



Product Summary for AIA HealthShield Gold Max for Foreigners (Version 6.5)

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	447.71	428.70	0.00	251.60	0.00
21 – 25	554.67	535.60	0.00	365.70	0.00
26 – 30	554.67	616.60	61.93	365.70	0.00
31 – 35	697.29	837.20	139.91	568.42	0.00
36 – 40	697.29	887.20	189.91	568.42	0.00
41 – 45	1,134.81	1,639.80	504.99	868.94	0.00
46 – 50	1,134.81	1,733.80	598.99	868.94	0.00
51 – 55	1,414.95	2,522.90	1,107.95	1,283.54	0.00
56 – 60	1,414.95	2,984.90	1,569.95	1,325.30	0.00
61 – 65	1,639.07	3,970.00	2,330.93	1,782.70	143.63
66 – 70	1,720.56	5,428.50	3,707.94	2,510.04	789.48
71 – 73	2,117.34	6,939.30	4,821.96	3,138.58	1,021.24
74 – 75	2,244.67	7,682.60	5,437.93	3,421.78	1,177.11
76 – 78	2,458.60	9,483.60	7,025.00	4,514.84	2,056.24
79 – 80	2,519.72	10,456.70	7,936.98	4,588.18	2,068.46
81 – 83	2,606.31	11,099.30	8,492.99	4,730.80	2,124.49
84 – 85	2,871.17	11,459.10	8,587.93	5,072.06	2,200.89
86 – 88	2,962.85	11,644.80	8,681.95	5,267.64	2,304.79
89 – 90	2,962.85	11,741.80	8,778.95	5,441.84	2,478.99
91 – 93	2,993.41	12,256.40	9,262.99	5,758.66	2,765.25
94 – 95	2,993.41	12,765.40	9,771.99	6,050.00	3,056.59
96 – 98	2,993.41	13,510.40	10,516.99	6,515.54	3,522.13
99 – 100	2,993.41	13,626.40	10,632.99	6,853.74	3,860.33
Above 100	2,993.41	13,626.40	10,632.99	6,853.74	3,860.33
Total (ANB 1 – 100)^		444,621.90	299,761.68	210,203.88	75,732.71

* 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 (CPF), 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 (\$\$ and includes GST)				AIA HealthShield Gold Max B for foreigners Premium rates (\$\$ and includes GST)			
	Insureds who are dependants of SC/SPR [#]		Insureds who are non- dependants of SC/SPR		Insureds who are dependants of SC/SPR [#]		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
Total (ANB 1 – 100)[^]	444,621.90	464,181.60	466,914.00	487,452.00	210,203.88	219,452.76	220,724.78	230,435.28

[#] 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.

[^] 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 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/.

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
(A) Hospitalisation and surgical benefits		
(i) Daily room and board charges ¹ (or equivalent charges for inpatient care provided through Mobile Inpatient Care @ Home)	As charged	As charged
(ii) Daily intensive care unit charges ¹	As charged	As charged
(iii) Community hospital charges ¹	As charged	As charged
(iv) Surgical charges (Including organ transplant and stem cell transplant)		
• Surgical procedures ²	As charged	As charged
• Surgical implants and approved medical consumables	As charged	As charged
• Stereotactic radiosurgery ³	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) Pre-hospitalisation benefit	As charged Within either: • 100 days before hospitalisation; or • 13 months before hospitalisation under an AIA preferred provider ^{4,5,6}	As charged Within 180 days before hospitalisation
(C) Post-hospitalisation benefits		



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	
(i) Post-hospitalisation treatment	As charged Within either: • 100 days after hospitalisation; or 13 months after hospitalisation under an AIA preferred provider ^{4,5,6}	As charged Within 180 days after hospitalisation	
(ii) Extended post-hospitalisation treatment for 30 critical illnesses (100 days after hospitalisation ends)	As charged ⁷	As charged	
(D) Accidental inpatient dental treatment benefit	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)		
(E) Pregnancy complications benefit	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits) ⁸		
(F) Congenital abnormalities benefits			
(i) Congenital abnormalities of the insured's biological child ^{9, 10}	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 ¹¹	As covered for benefits under part A (hospitalisation and surgical benefits), part B (pre-hospitalisation benefit) and part C (post-hospitalisation benefits)		
(G) Living donor organ transplant benefits			
(i) Insured (as a living donor) donating an organ	60,000 per organ transplant ^{9, 12}	40,000 per organ transplant ^{9, 12}	
(ii) Non-insured (as a living donor) donating an organ to the insured ¹³	60,000 per organ transplant ⁹	40,000 per organ transplant ⁹	
(H) Medical treatment outside Singapore benefits¹⁴			
(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)		
(I) Psychiatric treatment benefits			
(i) In-hospital psychiatric treatment ^{1,9}	5,000 per policy year	4,000 per policy year	
(ii) Post-hospitalisation psychiatric treatment (within 200 days after hospitalisation) ⁹	5,000 per policy year	2,500 per policy year	
(J) Outpatient benefits¹⁵			
Type of Hospital	Private or public hospital	Private hospital	Public hospital
• Radiotherapy for cancer	As charged	500 per treatment session ²²	As charged
• Stereotactic radiotherapy for cancer	As charged	4,000 per treatment session ²²	As charged
	Patients receiving treatment for one primary cancer		



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">Cancer drug treatments on the Cancer Drug List	5 x the 'MediShield Life limit per month' for one primary cancer per month ²⁴	5 x the 'MediShield Life limit per month' for one primary cancer per month ^{22,24}	5 x the 'MediShield Life limit per month' for one primary cancer per month ²⁴
	Patients receiving treatment for multiple primary cancers ²⁶		
	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month ²⁴	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month ^{22,24}	The total of the highest MediShield Life limits from among the covered CDL treatments for each primary cancer in that month ²⁴
<ul style="list-style-type: none">Cancer drug services	Patients receiving treatment for one primary cancer		
	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year ²⁵	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year ^{22,25}	5 x the 'MediShield Life limit for cancer drug services' for one primary cancer per policy year ²⁵
	Patients receiving treatment for multiple primary cancers ²⁶		
	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year ²⁵	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year ^{22,25}	5 x the 'MediShield Life limit for cancer drug services' for multiple primary cancers per policy year ²⁵
<ul style="list-style-type: none">Kidney dialysis	As charged	36,000 per policy year ²²	As charged
<ul style="list-style-type: none">Erythropoietin	As charged	7,200 per policy year ²²	As charged
<ul style="list-style-type: none">Approved immunosuppressant¹⁶	As charged	7,200 per policy year ²²	As charged
<ul style="list-style-type: none">Long-term parenteral nutrition	As charged	As charged	As charged
(K) Final expense benefit ¹⁵	5,000	3,500	
(L) Waiver of one year's premium benefit (upon total and permanent disability) ^{15,17}	One year's premium		
(M) Extra cover for 30 critical illnesses benefit ¹⁸			
<ul style="list-style-type: none">Additional limit per policy year	100,000	75,000	
<ul style="list-style-type: none">Additional limit per lifetime	Unlimited	Unlimited	
(N) Cell, tissue and gene therapy benefit	250,000 per policy year	250,000 per policy year	
(O) Proton beam therapy benefit ²⁷	100,000 per policy year	100,000 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
Maximum claim limit		
• Limit per policy year	1,000,000, or 2,000,000 if hospitalised under an AIA preferred provider ^{4,6,19}	1,000,000
• Limit per lifetime	Unlimited	Unlimited
Pro-ration factor	Does not apply	70% ^{22,23}
Deductible²⁰ (per policy year)		
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
Co-insurance²¹	10%	10%
Last entry age	75	75
Maximum period of cover	Lifetime	Lifetime

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

² 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.

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

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

⁵ 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.

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

⁷ 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:
(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).
- 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:
- (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.
- 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 70th 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 for hospitalisation and treatments under the outpatient benefits provided by AIA preferred providers.
- 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.

- (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.

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).
- (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), 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); 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)
- (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.

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 or www.lia.org.sg or www.sdic.org.sg).