

## Frequently Asked Questions (FAQ) Changes to MyHealthPlus Annual Deductible and Co-insurance Benefits

On 7 March 2018, Ministry of Health (MOH) has announced that all Integrated Shield Plan (IP) insurers will introduce new IP riders incorporating co-payment with the following features:

- a 5% co-payment rate or more on hospitalisation/ outpatient treatments/ day surgery bills (net of any rider cash benefit payouts), and
- a co-payment cap of S\$3,000 or higher in each policy year for pre-authorized treatments and/or treatments by any of the respective IP insurers' panel of preferred healthcare partners.

Insurers will need to launch these new IP riders between 8 March 2018 and 1 April 2019.

Existing IP rider plans can no longer be sold after the launch of the new IP rider plans.

All policyholders who purchase existing IP rider plans between 8 March 2018 and the launch date of the new IP rider plan should also transit to the new IP rider plan upon their policy renewal starting from 1 April 2021.

### 1. What is the new product design that Aviva will be introducing for MyHealthPlus?

Aviva will be revising the annual deductible and co-insurance benefits to MyHealthPlus as part of the revised product design, in accordance with the MOH announcement above.

Benefit	MyHealthPlus	New MyHealthPlus
<b>Co-insurance benefit</b>	Covers 100% of co-insurance incurred under MyShield	<ul style="list-style-type: none"> <li>• At least 5% of the claimable hospitalization/ outpatient treatments/ day surgery bills will be payable by the policyholder</li> </ul>
<b>Annual deductible benefit</b>	Covers 100% of annual deductibles incurred under MyShield	<ul style="list-style-type: none"> <li>• A cap will be introduced to limit the out-of-pocket payable by the policyholder under certain admission/ treatment conditions</li> </ul>

*Note: The term 'co-payment' is not to be confused with Aviva's co-insurance. The minimum requirement of 5% co-payment rate is the minimum amount the customer has to pay out of his or her claimable hospitalization/ outpatient treatments/ day surgery bills. The minimum amount may comprise of any co-insurance and/or annual deductible amount that the customer has to pay.*

### 2. When and how will the changes affect me?

New MyHealthPlus will be launched between 8 March 2018 and 1 April 2019. The following product benefits will apply depending on when the application form is signed:

MyHealthPlus application signed date	Applicable product benefits
<b>Before 8 March 2018</b>	<ul style="list-style-type: none"> <li>• We will share the timeline and process on any changes with you in due course.</li> </ul>
<b>8 March 2018 to New MyHealthPlus launch date</b>	<ul style="list-style-type: none"> <li>• <b>Eligible to purchase current MyHealthPlus ONLY.</b></li> <li>• We will share the timeline and process on the introduction of annual deductible and co-insurance benefits changes with you in due course.</li> </ul>
<b>On or after New MyHealthPlus launch date</b>	<ul style="list-style-type: none"> <li>• <b>Eligible to purchase New MyHealthPlus ONLY.</b></li> <li>• Annual deductible and co-insurance benefits changes will apply</li> </ul>

**3. What are MyHealthPlus annual deductible and co-insurance benefits? What will change for these benefits?**

Currently, MyHealthPlus annual deductible and co-insurance benefits cover 100% of annual deductible and co-insurance amount incurred under MyShield.

With the new product design, customer will have to pay at least 5% on the claimable amount under MyShield.

**4. Will there be a cap on the amount I have to pay following the change?**

There will be a cap on the amount you have to pay under certain conditions. This is to protect customers in an unlikely event where they face high co-payment amount due to a large bill.

More details will be disclosed in due course.

**5. Why is Aviva revising annual deductible and co-insurance benefits for new IP riders, instead of other claims management measures?**

Overcoming escalating healthcare costs is a challenge that requires an industry wide effort. In line with HITF's recommendation of product redesign, this move seeks to encourage consumers to play a more active role in addressing their medical care costs, and thereby address risks of overconsumption.

Aviva has been actively pursuing cost containment measures of our own. In 2016, we entered a partnership with Alliance Healthcare Group to provide our customers with access to a network of experienced private specialists, whose fees fall within a reasonable and pre-agreed fee schedule. This can help minimise cases where customers may be over-serviced and/or over-billed.

**6. Will Aviva be revising annual deductible and co-insurance benefits or introducing other claims management measures for existing MyHealthPlus policyholders?**

We are still reviewing the product design for existing MyHealthPlus customers. Aviva will update you and inform existing customers of any changes through their renewal letter prior to their policy renewal.

**7. Now that the revised design of MyHealthPlus does not provide full coverage for annual deductible and co-insurance, should I still purchase or keep MyHealthPlus?**

Even though the revised design of MyHealthPlus does not provide full coverage for annual deductible and co-insurance, the revised benefits will still reduce the annual deductible and co-insurance amount that you will have to pay under MyShield when a claim is made.

**8. Will there be any changes to the premiums I have to pay for MyHealthPlus?**

At Aviva, we are committed to ensure our customers have access to quality and affordable healthcare insurance plans in the long term. In our endeavor to bring down the future claims experience in private hospitals, we are looking into other claims management solutions, such as engaging a specialist panel of doctors into a partnership so that our customers have options to reduce their overall medical expenses and cost of claims.

Surging demand for healthcare services and the emergence of new technologies have led to rising medical costs in recent years, particularly at private hospitals. As a result of the persistent rise in medical costs, premiums of private health insurance in Singapore have been increasing in tandem.

We will continue to closely monitor our medical expenses and cost of claims. Any premium revisions will be made in tandem with cost of claims. Aviva will inform you of any changes through their renewal letter prior to their policy renewal.

**9. Besides making changes to the product design and increasing premiums, what is Aviva doing to contain the escalating claims experience?**

In our endeavor to contain the rising cost of healthcare and keeping premiums affordable, we have collaborated with Alliance Healthcare, who has put together a list of over 200 experienced medical specialists, across various fields to provide quality healthcare at predetermined medical fee ranges. This helps to provide better certainty over the range of fees charged by the medical specialists in our network, which can help minimise cases where customers may be over-serviced and/or over-billed.

**10. Aviva has just launched panel specialists to contain the claims experience. Is this helping to reduce medical expenses and cost of claims at Private Hospitals?**

It is too early to comment on the impact of this introduction. The aim of introducing panel specialists is to lower the medical specialists' fees inflation through better certainty over the range of fees charged by the medical specialists in our network, and thereby minimising cases where customers may be over-serviced and/or over-billed. The effect of this introduction will be observed in the longer term when the usage of our panel specialists increases.

**11. If I have more questions, who should I contact?**

You can contact your financial adviser representative or call us at (65) 6827 7788 (8.45am to 5.30pm, Mondays to Fridays). Alternatively, you can email us at [cs\\_life@aviva-asia.com](mailto:cs_life@aviva-asia.com).