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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 HealthShield Gold Max (AIA HSG Max) plans and riders with effect from 1 October 2025 (new purchase and upon policy renewal):

Revisions	AIA HSG Max A ¹	AIA HSG Max B ¹	AIA HSG Max B Lite
Outpatient and home-based treatments benefit NEW	✓	✓	✓
Cell, tissue and gene therapy benefit ² REVISED	✓	✓	✓
Limit per policy year REVISED	No change	✓	No change
Pre-hospitalisation and post-hospitalisation benefits REVISED	No change	✓	No change
Premium revisions	✓ Also applies to riders (see below)	✓ Also applies to rider (see below)	No change
Revisions	AIA Max VitalHealth A / A Value & AIA Max VitalCare riders	AIA Max VitalHealth B rider	AIA Max VitalHealth B Lite rider
Non-listed cell, tissue and gene therapy benefit NEW	✓	✓	✓
Outpatient cancer care benefits REVISED	No change	✓	✓
Home palliative care benefit EXTENDED	No change	✓	Not covered
Premium revisions	✓ Only applies to AIA Max A Cancer Care Booster, AIA Max VitalHealth A and AIA Max VitalCare	✓	No change

¹ Also applies to AIA HSG Max Special A & B.

² Will exclude any cell, tissue and gene therapy treatments that are not listed under the Cell, Tissue and Gene Therapy Product List (<https://go.gov.sg/ctgtp-list>).

The following treatments will not be covered under your AIA HSG Max policy (including Standard, Max C & Plan 1 (FR) plans):

- Cell, tissue and gene therapy treatments that are not listed under the Cell, Tissue and Gene Therapy Product List (<https://go.gov.sg/ctgtp-list>) (non-listed CTGTP treatments); and
- High-cost drug treatments used for the medical conditions indicated under MediShield Life (MSHL) which are not listed on the MediShield Life's benefit schedule (<https://go.gov.sg/mshlbenefits>).

If you have the following plans, there will be additional revision to your coverage:

- AIA HSG Max Plan 1 (FR) plan: All cell, tissue and gene therapy treatments will not be covered.

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.

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

Outpatient and home-based treatments

3. What are outpatient and home-based treatments?

With advances in technology and service delivery, it is now possible for patients to receive more types of care in the outpatient setting or in the comfort of their own homes. From 1 October 2025, MediShield Life (MSHL) will expand coverage to more outpatient treatments to support the shift in healthcare delivery from hospitals to outpatient and home settings. Likewise, AIA will be expanding our coverage to selected outpatient and home-based treatments to support the government's direction.

4. What will be covered under outpatient and home-based treatments?

AIA HSG Max A, B & B Lite will provide coverage for selected outpatient and home-based treatments, with the following limits.

Treatments	MSHL Limits	HSG Max A	HSG Max B	HSG Max B Lite
Home ventilation and respiratory support service (HRVSS)	S\$840 per month	S\$1,680 per month		
Negative pressure wound therapy (NPWT)	S\$120 per day	S\$120 per day		
Repetitive transcranial magnetic stimulation (rTMS)	S\$120 per treatment session	S\$240 per treatment session		
Pasteurised donated human milk (PDHM)	S\$85 per day	S\$85 per day		
Hyperbaric oxygen therapy (HBOT)	S\$780 per treatment session	S\$780 per treatment session		
Outpatient parenteral antibiotic therapy (OPAT)	S\$90 per day	S\$180 per day		

We will only pay for the eligible expenses for the above listed outpatient and home-based treatments if:

- the insured meets all the MediShield Life's criteria as shown on the MOH website (<https://go.gov.sg/mshlbenefits>);
- the treatments and services are provided in line with the MediShield Life's terms and conditions as shown on the MOH website (<https://go.gov.sg/mshlbenefits>); and
- the treatment is recommended in writing by a physician.

We will also pay for consultation fees, medicines, examinations and tests that are provided during the outpatient and home-based treatment. These treatments must be directly related to the outpatient and home-based treatment and ordered by the physician, and the same limits of compensation for the respective outpatient treatment as shown above will apply.

The treatment received under this benefit needs to be provided in a medical institution in Singapore or the insured's home in Singapore.

The insured does not need hospitalisation for this benefit. No deductible applies to the eligible expenses covered for this benefit, but you do have to pay co-insurance.

You may refer to our policy contract and MOH website (<https://go.gov.sg/mshlbenefits>) for more information.

5. How do I submit a claim for outpatient and home-based treatments?

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

For Foreigners, you must submit these claims online through AIA+ or our website.

For the treatments to be claimable, a referral letter from the treating physician is required.

6. Will my AIA HSG Max policy cover these treatments if they are received in an inpatient setting?

All outpatient and home-based treatments must be received in an outpatient or home setting to be covered under the outpatient and home-based treatment benefit, subject to the terms and conditions of this benefit.

However, if you do receive selected treatments (such as HBOT, PDHM, rTMS & NPWT) when you are hospitalised, these treatments may be covered, subject to the benefit limits and the terms and conditions of your policy.

7. What are the claim criteria for repetitive transcranial magnetic stimulation (rTMS) treatment?

The rTMS treatment must be administered in line with the MediShield Life's criteria and terms and conditions shown on the MOH's website (<https://go.gov.sg/mshlbenefits>). This may include:

- The treatment must be administered according to the guidance recommendation published on the MOH's website (<https://www.ace-hta.gov.sg/healthcare-professionals/ace-technology-guidances/medical-technology-guidance>).
- We will only pay up to one course of initial rTMS with a cap of 24 treatment sessions, and one course of retreatment rTMS with a cap of 15 treatment sessions.
- We will not pay for any maintenance sessions or any additional treatment sessions that exceed the cap above, or if the treatment does not meet the criteria set out by MOH.

8. What are the claim criteria for pasteurized donated human milk (PDHM) treatment?

The PDHM treatment must be administered in line with the MediShield Life's criteria and terms and conditions shown on the MOH's website (<https://go.gov.sg/mshlbenefits>). This may include:

- The insured (the newborn) must be a recipient of the PDHM treatment which is provided by a MOH registered milk bank in Singapore. You may refer to this link(<https://www.kkh.com.sg/patient-care/areas-of-care/childrens-services/Pages/milk-bank.aspx>) for more information on the eligibility of a PHDM recipient and the terms and conditions of the PDHM treatment.
- We will not pay for any consumables (such as milk bottles or syringes for feeding purposes) related to the PDHM treatment, or if the treatment does not meet the criteria set out by MOH or the MOH registered milk bank.

9. What are the claim criteria for hyperbaric oxygen therapy (HBOT) treatment?

The HBOT treatment must be administered in line with the MediShield Life's criteria and terms and conditions shown on the MOH's website (<https://go.gov.sg/mshlbenefits>). This may include:

- The HBOT treatment must be administered for the list of clinical indications listed below:
 - Air or gas embolism
 - Carbon monoxide poisoning
 - Gas gangrene
 - Crush injury, compartmental syndrome and other acute ischaemias
 - Decompression illness
 - Healing of problem wounds
 - Exceptional blood loss
 - Intracranial abscess
 - Necrotising soft tissue infections
 - Chronic refractory osteomyelitis
 - Osteoradionecrosis and delayed radiation injuries including soft tissue injuries, e.g. radiation cystitis
 - Compromised skin grafts and myocutaneous flaps
 - Thermal burns
- We will not pay if the clinical situations do not meet the criteria set out by MOH, or if the HBOT treatment is meant for well-being purposes.

10. What are the claim criteria for outpatient parenteral antibiotic therapy (OPAT) treatment?

The OPAT treatment must be administered in line with the MediShield Life's criteria and terms and conditions shown on the MOH's website (<https://go.gov.sg/mshlbenefits>). This may include:

- We will only pay for subsidised antibiotics for infusions or injections administered for the OPAT treatment. You may refer to this website for the list of subsidised drugs (<https://www.moh.gov.sg/managing-expenses/schemes-and-subsidies/list-of-subsidised-drugs>).
 - To identify such drugs, please look out for "infusion" or "injection" under the "Dosage form" column in the link above.
- We will not pay if the OPAT is administered with unsubsidised drugs not found in the link above, or if the OPAT treatment does not meet the criteria set out by MOH.

11. Is paediatric home care treatment covered under AIA HSG Max?

No, paediatric home care treatment is not covered under AIA HSG Max. However, it is covered under MediShield Life (MSHL) as long as it is administered in line with the MediShield Life's criteria and terms and conditions shown on the MOH's website (<https://go.gov.sg/mshlbenefits>).

Cell, tissue and gene therapy treatments

12. What is cell, tissue and gene therapy treatments?

Cell, tissue and gene therapy treatments (CTGTP) refer to the following:

- i. **Tissue therapy:** Tissues from a donor or tissues that are grown in a laboratory are used during surgery to repair or replace damaged areas of a body (eg a bone graft).
- ii. **Cell therapy:** Cells from a patient or donor are processed and placed back into the patient to heal damaged areas of the body, or act as a treatment to find and kill cancer cells. Commonly used to treat blood cancers, bone marrow cancers of the lymphatic system, plasma cell disorders and other conditions that affect the body's ability to make healthy cells.
- iii. **Gene therapy:** Genetic material is delivered into the patients' cell to replace, inactivate or correct the function of missing or abnormal genes. Able to treat genetic or inheritable disorders, and certain types of cancer.

The Ministry of Health of Singapore (MOH) has introduced a Cell, Tissue and Gene Therapy Product List which includes clinically proven and cost-effective treatments for specific indications which can be found in this link (<https://go.gov.sg/ctgtp-list>).

Cell, tissue, and gene therapy products are made from human or animal cells or tissues, or man-made genetic material. They are used to diagnose, treat, or prevent different conditions including burns, cancers, and genetic disorders. CTGTPs can contain any of the following and achieves its primary intended action by pharmacological, immunological, physiological, metabolic or physical means:

- viable or non-viable human cells or tissues
- viable animal cells or tissues
- recombinant nucleic acids

13. What are the changes to integrated shield plan's coverage for cell, tissue and gene therapy treatments?

From 1 October 2025, all Integrated Shield Plans (IPs) can only cover cell, tissue and gene therapy treatments listed on the Cell, Tissue and Gene Therapy Product List (CTGTP treatments). However, riders can provide coverage for Cell, Tissue and Gene therapy treatments not listed on the Cell, Tissue and Gene Therapy Product List (<https://go.gov.sg/ctgtp-list>) (non-listed CTGTP treatments).

Hence, from 1 October 2025, the following changes will apply:

- **AIA HSG Max A, B & B Lite** will only cover CTGTP treatments at S\$250,000 per indication per lifetime for each CTGTP treatment, as shown in the schedule of benefits (appendix 1) of your contract.
- **AIA HSG Max Standard and Plan C** will only cover CTGTP treatments, as per the current terms and conditions.

AIA Max VitalCare and AIA Max VitalHealth series riders will cover non-listed CTGTP treatments at S\$150,000 per indication per lifetime.

Note: For AIA HSG Max Plan 1 (FR) plan, there will be no coverage for any cell, tissue and gene therapy treatment (listed or non-listed). If you require more coverage, for your healthcare needs, you may consider switching to AIA HealthShield Gold Max series without medical underwriting. Please consult your AIA Consultant/Insurance Representative to discuss your options.

14. How do I check that my cell, tissue and gene therapy treatment is covered under AIA HSG Max?

To check that your cell, tissue and gene therapy treatment is covered under AIA HSG Max, it has to meet the requirements shown below:

- Your cell, tissue and gene therapy treatment needs to be listed on the Cell, Tissue and Gene Therapy Product List (CTGTP treatment);
- The CTGTP treatment must be a listed treatment under your AIA HSG Max's schedule of benefit (appendix 1); and
- The CTGTP treatment must be provided in line with the indication requirements specified on the Cell, Tissue and Gene Therapy Product List.

If it does not meet the requirements mentioned above, your cell, tissue and gene therapy treatment may be covered under "Non-listed cell, tissue and gene therapy benefit" in your AIA Max VitalCare or AIA Max VitalHealth riders, subject to terms and conditions of your rider's contract.

To ensure that your treatment is covered under your policy, we encourage you to apply for pre-authorisation on AIA+ or our website before you undergo the treatment.

15. What happens if my CTGTP treatment is not administered as per the indication shown on the Cell, Tissue and Gene Therapy Product List?

If your CTGTP treatment is not administered as per the indication shown on the Cell, Tissue and Gene Therapy Product List (<https://go.gov.sg/ctgtp-list>), it will not be payable under the 'Cell, tissue and gene therapy benefit' in your AIA HSG Max plan.

However, it may be covered under the "Non-listed cell, tissue and gene therapy benefit" in your AIA Max VitalCare or VitalHealth riders, subject to the terms and conditions of your rider's contract.

16. What happens if the CTGTP treatment is listed on the Cell, Tissue and Gene Therapy Product, but it is not listed under the AIA HSG Max's schedule of benefits?

We will not cover any additional CTGTP treatments which are shown on the Cell, Tissue and Gene Therapy Product List (<https://go.gov.sg/ctgtp-list>), but are not listed under the AIA HSG Max's schedule of benefits (appendix 1).

As of 26 August 2025, only Kymriah and Yescarta used for specified indications are listed in the Cell, Tissue and Gene Therapy Product List and AIA HSG Max's schedule of benefits (appendix 1) at S\$250,000 per treatment indication per lifetime.

17. What happens if the cell, tissue and gene therapy treatment is not listed on the Cell, Tissue and Gene Therapy Product, but it is listed under the AIA HSG Max's schedule of benefits?

If the cell, tissue and gene therapy treatment is no longer listed on the Cell, Tissue and Gene Therapy Product List (<https://go.gov.sg/ctgtp-list>), but it is listed under the AIA HSG Max's schedule of benefits, the treatment will be deemed as a non-listed CTGTP treatment and it will not be covered under the AIA HSG Max plan.

However, it may be covered under the "Non-listed cell, tissue and gene therapy benefit" in your AIA Max VitalCare or AIA Max VitalHealth riders, subject to the terms and conditions of your rider's contract.

18. Can I claim for the same CTGTP treatment per indication or non-listed CTGTP treatment per indication under my policy?

If you have claimed for a CTGTP or non-listed CTGTP treatment per indication before the changes are effective (before policy renewal), you may continue to claim for the same CTGTP or non-listed CTGTP treatment per indication, as per the terms and conditions of your policy or rider.

Once the changes are effective (upon policy renewal from 1 October 2025), you will no longer be eligible to claim for the same CTGTP treatment per indication under your policy, or the same non-listed CTGTP treatment per indication under your rider.

19. How do we determine if I have utilised a CTGTP treatment per treatment per indication per lifetime?

A CTGTP treatment is deemed to have been used per treatment per indication per lifetime when a CTGTP product has been used for a particular indication once in your lifetime.

For example, Kymriah is currently approved* for use in Singapore for three indications:

- (a) B-cell acute lymphoblastic leukaemia,
- (b) diffuse large B-cell lymphoma and
- (c) follicular lymphoma.

If you had used Kymriah for (a) B-cell acute lymphoblastic leukaemia and claimed under your policy, you would be considered to have utilised it per indication per lifetime and may not claim Kymriah in the future for the same indication (a).

You may still claim Kymriah in future for the other two indications (b) or (c), which have not been claimed for previously.

The same will apply to non-listed CTGTP treatments as well.

To ensure that your treatment is covered under your policy, we encourage you to apply for pre-authorisation on AIA+ or our website before you undergo the treatment.

**Information is correct as at 26 August 2025.*

20. Am I able to claim for the same CTGTP treatment per indication if I have made a claim before the changes are effective?

If you have made the claim before the changes are effective, you are still allowed claim for the same CTGTP treatment per indication.

Once the changes are effective (upon policy renewal from 1 October 2025), and you have made a CTGTP treatment claim, you would be considered to have utilised it per indication per lifetime and may not claim for the same CTGTP treatment per indication in the future.

The same will apply to non-listed CTGTP treatments as well.

To ensure that your treatment is covered under your policy, we encourage you to apply for pre-authorisation on AIA+ or our website before you undergo the treatment.

21. What happens if I am currently undergoing non-listed CTGTP treatment?

If your non-listed CTGTP treatment has started before the changes are effective, we will cover your non-listed CTGTP treatments based on the current terms and conditions until your non-listed CTGTP treatment has ended.

Once the changes are effective (upon policy renewal from 1 October 2025), all non-listed CTGTP treatments will not be covered under your AIA HSG Max policy. However, non-listed CTGTP treatments may be covered under your AIA Max VitalCare or AIA Max VitalHealth series rider (if any) under the 'Non-listed cell, tissue and gene therapy treatment benefit', subject to the terms and conditions of your rider's contract.

22. How will ancillary services for outpatient cell, tissue and gene therapy treatments be paid?

All ancillary services administered during the outpatient cell, tissue and gene therapy treatment (including services used for those not on the Cell, Tissue and Gene Therapy Product List) will be paid under the 'Cell, tissue and gene therapy benefit' under your AIA HSG Max plan. These treatments must be directly related to the outpatient cell, tissue and gene therapy treatment and ordered by the physician, and the same limits of compensation for this benefit will apply.

These ancillary services include consultation fees, medicines, examinations and tests that are provided during the outpatient cell, tissue and gene therapy treatment.

Changes under AIA HSG Max B plans

23. What are the changes to AIA HSG Max B plans from 1 October 2025

From 1 October 2025, the following benefits under AIA HSG Max B plans will be revised (or upon policy renewals):

- Limit per policy year will increase to \$1,200,000 for all hospitalisation (including outpatient treatments) provided by, or under an AIA preferred providers within the same policy year. The annual limit of S\$1,000,000 will continue to apply to all other claims:

	Before 1 October 2025	From 1 October 2025
Limit per policy year	S\$1,000,000	S\$1,000,000, or S\$1,200,000 if hospitalised under an AIA preferred provider

- Pre-hospitalisation and post-hospitalisation treatments will increase its coverage for hospitalisation under a public hospital. The coverage for treatments under a private hospital will also be revised.

Type of hospitalisation treatment	Before 1 October 2025	From 1 October 2025
Pre-hospitalisation benefit	Within 180 days before hospitalisation (applies to all hospitals)	Public hospital: Within 12 months before hospitalisation
		Private hospital: Within 100 days before hospitalisation
Post-hospitalisation benefit (Post-hospitalisation treatment)	Within 180 days after hospitalisation (applies to all hospitals)	Public hospital: Within 12 months after hospitalisation
		Private hospital: Within 100 days after hospitalisation

The coverage for treatments under a private hospital will also be revised.

24. How do I qualify for the higher limit per policy year under AIA HSG Max B plan?

To qualify for the higher limit of \$1,200,000 per policy year under AIA HSG Max B plan, all hospitalisation and outpatient treatments (excluding pre-hospitalisation and post-hospitalisation treatments) must be provided by, or under, an AIA preferred provider within the same policy year. When there is more than one physician treating the insured for the same hospitalisation, the main treating physician must be an AIA preferred provider.

25. How do I qualify for the longer coverage period for pre-hospitalisation and post-hospitalisation treatments under AIA HSG Max B plan?

To qualify for the longer coverage period of up to 12 months before and after hospitalisation, your hospitalisation must be under a public hospital.

26. Will I still be eligible for the higher coverage period for pre-hospitalisation and post-hospitalisation treatments under AIA HSG Max B if my pre-hospitalisation or post-hospitalisation claim is under a private hospital or medical institution?

If your hospitalisation is under a public hospital, all pre-hospitalisation and post-hospitalisation treatments before or after 12 months from the hospitalisation will be covered, regardless of the setting for the pre-hospitalisation or post-hospitalisation treatments.

However, do note that pro-ration will apply for pre-hospitalisation and post-hospitalisation treatments claims under a private hospital or medical institution.

Home palliative care benefit under AIA Max VitalCare, AIA Max VitalHealth A, A Value & B

27. What is 'Home palliative care benefit'?

Home palliative care benefit provides coverage for palliative services and care delivered in the patient's home. Common palliative services include pain management, change of wound dressings, feeding tubes change or insertion, stoma care, urinary tube changes or insertion, provision of supportive medicines and nutritional feeds.

It is available to insureds who are diagnosed with terminal illness with expected survival period of 12 months or less and have the following riders with the following limits:

Riders	Benefit limits
AIA Max VitalHealth A AIA Max VitalHealth A Value AIA Max VitalCare	S\$15,000 per month with a maximum lifetime limit of S\$45,000
AIA Max VitalHealth B ^{NEW} <i>(applicable for policies renewing on and from 1 October 2025)</i>	S\$10,000 per month with a maximum lifetime limit of S\$30,000

28. How can I apply for the home palliative service?

To apply for the service, you will need to obtain a referral letter* from your treating doctor and submit it to AIA appointed home palliative care provider(s).

- Step 1: Insured requires home palliative care service
- Step 2: Insured / referring oncologist contacts AIA appointed home palliative care provider to submit referral letter*
- Step 3: AIA appointed home palliative care provider contacts the insured to make necessary care arrangement.

*The referral letter must include a declaration that the insured is diagnosed with terminal illness with an expected survival period not exceeding 12 months.

29. Who are the AIA appointed home palliative care providers?

The AIA appointed home palliative care providers for this service are:

- VickyCares* Pte Ltd (support@vickycares.sg / +65 8668 8360)
- Jaga-Me Pte Ltd (support@jaga-me.com / +65 6717 3737)

This list of appointed providers is correct as of 26 August 2025 and may be subject to change.

**Only for terminal cancer cases.*

30. What do I need to take note of if I want to claim for the home palliative care benefit?

To submit a claim, the following criteria must be fulfilled:

- The service is provided by an AIA appointed home palliative care provider;
- The claim is accompanied by a specialist's letter confirming that the patient has terminal illness with an expected survival period not exceeding 12 months;
- The palliative claim is linked to an approved claim relating to a hospitalisation or an outpatient chemotherapy that the insured made under AIA HSG Max within the last six (6) months (Note: This is determined based on the date of the first home palliative claim);
- The claim is admissible only for eligible items needed for home palliative care;
- All claims submitted for home palliative care benefit should be made within 12 months from date of the first home palliative care starts, subject to the limit of compensation.

Changes in cancer care coverage for AIA Max VitalHealth B & B Lite

31. What is the new cancer care coverage for AIA Max VitalHealth B & B Lite?

The cancer care coverage will increase for AIA Max VitalHealth B & B Lite as follows:

	Before 1 October 2025	From 1 October 2025
	Patients receiving treatments for one primary cancer	
Cancer drug treatment on the Cancer Drug List	10x the 'MediShield Life limit ¹ per month' for one primary cancer per month, less 10% co-insurance for every claim	16x the 'MediShield Life limit ¹ per month' for one primary cancer per month, less 10% co-insurance for every claim
Cancer drug services	8x the 'MediShield Life limit ² for cancer drug services' for one primary cancer per policy year, less 10% co-insurance for every claim	10x the 'MediShield Life limit ² for cancer drug services' for one primary cancer per policy year, less 10% co-insurance for every claim
Cancer drug treatment not on the Cancer Drug List	S\$50,000 per policy year, less 10% co-insurance for every claim	S\$100,000 per policy year, less 10% co-insurance for every claim

	Before 1 October 2025	From 1 October 2025
	Patients receiving treatments for multiple primary cancer	
Cancer drug treatment on the Cancer Drug List	The total of the highest limits ^{from} among the covered CDL treatment for each primary cancer in that month, less 10% co-insurance for every claim	The total of the highest limits from among the covered CDL treatment for each primary cancer in that month, less 10% co-insurance for every claim
Cancer drug services	8x the 'MediShield Life limit ² for cancer drug services' for multiple primary cancers per policy year, less 10% co-insurance for every claim	10x the 'MediShield Life limit ² for cancer drug services' for multiple primary cancers per policy year, less 10% co-insurance for every claim
Cancer drug treatment not on the Cancer Drug List	S\$50,000 per policy year, less 10% co-insurance for every claim	S\$100,000 per policy year, less 10% co-insurance for every claim

These changes will be effective from 1 October onwards, or upon policy renewal from 1 October 2025.

¹ 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.

² For the latest MediShield Life limit for cancer drug services, check the '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.

32. Are there any changes in the claim process to qualify for the higher cancer care benefit?

There is no change in the claim process to qualify for the higher cancer care benefit as long as your claims are submitted after the changes are effective (upon policy renewal).

All outpatient cancer claims submitted before the effective date (upon policy renewal) will be paid based on the previous claim limits.

High-cost drugs treatments

33. 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, 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, MSHL will only cover high-cost drug treatments which are listed on the MSHL's benefit schedule (<https://go.gov.sg/mshlbenefits>).

34. Do AIA HSG Max plans cover for all high-cost drug treatments?

From 1 October 2025, AIA HSG Max plans will only cover high-cost drug treatments used for the medical conditions indicated under MSHL, which are listed on the MSHL's benefit schedule (<https://go.gov.sg/mshlbenefits>) (listed high-cost drug treatment).

AIA HSG Max plans will only cover listed high-cost drug treatments as per the current terms and conditions of your policy, up to the limits of compensation of the respective benefits.

AIA HSG Max plans will not cover:

- All high-cost drug treatments used for the medical conditions indicated under MSHL, which are not listed on the MSHL's benefit schedule (<https://go.gov.sg/mshlbenefits>); and
- Any high-cost drug treatment that is listed on the MSHL's benefit schedule (<https://go.gov.sg/mshlbenefits>), but not used in line with the specified indications.

Please refer to your policy contract for more information.

35. How does AIA HSG Max cover for listed high-cost drug treatments?

AIA HSG Max plans will only cover listed high-cost drug treatments according to the terms and conditions of the respective benefits, up to the limits of compensation of the respective benefits. Please refer to your policy contract for more information.

36. What happens if I am currently receiving treatment with non-listed high-cost drugs?

If your non-listed high-cost drug treatment has started before the changes are effective, we will cover your non-listed high-cost drug treatments based on the current terms and conditions until the changes are effective (i.e. upon your policy renewal from 1 October 2025).

Once the changes are effective (upon policy renewal from 1 October 2025), all non-listed high-cost drug treatments will not be covered under your policy.

37. 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.

Premium revision with effect from 1 October 2025

38. 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	Riders
AIA HSG Max A (or Special A)*	AIA Max VitalHealth A AIA Max VitalCare AIA Max A Cancer Care Booster
AIA HSG Max B (or Special B)*	AIA Max VitalHealth B

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 AIA Max VitalHealth A Value and Emergency and Outpatient Care Booster.

**For Singapore Citizen or Permanent Resident plans, the increase in premiums will impact the private insurance portion only (excluding MSHL premiums).*

39. 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 on/after 1 October 2025
- For current policyholders, new premium rates will take effect from their respective policy anniversary dates on/after 1 October 2025.

40. 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 (in the range of 14%*), especially in the private medical sector.
- An ageing population has led to increased consumption of healthcare services, including newer and costlier medical treatments.

**Source: [gon-global-medical-trend-rates-report-2025.pdf](#)*

41. 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.
- Making pre-authorisation available for all private hospital admissions and day surgeries, providing customers with financial assurance that their claim will be paid 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, MOH and professional medical associations to manage healthcare cost and inflation, ensuring there is continued access to quality healthcare for our customers.

42. 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,

- Claim from your company's insurance instead of your AIA HealthShield Gold Max policy and receive a token of appreciation when you make a claim recovery[^].
- Choose specialists from AIA Preferred Providers to enjoy higher benefits 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 <https://aia.com.sg/claims-recovery-faq>.

Note:

AIA 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, 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 2025.