



South East Asia in focus

What's new in health

OCTOBER 2025 EDITION

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Welcome to our newsletter focused on the health insurance market in South East Asia and Hong Kong. This edition covers news and developments for the year through 30 June 2025.

We trust you find this edition informative. As always, we look forward to receiving your feedback, questions or comments.



Pang Chye
*Principal and
Consulting Actuary*



Cheng Xin Yap
Consulting Actuary



John Chin
Consulting Actuary



Bussaba Chauyruk
Actuarial Analyst

A year in review—tackling medical claims inflation across the region

Over the past 12 months, medical claims inflation has continued to challenge the sustainability of health insurance across the region. From double-digit hospital cost increases to rising outpatient utilisation, insurers are grappling with worsening loss ratios, while regulators are under pressure to protect consumers from unsustainable premium hikes. We have seen a range of decisive measures from regulators and insurers across South East Asia and Hong Kong – implementing more structural, coordinated measures aimed at bending the cost curve.

Across the region, a few common themes are emerging:

- **Cost-sharing is back:** co-payments, deductibles and benefit limits are being reintroduced or enforced to instil discipline in claims behaviour.
- **Multi-party collaboration is essential:** governments, insurers, providers and regulators are increasingly working together to design fairer, more transparent, more sustainable provider reimbursement systems. These developments signal a deliberate shift from reactive repricing measures from insurers towards structured negotiations intended to moderate claims inflation over time.
- **Data and cost transparency are rising in importance:** whether through diagnosis-related group (DRG) pilots, national claims databases or price transparency measures, the region is recognising that controlling costs requires better visibility, monitoring and understanding of the underlying drivers.
- **Provider networks:** increasingly, insurers across the region are developing provider networks, differentiating between higher- and lower-cost medical providers via tiered cost-sharing, service levels (e.g., concierge services), cashless facilities and other value-added services.

In Malaysia, where medical inflation was estimated at around 15% in 2024,¹ a bold set of interim measures was introduced by the insurance and takaful industry with regulatory backing, including capping premium hikes for individual Medical & Health Insurance (MHIT) products at 10% per year for the next three years, a premium freeze for those aged 60 and above, and reinstatement options for lapsed policies. Perhaps more important, a multi-stakeholder cost-containment roadmap has been launched. It includes developing a national basic health insurance scheme, exploring DRG-based reimbursement, promoting generic drug use, establishing cost-review and medico-

legal committees, and creating an industry-wide claims database. These initiatives are supported by an MYR 60 million shared fund contributed by the industry, private providers and government.

Singapore has taken a different route by refining the national MediShield Life scheme. Effective April 2025, amongst the other changes to the scheme, the Ministry of Health raised the deductible for inpatient treatments, reduced proration for Ward A and private ward stays, and introduced deductibles for outpatient treatments, reinforcing the message that co-payment is essential to moderate premium increases. These measures build on earlier initiatives such as cancer drug negotiations, which sought to make high-cost treatments more affordable and sustainable.

Thailand has adopted a regulatory-led strategy. From March 2025 onwards, the Office of Insurance Commission mandated co-payments in private health policies. Under the new rules, if policyholders exceed certain thresholds (for example, frequent claims for minor conditions or high annual claim ratios), insurers are allowed to apply a co-payment of up to 30%–50% for claims in the following renewal year. The measure is intended to curb overutilisation for minor conditions, as claims inflation continues to outpace premium growth. The medical trend reached nearly 15% in 2024.²

In Indonesia, a similar approach is under way. In mid-2025, The Financial Services Authority (OJK) proposed a 10% minimum co-insurance per claim. Although this move has since been indefinitely postponed as of the date of this newsletter due to public backlash, it reflects the government's response to nearly 20% medical inflation and increasing losses among insurers, many of which had historically offered 'first-dollar' coverage without adequate safeguards against overutilisation. At the same time, leading medical insurers have moved towards tiered hospital networks, based on negotiated contracts and packages with preferred hospitals.

The Philippines, meanwhile, is facing a dual challenge of high medical trend and systemic losses among health maintenance organisations (HMOs) and insurers, many of whom saw record deficits due to escalating hospital and professional fees. Some providers increased tariffed fees by 80%–150% over the past two years. In response, insurers are revisiting their pricing assumptions more frequently and pursuing stricter negotiations with hospitals.

In Hong Kong, authorities are stepping up efforts to improve price transparency in the private healthcare sector as a way to promote value-driven care. In May 2025, the government announced enhancements to its existing online platform,

1. Izzat Najmi Abdullah, (2025, July 2). All eyes are on "RESET" as Malaysia plans to fix its soaring medical costs. FinTech News.

2. Nareerat Wiriyaopong, (2024, November 27). Medical costs in Thailand surge. Bangkok Post.

aiming to provide clearer, more standardised pricing for common procedures across private hospitals. These upgrades – including more granular breakdowns and expanded coverage – are expected to facilitate more cost-conscious decision-making by consumers, and support insurers in negotiating and managing claims, particularly for individual medical insurance which continues to see sustained cost pressures.

Meanwhile, Vietnam has strengthened its health insurance framework to contain medical inflation. The Health Insurance Law that took effect in July 2025 introduced tiered household premiums to ease affordability, expanded free or subsidised coverage for vulnerable groups, and imposed annual co-payments for participants. These reforms aim to moderate out-of-pocket costs and improve sustainability as Vietnam advances towards universal health coverage.

As we move into the second half of 2025 and beyond, all eyes will be on whether these efforts will be sufficient to stabilise claims trends and rebuild consumer trust. It is clear, however, that passivity is no longer an option. The region is taking active, and sometimes bold, steps to rewire how health insurance works – not only to manage inflation, but to ensure sustainability of private health systems for years to come.

HONG KONG

Market news

NEW PRODUCTS

- AIA Hong Kong & Macau launched the OptimaCEO Medical Plan, offering high-end health coverage with features such as a 24/7 concierge support hotline, access to the Signature Healthcare Circle of over 500 experienced specialists and a rare-in-market Wellness Relationship Manager for personalised guidance.
- Bupa Hong Kong partnered with Fosun Health, Prosper Health, The Greater Bay Area (GBA) Health Group and Zhongshan Chen Xinghai Hospital to offer medical services across the GBA, expanding cross-border access. Members can receive specialised treatments and inpatient care through a guarantee of payment arrangement.
- Bupa launched a new Voluntary Health Insurance Scheme (VHIS)-certified plan in Hong Kong. The plan is designed to offer high annual benefits with no lifetime cap for private room-level care in Hong Kong and global medical support services worldwide.

INSURER INITIATIVES

- Bupa Hong Kong launched its cashless pharmacy-based consultation programme in partnership with Mannings. The programme allows members to receive pharmacists' consultations and medication for minor ailments at over 60 pharmacies without clinic visits.
- Manulife Hong Kong has partnered with New Frontier Group to offer cashless medical services for eligible customers in mainland China, which is expected to enhance cross-border healthcare access and convenience.
- Prudential Hong Kong expanded its direct billing network by adding ophthalmology services at Hong Kong Baptist Hospital and also partnered with Foshan Fosun Chancheng Hospital to extend cross-border billing arrangements.
- FWD Hong Kong has partnered with New Frontier Group, a private healthcare services provider based in Greater China, to launch cross-border medical services in the GBA. The initiatives include a cashless hospitalisation service, priority access to specialists, and cross-border cancer case coordination using telemedicine consultations between doctors in Hong Kong and Mainland China.

OTHER INITIATIVES

- The Customer Council conducted a comprehensive study highlighting concerns about inconsistent and unclear pricing in private healthcare, and put forward five recommendations, including improvements on consumers' accessibility to pricing information with a search tool, promoting the use of packaged charges, provision of clearly written budget estimate, enhancement on current regulatory framework on price provision and complaint handling mechanism and strengthened consumer education.
- A new Staff Medical Insurance Index launched by College of Professional and Continuing Education of The Hong Kong Polytechnic University (PolyU CPCE) and Gain Miles Assurance Consultants Limited (GUM), a specialist consultancy in pensions, insurance, and financial planning, reveals that despite stable average medical costs in Hong Kong, employee medical insurance expenses have surged by 55% over the past three years. This is most notably due to a sharp rise in service utilisation – a 102% increase in outpatient visits post-pandemic. While hospitalisation costs and outpatient expenses have declined, premiums continue to rise, driven by high number of claims and ongoing utilisation.

MERGERS AND ACQUISITIONS

- AIA Group acquired New Medical Center Holdings (NMC), one of Hong Kong's largest multi-specialty outpatient providers, with a strong focus on gastroenterology and general surgery, to enhance its healthcare network and capabilities to deliver more accessible, cost-effective, and personalised healthcare services.

REGULATORY UPDATES

- The Hong Kong government announced a public healthcare reform proposal aimed at enhancing long-term sustainability of the public healthcare system by encouraging responsible use of medical resources and reducing unnecessary expenditures. The goal is to reduce the overall subsidy rate of public healthcare expenses from 97.6% to 90% over five years. Key measures include:
 - Increasing fees for non-emergency accident and emergency visits from HKD 180 to HKD 400
 - Adjusting outpatient charges to HKD 150 for general and HKD 250 for specialist consultations
 - Introducing a per-item co-payment for non-emergency radiology diagnostics and pathology tests, with fees ranging from HKD 50 to HKD 500; and
 - Implementing an annual fee cap of HKD 10,000 per individual for public healthcare expenses.

The reform is expected to take effect starting January 2026.

- The Health Bureau also proposed legislative reforms to tackle the lack of pricing transparency in private healthcare. Key concerns include inconsistent pricing, wide cost variations for similar services, and limited information for patients to make informed decisions, factors that have contributed to rising healthcare costs and insurance premiums. The proposed reforms include requiring providers to publicly disclose standard fee schedules, offer pre-treatment cost estimates and adopt a uniform billing format. In addition, three long-term initiatives are suggested: creating a centralised fee database, monitoring service usage and enhancing data sharing with insurers to help stabilise premiums. The Hong Kong Federation of Insurers (HKFI) expressed its support for the government's proposed legislation and is actively engaging in the Health Bureau's consultation process.

INDONESIA

Market news

NEW PRODUCTS

- AXA Financial Indonesia launched AXA Health Protector, a comprehensive health insurance product covering outpatient, inpatient and critical illnesses from age 15 days to 80 years. It offers two plans, with key features to help maintain premium levels despite medical inflation, including a 10% discount for no claims over two years.
- Allianz Life Indonesia and Allianz Syariah introduced the Allianz Flexi Medical Plan and AlliSyariah Flexi Medical Plan as new health insurance riders for their unit-linked life insurance products, which offer comprehensive inpatient and surgical coverage. It allows policyholders to receive up to 20% of their annual insurance cost back if no claims are made, with the funds usable for outpatient reimbursement. The riders also include online consultations for mental health and nutrition through a partnership with Halodoc.
- Sampo Insurance Indonesia updated the Healthcare+ SME scheme, a group health insurance product aimed at micro, small and medium enterprises (MSMEs). The key update removes the previous 6- to 12-month waiting period for certain illnesses, allowing coverage to begin immediately. Eligibility requires either an annual premium of at least IDR 50 million or a minimum of 10 employees, enabling policyholders to access coverage and Sampo's healthcare provider network without delay.
- Prudential Indonesia and Prudential Syariah launched PRUSehat and PRUSehat Syariah, health insurance products designed to meet the needs of Indonesia's younger generation. The plans start at IDR 230,000 per month and provides annual coverage of up to IDR 900 million, including inpatient and outpatient treatment for certain illnesses such as typhoid, dengue fever, cancer and dialysis. Policyholders can access healthcare services at more than 1,700 PRUPriority Hospitals across Indonesia, with 359 hospitals offering cashless services.

DISTRIBUTION CHANNEL

- Oona Insurance Indonesia collaborated with GoPay and insurance broker Prodigy to provide wider access to health insurance products. GoPay users can now buy two Oona insurance plans through the GoPay Asuransi feature, including medical insurance. The package begins at IDR 60,000 and provides coverage for ICU care, inpatient and outpatient treatment at over 1,300 hospitals and clinics, with an annual benefit limit of up to IDR 100 million.

- Lifepal, one of Indonesia's leading online insurance marketplaces, partnered with digital health company CaringUp to integrate health insurance benefits with digital tools that remind users to take medication, monitor health remotely and promote adherence to treatment, especially for chronic conditions. By boosting treatment adherence and reducing hospital stays, the partnership aims to improve employee health while lowering company healthcare costs.
- Lifepal also expanded its services by offering pre-packaged health insurance plans specifically designed for MSMEs. In partnership with AIA, AXA, Simas, Chubb and Roojai (underwritten by Sampo Insurance), these plans provide a range of coverage and pricing options to suit different business needs. Enrolment is conducted online through Lifepal's website, where businesses can submit a short form and receive personalised assistance from their Employee Benefits team.
- BRI Life and PT Agung Podomoro Land (APLN), real estate developer, partnered to offer tailored health insurance for APLN employees through BRI Life's Professional Group Health plan. The coverage includes inpatient and outpatient care, dental, vision, and accident benefits, supported by a wide hospital network across Indonesia. BRI Life will also provide ongoing health education to promote awareness and protection among employees.

INSURER INITIATIVES

- Zurich Indonesia partnered with digital health platform LiveWell to launch LiveWell by Zurich, an artificial intelligence (AI)-powered mobile app designed to promote healthier lifestyles among users. The app, accessible for free to Zurich Indonesia's group health and individual health insurance customers, features personalised health checks, real-time vital sign monitoring, a rewards-based loyalty programme and a wellness marketplace.
- Mandiri Inhealth and EMC Healthcare established a partnership to enhance healthcare services through digital solution, aiming to improve efficiency, transparency and patient experience for Mandiri Inhealth policyholders at EMC hospitals. The collaboration involves the digitalisation of services across EMC's eight Jakarta-area hospitals, using integrated systems to support safer and more streamlined patient care, while improving operational processes.
- Third-party administrator AdMedika, Ciputra Hospital and Ciputra Life established a partnership to provide integrated health administration services aimed at improving transparency and efficiency. The collaboration includes services such as Personal Care Officers at Ciputra Hospital and the AdClaim health claim management service for Ciputra Life policyholders. This initiative seeks to address challenges posed by rising

healthcare costs while streamlining processes for patients and insurers. Services are accessible through Ciputra Hospital and Ciputra Life, supported by AdMedika's digital platform and provider network.

- Great Eastern Life Indonesia launched the GREATHealth+ programme in partnership with Primaya Hospital and EMC Healthcare, offering a cost-sharing scheme that integrates BPJS Kesehatan and private insurance. BPJS covers basic medical costs, while Great Eastern Life handles additional expenses, such as room upgrades, minimising out-of-pocket costs for patients. Supported by prescribed clinical pathway protocol and a tech-based claims system, the programme aims to streamline care, improve affordability and ensure efficient, high-quality treatment, while addressing rising medical inflation.
- Great Eastern Life Indonesia has also collaborated with AdMedika to launch AdClaim Optimalisasi BPJS, a claims coordination service that integrates BPJS Kesehatan as the primary payer and private insurance for additional coverage.
- Prudential Indonesia now offers PRUCare Advisor, a free medical consultation service to its health insurance customers that provides second opinions from international specialists to help avoid unnecessary treatments and support informed healthcare decisions. The service also helps with doctor referrals, appointment scheduling and ongoing care support.
- FWD Insurance Indonesia upgraded its FWD Hospital Care Protection products to better suit customer needs. FWD Hospital Care Protection now features 13 plan options covering inpatient and outpatient care in Indonesia and abroad, along with added benefits like traditional medicine, diabetes complication coverage, mental health support, higher room limits, a coverage booster of up to IDR 75 billion, and no-claim bonuses for health checks and vaccinations.

OTHER INITIATIVES

- Garda Medika, the corporate health insurance brand under PT Asuransi Astra Buana, and Primaya Hospital Group teamed up to introduce Express Discharge, the first service in Indonesia that speeds up outpatient discharge via the Garda Mobile Medcare app. This digital integration reduces wait times by allowing patients to complete consultations and payments without queuing. Alongside features like E-card and E-claim, the initiative aims to enhance healthcare access and convenience, delivering faster, more seamless care for group insurance customers.
- AdMedika and DokterIN partnered to launch a comprehensive digital health solution aimed at supporting the growth of Indonesia's digital healthcare industry. This collaboration integrates telemedicine, cashless insurance claims, and online medication delivery to offer more accessible, efficient, secure healthcare services.

- Ministry of Health (Kemenkes) strengthened Hajj health services for 2025 through strategic collaboration with the Saudi Arabian government and Abeer Medical Group. This initiative addresses high mortality rates among Indonesian pilgrims by introducing earlier health screenings, deploying over 1,000 medical personnel, enhancing vaccination efforts and implementing real-time digital health monitoring accessible by Saudi authorities.

REGULATORY UPDATES

- The Financial Services Authority (OJK) issued SEOJK No. 7/SEOJK.05/2025 on the implementation of health insurance products, which was set to introduce two key changes for commercial health insurers:
 - The requirement for an in-house Medical Advisory Board (MAB) and a mandatory co-payment scheme. The MAB must consist of specialist doctors within the company to provide clinical guidance and evaluate medical practices and service utilisation.
 - A co-payment scheme that requires policyholders to pay at least 10% of each claim, with maximum limits of IDR 300,000 for outpatient and IDR 3 million for inpatient services, aimed at promoting cost-awareness and controlling medical inflation. These provisions do not apply to national health programmes under BPJS-JKN (National Health Programme).

However, as of the date of release of this newsletter, OJK has formally delayed the enforcement of the regulation, pending the development of a more complete legal foundation through a formal OJK Regulation (POJK). The delay is intended to allow additional time for in-depth review, broader stakeholder engagement, and to ensure the policy is thoughtfully designed and equitable for all parties involved.

MALAYSIA

Market news

NEW PRODUCTS

- Amid Malaysia's rising medical inflation, Prudential Assurance Malaysia introduced PRUMillion Med Active, a health plan that rewards healthy living with lower premiums, available for ages 0–69. The key features are premium discounts for claim-free years (from the first year), full coverage maintained regardless of claims history, cancer genomic testing with follow-up care, and MYR 1,000/year wellness rewards via the Active Booster add-on.
- Zurich Takaful Malaysia (ZTMB) launched MediAfya+, a new takaful medical plan with MYR 1 million annual coverage. The plan covers inpatient care, outpatient care, and international emergencies, offering flexible deductibles (MYR 500/MYR 5,000) and government hospital emergency treatment waivers.
- Allianz Life Insurance Malaysia Berhad (Allianz Life Malaysia) introduced Allianz AssuredLink with HealthAssured, an investment-linked plan that combines medical protection with financial security. The plan offers a 20% discount on the cost of insurance (COI) at sign-up, ongoing no-claim benefits, and flexible co-insurance options of 5% or 15% to suit different budgets.
- Allianz Life Malaysia now also offers Allianz EliteChoice, a tailored insurance plan for SMEs with 3 to 350 employees, offering life and health coverage. The plan includes group hospitalisation and surgical benefits, inpatient mental illness treatment, genomic testing for cancer, and optional add-ons for outpatient and dental services. It also provides group term life coverage for death, disability and accidental death, along with optional riders for critical illness and repatriation benefits.
- AIA Malaysia launched the AIA Vitality Food Tracker, a new feature in its health and wellness programme that encourages members to adopt healthier eating habits. The tool allows users to snap meal photos for dietary insights, with AI-powered feedback and personalised nutritionist advice for those who upload at least seven meal photos weekly.
- Allianz Life Malaysia enhanced employee benefits by providing value-added services such as Allianz Blue Ribbon that offers priority hospital admission and cashless radiotherapy and Allianz Care@Home, which provides telehealth, home monitoring and a 24/7 helpline. Employees also receive wellness rewards and health discounts via MyAllianz Customer Portal.
- Etika launched e-Takaful Hayat, offering PERKESO, Malaysia's social security organisation, contributors free or payable premium health screenings via more than 3,500 clinics nationwide. A health score (0–100) that reflects the individual's risk of developing chronic diseases is accessible in PERKESO's SEHATi app. Users with above-average scores get 10% lower contribution rates, incentivising healthy behaviours.
- FWD Takaful and Malaysia's largest digital healthcare platform, DoctorOnCall (DOC), teamed up to expand access to sharia-compliant protection and improve financial literacy. The partnership aims to promote medical coverage for people with disabilities and term and critical illness takaful for family-wide protection. The collaboration bridges Malaysia's traditionally offline healthcare and takaful sectors and narrows the protection gap.

OTHER INITIATIVES

- Malaysia has launched a new public healthcare initiative offering premium economy services called Rakan KKM, which allows patients their choice of specialist, more personalised care and enhanced privacy at selected government hospitals, with fees between standard and private rates. It is funded by an initial MYR 25 million allocation and GLIC investments, aiming to retain healthcare workers through additional income opportunities while reinvesting profits to upgrade services for all patients, especially benefiting B40 groups through cross-subsidisation and providing M40 families with more affordable options.
- The Association of Private Hospitals Malaysia (APHM) proposed forming a joint working committee with insurers and takaful operators (ITOs) to review billing structures and ensure fair healthcare pricing. Key initiatives include a fair pricing model for drugs, an independent cost-review committee, and data-driven negotiations between hospitals and insurers. APMH also supports expanding primary care coverage, enhancing claims transparency, pre-policy medical screenings and reducing regulatory burdens.

MERGERS AND ACQUISITIONS

- AMMB Holdings and MetLife have terminated their agreement to sell AmMetLife Insurance and Takaful to Great Eastern for MYR 1.12 billion. The cancelled deal, originally signed in October 2023, would have granted Great Eastern full ownership and 20-year bancassurance rights through AMMB's network of banking subsidiaries. No termination reason was disclosed.

REGULATORY UPDATES

- To address the issue on medical inflation, Bank Negara Malaysia (BNM), together with the Life Insurance Association of Malaysia (LIAM), the Malaysian Takaful Association (MTA) and Persatuan Insurans Am Malaysia (PIAM), has introduced the RESET initiative. The programme aims to improve affordability, strengthen transparency and promote long-term sustainability of medical coverage.

Key measures include:

1. **Diagnosis-related groups (DRGs):** shift from fee-for-service to DRG-based billing, which will standardise treatment costs based on medical conditions, promoting efficiency while ensuring fairer pricing for patients with pre-existing conditions, eventually transitioning towards a value-based healthcare model.
2. **Affordable insurance:** Malaysia is set to introduce a basic voluntary MHIT product incorporating the DRG pricing system. In addition, this product would allow EPF Account 2 withdrawals to purchase private health insurance, aiming to expand private healthcare access.

3. **Transparency & data sharing:** create an industry-wide claims database, publish average treatment costs and medical inflation rates, display drug/service prices, and strengthen private hospital oversight.
 4. **Cost-sharing & incentives:** starting 1 September 2024, Malaysians could opt for lower-cost medical insurance with co-payment features (minimum 5% of total hospital bills or MYR 500 deductible) alongside traditional plans. BNM mandates insurers to offer at least one co-payment option to customers; new product development is required if such options do not already exist. However, emergency treatments, critical illness follow-ups and government healthcare visits can be exempted from the co-payment. This model aims to ensure affordability amid rising healthcare costs.
 5. **Access & affordability:** remove 8% sales and service tax on group insurance, expand the Ministry of Health's (MOH's) premium economy services and incentivise not-for-profit providers.
 6. **Medication costs:** promote generic drugs and regulate pricing.
 7. **Digital health:** enhance electronic medical records interoperability to reduce duplicate tests and improve efficiency.
- BNM mandated temporary measures to ease medical insurance and takaful premium increases. Annual premium hikes are capped at below 10% for about 80% of policyholders until the end of 2026, with a one-year premium freeze for those age 60 and above holding basic plans. Policyholders whose coverage lapsed in 2024 due to repricing can reinstate their policies without new underwriting. In addition, insurers and takaful operators must make available alternative MHIT products at the same or lower premiums by the end of 2025.
 - The APMH announced that its member hospitals have begun implementing medicine price displays in outpatient settings, supporting the Ministry of Health's transparency initiative. The APMH president also urged faster implementation of the amended Medical Act 2024, which has yet to take effect eight months after gazettelement, to facilitate the return of Malaysian doctors trained abroad by addressing registration and qualification recognition issues.
 - The Malaysian government increased tax relief for medical expenses to MYR 10,000, now covering health insurance with co-payment features, aiming to help policyholders manage long-term premium costs. Additionally, tax relief for education insurance premiums has been raised from MYR 3,000 to MYR 4,000, potentially encouraging more Malaysians to invest in medical and education policies.

PHILIPPINES

Market news

NEW PRODUCTS

- FWD Life Insurance Philippines launched the Mind Strength Support Program to promote greater awareness and support for mental health. The programme offers a free online mental health assessment, a 30-day complimentary access to the ThoughtFullChat app for professional mental wellness support, and introduced a new insurance product, The One for Mental Wellbeing. This plan combines traditional protection benefits with dedicated mental health support. Policyholders are granted unlimited access to the ThoughtFull app, which offers mental wellness coaching and therapy via text and audio messaging. In addition, the plan includes up to three live video therapy sessions, each lasting one hour, with certified mental health professionals.
- The Philippine Health Insurance Corporation (PhilHealth) has expanded its mental health coverage through a new outpatient benefits package, aiming to improve access to mental health services across the Philippines. The package offers annual coverage of PHP 9,000 for general mental health services and PHP 16,000 for specialised care. Services include initial assessments, up to 12 follow-up consultations, laboratory and diagnostic tests, psychoeducation, psychosocial support, and medications listed under the Mental Health Medicines Access Program. The coverage is available to patients age 10 and above, with no age restrictions for neurological conditions like epilepsy or dementia.
- Maxicare has launched two new prepaid health cards, LifesavER and LifesavER+, designed to offer affordable and accessible emergency medical coverage for individuals and families in the Philippines. These cards provide nationwide access to Maxicare's hospital network, offering one year of coverage with a three-month waiting period. The LifesavER card is priced at PHP 2,299 and offers up to PHP 25,000 worth of emergency room services, including medications and diagnostics. On the other hand, LifesavER+ costs PHP 6,999 and provides up to PHP 50,000 in coverage, which includes both ER services and hospital confinement. It also comes with additional benefits such as 12 free teleconsultations and access to global emergency support service during travel for up to 90 days. Each card is valid for one year from activation and can only be used once during that period. However, customers are allowed to purchase and activate multiple cards throughout the year. These prepaid products are available through the Maxicare Online Store.

- Manulife Philippines, together with Manulife China Bank Life Assurance Corp., has introduced Medical Secure, a standalone health insurance plan offering up to PHP 5 million coverage. The plan, available for individuals age 0 to 65 and renewable annually, provides cashless hospitalisation and emergency benefits. It is designed to complement PhilHealth and existing HMO coverage, giving policyholders flexible protection against medical expenses.

INSURER INITIATIVES

- Sun Life Philippines (Sun Life) entered a strategic partnership with The Medical City Clinic (TMCC) in September 2024. Through this collaboration, Sun Life policyholders can upgrade their plans to access outpatient healthcare services provided by TMCC. This additional coverage includes general and family medicine, minor surgeries, maternal and childcare, health screenings, and diagnostics.
- Medicare Plus Inc. partnered with The Philippine National Police (PNP) to provide comprehensive healthcare services to members who have served between 20 and 24 years. Under the agreement, PNP personnel will receive inpatient and outpatient care, emergency services, dental care, consultations, and laboratory tests. The partnership aims to address the need for accessible healthcare in provinces lacking PNP-run hospitals.
- Metro Pacific Health (MPH), a private hospital group in Philippines, has partnered with Maxicare Healthcare Corporation to enhance healthcare access for Maxicare members across the Philippines through a Preferred Partnership Programme. This partnership aims to provide Maxicare clients with access to a network of major MPH hospitals.
- PhilHealth enhanced its Animal Bite Treatment (ABT) package in response to rising rabies cases. Initially valued at PHP 3,000, the package was increased by 30% to PHP 3,900 in February 2024 and later raised to PHP 5,850 in early 2025. It now fully covers post-exposure prophylaxis, including rabies vaccines, rabies immune globulin, local wound care, tetanus toxoid, anti-tetanus serum, antibiotics and medical supplies. This treatment package will be available in over 700 accredited providers nationwide.
- Sun Life formed a strategic alliance with Fullerton Health, a leading healthcare provider in Asia. This partnership allows Sun Life policyholders to conveniently access Fullerton Health's local health screening and radiology services either through the 'mWell' mobile app or with assistance from their assigned Sun Life advisors. Additionally, policyholders are offered opportunities to join health education programmes and disease prevention initiatives facilitated by Fullerton Health.

- PhilHealth and the Metropolitan Manila Development Authority (MMDA) renewed their partnership to boost public awareness of health insurance benefits under the Universal Health Care law. Through the agreement, MMDA will use its platforms, billboards, info boards and digital channels to promote PhilHealth campaigns, while PhilHealth will provide educational materials and conduct on-site registration at MMDA events. The collaboration aims to disseminate accurate and timely information on PhilHealth's benefit packages, as mandated under the Universal Health Care law.
- PhilHealth and the Department of Education (DepEd) partnered to bring the Konsulta Primary Care package to schools. As part of the collaboration, school clinics under DepEd supervision will be accredited as PhilHealth Konsulta Providers. Under this initiative, all teachers, students, staffs and their families will be eligible for medical consultations, laboratory and diagnostic examinations, routine health screenings, and essential medications at designated PhilHealth Konsulta Providers.

INSURER TECH

- Hive Health, a Manila-based digital health insurance provider, raised USD 6.5 million in a pre-Series A funding round led by Gentree Fund and BEENEXT. The funds will be used to grow the team, enhance its technology and expand its network of healthcare providers, particularly in underserved and remote areas. Prior to this funding, Hive Health acquired Health Plan Philippines, Inc. (HPPI), securing an insurance license and access to its legacy provider network.
- Singlife Philippines and Maya, one of the country's leading digital banking apps, announced a strategic partnership to broaden access to insurance and investment solutions through the newly launched Maya Insurance feature within the Maya app. A key offering is Cash for Medical Costs, a health product covering daily hospital cash and critical illness cover.

REGULATORY UPDATES

- The Philippine House of Representatives approved a bill reducing the PhilHealth premium contribution rate from 5% to 3.5%. The bill also provides significant relief to Overseas Filipino Workers (OFWs), who will no longer be required to pay their PhilHealth contributions, as the cost will be equally shared by their employers and the government. To ensure responsible spending, PhilHealth's administrative expenses, including salaries, will be limited to 7.5% of total expenditures. Additionally, the bill allows local governments to establish Special Health Funds to better manage healthcare resources at the community level, under the guidance of national health agencies.

- The Philippine Insurance Commission (IC) issued Advisory No. RS-2025-009, urging insurers and HMOs to develop gender-specific insurance products. The IC also encouraged insurers and HMOs to conduct regular analyses of sex-disaggregated data to support the development of more targeted and effective insurance solutions. This initiative aims to address health risks unique to different genders, including maternal and reproductive health, as well as gender-specific critical illnesses.
- Public hospitals and health centres throughout the Philippines now provide free anti-rabies and animal bite vaccinations, in line with President Ferdinand R. Marcos Jr.'s directive to enhance access to essential healthcare services. Individuals who have been bitten or scratched by dogs or cats may avail themselves of these vaccinations at government facilities at no cost. In addition, PhilHealth offers partially subsidised treatment for animal bites, including vaccines, rabies immune globulin, wound care, tetanus serum, antibiotics and medical supplies, with coverage increased from PHP 3,000 to PHP 5,850. Furthermore, children age 0 to 5 are entitled to free routine immunisations at public health centres. This initiative addresses the critical public health threat posed by rabies, one of the world's most lethal diseases, responsible for an estimated 60,000 to 70,000 deaths annually, and highlights the urgent need to expand vaccination programmes in the Philippines, which currently ranks sixth globally in rabies incidence.

KEY APPOINTMENTS

- Dr. Edwin Mercado has been appointed as the new PhilHealth president and CEO, succeeding Emmanuel Ledesma Jr. An experienced surgeon and healthcare innovator, he is expected to reduce members' out-of-pocket costs, enhance benefit packages and improve services through digital transformation.

SINGAPORE

Market news

NEW PRODUCTS

- Income Insurance launched the SNACK Self Care Pack, the industry's first standalone mental wellness insurance plan. Available through the SNACK by Income mobile app for a monthly subscription of SGD 9.90, this plan offers subscribers access to psychiatric consultations and psychotherapy sessions without the need for inpatient hospitalisation, aiming to improve accessibility to mental healthcare and encourage early treatment.

INSURER INITIATIVES

- Starting October 2024, Great Eastern Life reduced coverage for policyholders who receive treatment in a higher ward class than their plan covers. For instance, someone insured under a public hospital Class A plan who chooses treatment in a private hospital now receives 35% coverage, down from 70%. Coverage remains unchanged for treatment in the ward class specified in the plan.
- AIA Singapore partnered with Whitecoat to offer all AIA personal policies insured members affordable healthcare services. The partnership allows all AIA personal policies insured members to access on-demand telemedicine services, which further enhance accessibility to affordable medical care in Singapore.
- Starting from 2025, AIA expanded inpatient coverage for mental healthcare for its corporate customers with no additional premiums, making it the first in the market with mental healthcare coverage.
- Prudential Singapore partnered with Thomson Medical Centre to boost healthcare accessibility. The partnership has expanded PRUPanel Connect (PPC) to over 1,700 panel specialists across more than 30 specialties, providing customers with better access to healthcare services and trusted financial advisors.
- MSIG partnered with Inova Care, a third-party administrator (TPA) for claims, to enhance its healthcare claims costs management. Under this partnership, Inova Care will manage the health insurance claims from MSIG and help improve MSIG's healthcare portfolio by providing innovative solutions that enhance the quality of healthcare while reducing costs. The collaboration is expected to support the long-term sustainability and affordability of medical coverage for MSIG customers.
- AIA Singapore and Raffles Hospital signed a memorandum of understanding (MoU) to enhance the healthcare experience for policyholders. The collaboration includes adding 90 Raffles specialists to AIA Quality Healthcare Partners (AQHP), an AIA Singapore-selected panel for HealthShield Gold Max policyholders, co-developing value-based care, and aligning hospital bills with Ministry of Health (MOH) benchmarks. The initiative is viewed as a solution to the evolving healthcare needs and long-term healthcare inflation.
- On 1 April 2025, Singlife Health revised the benefits and premiums of Singlife Shield and Singlife Health Plus. The revision includes an increase of No Claims Discount (NCD) on Singlife Health Plus from 15% to 20%, and a premium adjustment that now increases premiums progressively with age, replacing the previous broad age groupings.
- Great Eastern stopped issuing pre-authorisation certificates for policyholders admitted to Mount Elizabeth Hospital and Mount Elizabeth Novena Hospital starting 17 June 2025.

MERGERS AND ACQUISITIONS

- Allianz Europe withdrew its pre-conditional offer for Income Insurance after the Singapore government indicated the deal should not proceed under its current terms, following amendments to the Insurance Act 1966. The government cited concerns that the proposed capital reduction and unclear surplus arrangements could hinder Income's social mission and divert surplus funds from the new corporate entity, contrary to the original basis for its exemption and not in the public interest.

REGULATORY UPDATES

- The Ministry of Health (MOH) in Singapore noted that its current initiative of introducing benchmarks for doctors' professional fees has been effective in slowing fee growth and keeping most charges within a reasonable range. However, the MOH emphasised that hospital charges beyond professional fees can still be high, and that additional benchmarks on these charges are needed to further contain overall healthcare costs and ensure more consistent pricing across private hospitals.
- From April 2025, MediShield Life, Singapore's basic health insurance scheme, has been enhanced to better protect Singaporeans against high medical costs. Key changes include raising inpatient and day surgery claim limits from SGD 150,000 to SGD 200,000 per policy year, increasing the inpatient deductible by up to SGD 1,500, and reducing pro-rata factors for private unsubsidised bills. Outpatient coverage has also been improved, along with coverage for high-cost treatments that are clinically effective and cost-effective. MediSave withdrawal limits for MediShield treatments have been updated accordingly, including adjustments to inpatient deductible, outpatient deductible and co-insurance coverage amounts.
- From 1 January 2026, the government will enhance subsidies for dental and long-term care, alongside raising MediSave withdrawal limits for outpatient treatments. The annual withdrawal cap for outpatient scans will double from SGD 300 to SGD 600, while the Flexi-MediSave limit will increase from SGD 300 to SGD 400.

KEY APPOINTMENTS

- Greg Hingston has been officially appointed CEO of Great Eastern Holdings Limited, succeeding Khor Hock Seng.

THAILAND

Market news

DISTRIBUTION CHANNEL

- Thai Health Insurance has teamed up with Amber Insurance Broker and JUZMATCH, a platform that offers alternative solutions for buying, selling and investing in real estate. Through this collaboration, JUZMATCH users can now conveniently include medical plans in their financial planning, ensuring their health is secured alongside other investments.

INSURER INITIATIVES

- AIA Prestige Club has developed health partnerships with leading hospitals:
 - Bangkok Hospital: hosted a Talk & Workshop event for club members, featuring anti-cancer cooking sessions led by a nutritionist and a 'Brain Gym' activity for Alzheimer's prevention. Attendees also received information on special health packages and exclusive discount coupons.
 - BNH Hospital: collaborated on a health awareness programme about sets of diseases, educating participants on related health conditions, risk factors and prevention strategies. AIA Prestige Club members who attended were also given a special medical check-up package.
- Thai Health Insurance teamed up with Vimut Hospital to offer cardio pulmonary resuscitation (CPR) and automated external defibrillator (AED) training sessions for customers from highly experienced experts in CPR training. Participants acquire both theoretical knowledge and practical skills, including performing CPR on individuals who are unconscious or experiencing respiratory arrest, using an AED, and providing first aid in a variety of emergency situations.
- Bangkok Insurance has partnered with the Department of Mental Health under the Ministry of Public Health to raise awareness about mental health and prevent depression among Thai people. The initiative focuses on educating young people and the general public, fostering correct understanding and sustainable prevention of depression.
- Tokio Marine Life Assurance (Thailand) Public Company Limited has introduced an Online Doctor's Visit service via the MorDee application by True Digital Group. This initiative aims to enhance customer healthcare by providing a convenient, fast, worry-free way to access medical consultations, reinforcing the company's leadership in health insurance innovation.
- Bangkok Life Assurance introduced the BLA Health Butler service, aimed at helping customers age 65 and above visit doctors. This service includes transportation and care provided by the VNurse Care team, consisting of a nurse assistant, caregiver and driver. The transportation is

facilitated by Grab Car Premium or SUV, allowing up to two travellers including family members. The service encompasses the entire doctor's visit process, such as patient history documentation, queue management and accompaniment during the medical examination. The caregiver will provide a summary of the doctor's advice to the customer and relatives.

- Thaivivat Insurance is expanding its health partnerships to go beyond traditional insurance by collaborating with Bangkok Pharmacy, a leading community pharmacy with branches throughout Bangkok. This partnership aims to cater to the new generation's focus on health by providing additional benefits to Thaivivat Insurance customers.
- Thai Life partnered with True Digital Group to provide online medical consultation through MorDee application for customers who have outpatient health insurance rider. The collaboration aims to make health services more accessible and comprehensive for Thai people, providing a convenient and fast solution all in one app. Users can consult with doctors, receive treatment, obtain medicine and make insurance claims without needing to pay in advance, streamlining the healthcare experience significantly.
- AIA Thailand launched the Fight Dengue campaign. This campaign provides customers with easy access to dengue vaccination, aiming to proactively protect against common diseases in Thailand, especially dengue fever, which is a significant year-round health threat. The initiative seeks to enhance dengue protection, reduce the risk of severe illness, and alleviate medical expenses for the policyholders.
- FWD partnered with Roche Diagnostics to launch the FWD HealthyMe – Liver Health Programme for FWD health insurance policyholders. This programme will allow policyholders who are at high risk for liver cancer to receive diagnostic services from Roche Diagnostics.

OTHER INITIATIVES

- Bangkok Dusit Medical Services (BDMS) collaborated with seven life insurance companies – AIA, Allianz Ayudhya, Bangkok Life Assurance, Krungthai AXA, Muang Thai Life, Thai Life and Tokio Marine Life – to provide vaccines at special prices for health insurance policyholders to create sustainable immunity for Thai people. BDMS will offer four vaccines that policyholders can receive – four-strain influenza, pneumonia, dengue and shingles.
- Blue Venture TPA Co., Ltd., in partnership with the Faculty of Nursing at Assumption University (ABAC), has developed the course, 'Becoming a Professional Claim Assessor for Accident Insurance, Health Insurance and Life Insurance.' This course is designed to enhance insurance claim skills and knowledge, deepen understanding among industry and medical professionals, and support professional growth in the expanding insurance sector.

KEY APPOINTMENTS

- AIA Thailand appointed Aekkaratt Thitimon as the new chief healthcare officer. Aekkaratt, who has served as chief marketing officer since 2018, is recognised for his extensive experience and outstanding performance. This new role is expected to leverage his leadership skills to further enhance AIA Thailand's healthcare services.

REGULATORY UPDATES

- Paiboon Peammaetta, Assistant Secretary General at the Office of the Insurance Commission (OIC), explained that rising health insurance premiums are driven by increasing medical inflation and expenses. To address this, proposed solutions include developing new health insurance products, encouraging self-medication for minor illnesses, and allowing prescriptions to be filled at pharmacies, all aimed at slowing premium increases.
- The Consumer Protection and Insurance Participation Committee of the OIC also implemented co-payments and outlined specific conditions under which co-payments may be applied in the following year:

Case 1:

Applies to inpatient claims for simple illnesses that do not medically require hospitalisation. This condition is triggered when there are three or more claims and the total claim ratio is 200% or higher.

Case 2:

Applies to inpatient claims excluding critical illnesses and major surgeries, with three or more claims and a total claim ratio of 400% or higher.

In both cases, insurers may apply a co-payment, but the rate must not exceed 30% of the covered treatment cost.

If both Case 1 and Case 2 apply, the co-payment rate may be increased, but it is capped at a maximum of 50% of the covered treatment cost in the following year.

These co-payment rates are upper limits, not mandatory levels. The actual co-payment rate applied in each case will be at the discretion of each insurance company, within these defined caps.

- Dai-ichi Life Insurance launched a 24/7 global healthcare insurance product. Key features of the product include global coverage, access to nearly 280 medical facilities domestically and internationally, and hospital stay benefits of up to VND 6 million per day for regular rooms or full ICU costs, for up to 100 days per illness or injury. The product also covers advanced cancer treatments such as immunotherapy and targeted therapies, with an annual payout of up to VND 100 million.

INSURER INITIATIVES

- To celebrate its 25th anniversary, Manulife Vietnam launched a campaign named Living Clean-Smart-Green to raise awareness about healthy living. The campaign includes an initiative to offer free general health check-ups and Helicobacter Pylori tests for the low-income population in Hà Nội and HCM City.
- Effective 1 December 2024, APRIL International changed its fronting insurer in Vietnam from PTI to PVI Insurance Corporation.

OTHER INITIATIVES

- Global Care Joint Stock Company, a subsidiary of Poni Insurtech, announced its new health insurance aggregator platform, GlobalCare.vn. The platform is designed to offer Vietnamese consumers a centralised digital interface to compare and purchase health insurance products, while also providing insurers and agents with tools for product digitisation and claims processing. This launch follows Poni Insurtech's acquisition of Global Care and represents its entry into the Vietnamese market as part of a broader expansion strategy in South East Asia. The initiative is supported by VinaCapital Ventures.
- FV Hospital extended its participation coverage under Vietnam's state health insurance scheme. Patients are now entitled to 100% insurance coverage for all outpatient consultations, diagnoses, treatments, and emergency care services. The 100% coverage encompasses numerous critical conditions, including outpatient cancer treatments at the hospital's oncology department.

REGULATORY UPDATES

- Vietnam's 2024 Health Insurance Law, effective 1 July 2025, introduced significant changes to the universal public health insurance scheme, aimed at improving accessibility, coverage and fairness across the health system. Key reforms include:
 1. Administrative boundaries removed: insured individuals can access in-network medical services in any province after 30 days of declared temporary residence, without needing to return to their original registration location.

VIETNAM

Market news

NEW PRODUCTS

- FWD Vietnam has launched the FWD Care Medical Rider 3.0, an enhanced health insurance rider offering six protection plans with coverage ranging from VND 50 million to VND 3 trillion. Designed to meet diverse customer needs, the new rider introduces key features such as up to 50% increased annual coverage once initial inpatient limits are reached, comprehensive mental health support, including a year of free counselling via the Thoughtful app, and global coverage for medical treatment.

3. Expanded coverage: health insurance now includes home-based and remote care, covering medication, necessary supplies, and emergency or inpatient transport costs. No referral is required for patients with serious or rare illnesses seeking care at specialised hospitals.
 4. Full coverage after high co-payment: individuals who have maintained five consecutive years of participation are eligible for full cost coverage (within their benefit package) once their annual co-payment exceeds six times the base salary (around VND 14.04 million or USD 535).
 5. Support for vulnerable groups: new beneficiary categories include part-time community workers, village health staff, meritorious artists and victims of human trafficking. Certain at-risk populations, such as elderly individuals without pensions and some militia members, are now eligible for free health insurance cards.
 6. Affordable household premiums: a tiered pricing system lowers premiums for each additional household member. The second member pays 70% of the standard fee, the third 60%, the fourth 50% and any others 40%.
 7. Simplified administrative process: with a citizen ID and residency declaration, individuals can access electronic insurance cards and begin receiving benefits after just 30 days, down from previous longer waits.
- Vietnam's Ministry of Health has announced a nationwide initiative to offer free annual health examinations to all citizens, aiming to boost early diagnosis, reduce medical costs and enhance public health equity. Estimated at VND 25 trillion (around USD 1 billion), the plan aligns with Party General Secretary To Lam's directive to eliminate hospital fees eventually.
 - Starting from 1 June 2025, Vietnam Social Security (VSS) will phase out paper health insurance cards, replacing them with digital options such as the VssID app, VNeID application and chip-based Citizen ID cards for accessing medical services under the national health insurance scheme. This change is part of the government's broader digital transformation initiative aimed at reducing administrative burdens and improving service efficiency while maintaining policyholders' rights and uninterrupted access to care.

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milliman.com

CONTACT

Pang Chye

pang.chye@milliman.com

Cheng Xin Yap

chengxin.yap@milliman.com

