of trusted healthcare partners committed to providing high-quality, cost-efficient medical care to keep healthcare accessible and affordable for our customers, while ensuring high standards of care and service are delivered.

- Making pre-authorisation available for all private hospital admissions and day surgeries, providing customers with financial assurance on claim coverage and help ensure that treatment and charges are in line with established norms.

We continue to work closely with the Life Insurance Association of Singapore, Ministry of Health and professional healthcare associations to better manage healthcare cost and inflation while ensuring continued access to quality healthcare for our customers.

28. What can I do to ensure that my premiums are kept affordable in the long run?

Here are a few ways to keep your premiums more affordable in the long run,

- Use your corporate insurance first: Claim from your company's insurance instead of your AIA HealthShield Gold Max policy. By doing so, you could preserve your policy year limit, potentially reduce your out-of-pocket expenses, and receive a token of appreciation upon claim recovery[#].
- Choose an AIA preferred provider and / or seek care at our AIA Partner Facilities to enjoy higher coverage with your policy.

[#] Only applicable to a claim recovery of more than S$250 in a single claim for AIA HSG Max plan. For details, please refer to aia.com.sg/claims-recovery-faq.

Note:

AIA Max VitalHealth Pro, Max VitalHealth, AIA Max VitalCare and AIA Max A Cancer Care Booster are not a MediSave-approved Integrated Shield plan, and premium is not payable using MediSave. AIA Max VitalHealth Pro, Max VitalHealth, AIA Max VitalCare and AIA Max A Cancer Care Booster are designed to complement the benefits offered under AIA HealthShield Gold Max.

The above is for general information only. It is not a contract of insurance. The precise terms and conditions of these insurance plans are specified in the policy contract.

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 coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Information correct as at 26 August 2026.