

Network News

September 2026





Upcoming IGP Webinars:

Chile - EB Market Insights

Tuesday, October 20, 2026

[Register here](#)

Indonesia - EB Market Insights

Thursday, November 12 2026,

[Register here](#)

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Building tomorrow, since 1967

IGP’s 60th anniversary comes to three cities in 2027!

Six decades ago, IGP was built on a simple idea: multinational employers should be able to protect their people wherever they work. In 2027, we celebrate that milestone with clients, network partners and advisors, under the theme Building tomorrow, since 1967.

Across three regional events, we’re bringing together the people shaping the next chapter of global benefits, from the data and AI reshaping HR, to the regulatory shifts and workforce trends redefining what “protecting your people” means in 2027 and beyond. Just as important as the content is the community: these events are built for collaboration, for sharing what’s actually working across markets, and for the kind of networking that only happens when the right people are in the same room. Expect sharp thinking, real conversations, and a proper celebration to mark 60 years of doing this together.

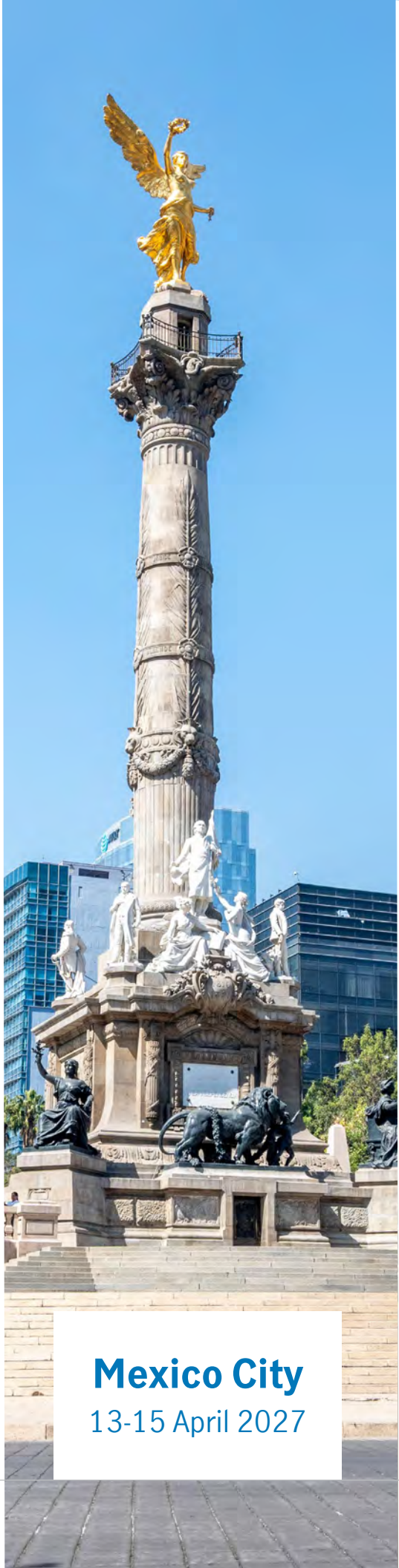
Save these dates:

- Americas - Mexico City · 13–15 April 2027
- EMEA - Brussels · 11–13 May 2027
- APAC - Hong Kong · 7–9 September 2027

Each event brings together a one-day forum for clients and advisors with a celebratory evening, and a dedicated IGP Network Partner summit, designed for genuine exchange.

Registration opens five months ahead of each event, so save the date for the region closest to you. Speaker announcements and full programs are coming soon.

We can’t wait to build tomorrow with you!
#IGP60



Mexico City
13-15 April 2027



Brussels
11-13 May 2027



Hong Kong
7-9 September 2027



Country news: Kenya

Regional insurance pooling: A strategic enabler for multinational growth in Africa

Africa is increasingly being recognized as one of the world’s most promising growth frontiers. With the continent’s population expected to reach approximately 2.5 billion by 2050 (*UN Department of Economic and Social Affairs, World Population Prospects 2024*), alongside rapid urbanization, expanding consumer markets and a growing formal workforce, Africa continues to attract multinational corporations seeking long term growth opportunities.

Investment is expanding across sectors including technology, agriculture, renewable energy, manufacturing, financial services and business process outsourcing, with capital flowing from Europe, Asia, the Middle East and North America.

For multinational organizations, this expansion presents significant opportunities, but also a more complex operating environment. As businesses establish and grow operations across multiple African markets, managing people, risk and employee benefits consistently can become increasingly challenging.

Managing complexity across multiple markets

For multinational organizations, employee benefits are evolving from an administrative function into a strategic business priority. Companies increasingly recognize that benefits play an important role in attracting and retaining talent, supporting employee wellbeing and strengthening their overall employee value proposition.

However, delivering a consistent benefits strategy across Africa is not straightforward. Each market has its own regulatory framework, statutory requirements, insurance practices, economic environment and workforce expectations. Organizations may therefore find

themselves managing different insurers, brokers, policy terms, renewal dates, reporting requirements and claims processes across individual countries.

For headquarters outside Africa, this fragmentation can make it difficult to obtain a consolidated view of the organization’s regional risk and benefits position. It can also create challenges around governance, cost management, data visibility and ensuring that employees receive a broadly consistent benefits experience across markets.

These challenges are encouraging multinational organizations to explore more coordinated approaches to managing employee benefits and insurance across the continent.

The opportunity presented by regional insurance pooling

Regional insurance pooling is one approach gaining increasing attention. It enables multinational corporations to coordinate employee benefits programs, including life, disability, medical and other employee risk benefits, through a structured regional framework while maintaining compliance with local regulatory requirements.

Rather than managing each country’s program entirely independently, a multinational can establish a coordinated structure that combines central oversight with locally compliant insurance arrangements. This creates a balance between global consistency and local market expertise.

One of the key advantages is greater visibility. A regional approach can provide headquarters with consolidated information on premiums, claims experience, coverage and risk exposures across multiple African markets. This enables regional and global benefits teams to make more informed decisions and identify trends that may otherwise remain hidden within individual country programs.

Pooling can also strengthen purchasing power by bringing multiple markets together under a coordinated strategy. By aggregating risks, organizations may be able to achieve improved underwriting outcomes and greater cost efficiency than would necessarily be possible through fragmented standalone arrangements.

Beyond cost: creating strategic value

The benefits of pooling extend beyond potential cost savings:

A coordinated regional program can support greater consistency in employee benefits while allowing for necessary local variations. This is particularly important for organizations seeking to develop a coherent global employee value proposition without overlooking the regulatory and cultural realities of individual African markets.

Centralized governance can also simplify program management. Instead of multiple disconnected renewal cycles and reporting processes, organizations can establish a more coordinated approach to renewals, claims oversight, data reporting and performance monitoring.

There can also be financial benefits associated with favorable regional claims experience. Depending on the structure of the arrangement, multinational organizations may be eligible for experience refunds, multinational dividends or other financial mechanisms that may not be available through purely standalone country arrangements.

For global benefits managers, this creates an opportunity to move from managing individual insurance contracts to managing a broader regional risk strategy.

Turning data into better decisions

Another important benefit is access to better data and analytics. A fragmented insurance structure can make it difficult to compare claims trends, employee demographics, utilization patterns and risk exposures across countries. A regional pooling framework can bring this information together, providing a more comprehensive view of the organization’s African employee benefits portfolio.

This visibility can support more proactive decision-making. Organizations can identify emerging claims trends, assess the effectiveness of benefits programs and explore opportunities to improve employee wellbeing and risk management.

For example, understanding how claims experience varies across markets can help organizations determine where additional employee wellness interventions may be required or where benefit design could be refined. Over time, better data can support more sustainable and evidence-based benefits strategies.

The role of a pan-African insurance partner

For multinational headquarters, the success of a regional insurance strategy depends not only on the structure of the program, but also on the strength and reach of the insurance partner supporting it.

A partner with established capabilities across African markets can help bridge the gap between global program objectives and local market realities. This includes understanding country-specific regulations, market practices, underwriting considerations and employee expectations, while providing the regional coordination and reporting that multinational organizations require.

Old Mutual is well positioned within this landscape, with a longstanding presence across Africa and capabilities spanning insurance and broader financial services. Old Mutual Africa Regions operates across multiple African markets and serves corporate, SME and retail customers, with offerings including medical, short and long-term insurance.

Its broader corporate capabilities also include group risk and employee-benefits solutions with extensive experience of over 181 years on the African continent.

For multinational organizations expanding across the continent, this combination of regional scale and local market expertise can be particularly valuable. Rather than viewing each African country as an isolated insurance market, organizations can work with a partner that understands the broader regional landscape while retaining the local capabilities needed to execute effectively.

The objective is not necessarily to create a one-size-fits-all benefits program. Instead, it is to establish a framework that provides consistency where it matters, governance, oversight, reporting and strategic direction, while retaining flexibility to respond to local requirements.

Supporting Africa’s growing workforce

The opportunity is particularly relevant as Africa’s formal workforce continues to expand. Although insurance penetration remains relatively low across much of the continent, the insurance market is expected to grow as economies develop, employment formalizes and demand for financial protection increases. Employers competing for skilled talent will increasingly need to offer benefits that go beyond minimum statutory requirements.

As a result, the ability to provide competitive and relevant employee benefits across multiple African markets can become an important component of a multinational organization’s talent strategy. Regional pooling can support this objective by helping organizations develop more consistent benefits while still adapting to the realities of individual markets.

A practical example

Consider a multinational organization operating across several African countries. Under a traditional model, its headquarters may need to coordinate with multiple local insurers and brokers, each operating under different policy terms, renewal dates, reporting standards and service arrangements.

A coordinated regional pooling structure can simplify this model. The organization can retain local policies and regulatory compliance while benefiting from centralized oversight, streamlined reporting and greater alignment across markets.

For headquarters, this means fewer administrative touchpoints, improved visibility and greater control over the regional program. For local businesses and employees, it can mean more consistent benefits, stronger service coordination and access to solutions designed around their specific market requirements.



The result is a model that allows multinational organizations to focus less on managing fragmented insurance arrangements and more on managing the risks and opportunities associated with their African growth strategy.

Building for the next phase of African growth

As economic integration across Africa accelerates, including through initiatives such as the African Continental Free Trade Area (AfCFTA), businesses are likely to become increasingly interconnected across national borders. This will create greater demand for solutions that can operate effectively across multiple markets while recognizing local differences.

Regional insurance pooling should therefore be viewed as more than an insurance arrangement. It is a strategic framework that can help multinational organizations manage complexity, improve governance, strengthen employee value propositions and support sustainable growth across Africa.

For multinational organizations headquartered outside Africa, the opportunity is clear: as investment and operations across the continent grow, employee benefits and risk management should evolve with them.

Regional insurance pooling provides a practical pathway towards greater consistency, transparency and efficiency, while partnerships with established pan-African insurers such as Old Mutual can help multinational organizations translate regional strategy into effective local execution.

As Africa becomes an increasingly important part of global growth strategies, the organizations that can manage the continent's complexity while harnessing its opportunities will be best positioned for sustainable success.



To learn more about Old Mutual's regional pooling capabilities or to discuss how a coordinated benefits strategy could work for your organization, please contact your IGP Business Development Manager or:



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Country News: Indonesia

Indonesia’s evolving benefits landscape: navigating health insurance reform and healthcare transformation

Why Indonesia’s benefits landscape is changing

Indonesia’s employee benefits environment is undergoing a period of significant change. Rising medical costs, increasing healthcare utilization, evolving employee expectations, and ongoing regulatory reforms are reshaping how employers approach workforce protection and wellbeing.

At the center of these developments are initiatives designed to strengthen the sustainability of Indonesia’s healthcare system, improve insurance governance, and encourage more effective management of healthcare resources.

These healthcare reforms are taking place alongside broader efforts to strengthen Indonesia’s social protection and workforce welfare framework.

Balancing benefits with costs

For multinational employers, these changes come at a time when talent attraction, employee experience, and healthcare affordability are becoming increasingly interconnected. Employers are being asked to balance competitive benefits with responsible cost management, while ensuring that employees continue to have access to quality healthcare services.

As a result, many organizations are reassessing how statutory benefits, employer-sponsored programs, and wellbeing initiatives work together within their broader workforce strategy.

Health insurance reform: building a more sustainable private insurance market

Although Indonesia’s national healthcare system continues to provide a foundation of protection through BPJS Kesehatan, the Indonesian Social Security Healthcare Administrator, many employers also offer supplemental group health coverage to enhance employee access to care and improve the overall healthcare experience.

Recent regulatory developments affecting both public and private healthcare programs are therefore attracting close attention from HR leaders, benefits professionals, insurers, and employees alike.

One of the most significant recent developments for employer-sponsored benefits has been Indonesia’s effort to strengthen the private health insurance ecosystem through reforms introduced by the Financial Services Authority (Otoritas Jasa Keuangan, or OJK).

Regulators have highlighted medical inflation, increasing claims costs, and long-term sustainability as key considerations behind the reforms.

The reforms are intended to move the market beyond a traditional claims-payment model toward a broader framework focused on healthcare risk management, stronger governance, consumer protection, and efficient utilization of medical services.

Under the evolving framework, insurers are expected to strengthen operational controls, enhance medical oversight, improve data management capabilities, and work more closely with healthcare providers to manage rising healthcare expenditures.

Co-payments and cost sharing

One of the most closely watched aspects of the reforms has been the approach to risk-sharing through co-payment arrangements. Earlier regulatory guidance proposed mandatory co-payments across health insurance products.

Later regulations refined this approach by requiring insurers to offer products without co-payments, but allowing them to offer product variants that include co-payment features. Where co-payments apply, policyholders share a portion of healthcare costs within applicable regulatory limits..

From a regulatory perspective, the objective is to encourage more appropriate healthcare utilization while supporting efforts to manage medical inflation and claims growth. The broader principle is to balance access to healthcare with the long-term sustainability of healthcare financing.

Stronger governance and medical oversight

The reforms also place greater emphasis on governance and medical oversight. Insurers are expected to establish Medical Advisory Boards composed of healthcare professionals who can provide clinical guidance, monitor healthcare trends, and support utilization review processes.

Enhanced fraud detection mechanisms, claims governance, and operational controls are also intended to improve transparency and strengthen consumer protections.

The growing role of digital health management

Technology also plays an increasingly important role in the evolving healthcare framework. Insurers are increasingly expected to strengthen digital infrastructure, improve health information systems, and use data more effectively to support claims management and healthcare decision-making. Digital integration can play an important role in improving service quality, strengthening operational efficiency, and supporting the long-term sustainability of healthcare programs.

Implications for employer-sponsored health plans

For employers, these reforms may influence how group health plans are designed, funded, and communicated. Organizations may need to evaluate plan structures, review cost-sharing arrangements, assess coverage levels, and ensure employees clearly understand how their healthcare benefits operate.

Companies that proactively engage with insurers and benefits consultants may be better positioned to understand the implications of these changes, manage healthcare costs, and maintain a positive employee experience.



Public healthcare modernization: KRIS and BPJS developments

In addition to reforms in the private insurance sector, Indonesia is continuing efforts to modernize its public healthcare system, with ongoing changes affecting the national healthcare program administered by BPJS Kesehatan.

One important area is the transition toward the Standard Inpatient Class System (KRIS). This initiative is intended to introduce more standardized hospital service and accommodation standards across the national healthcare network, with the broader objective of improving consistency in service delivery and supporting a more equitable healthcare experience for participants. The goal is to improve consistency in service delivery and create a more equitable healthcare experience for participants.

The modernization of BPJS healthcare services reflects broader government efforts to improve healthcare quality, strengthen healthcare infrastructure, and enhance the overall effectiveness of public health coverage.

As implementation continues, employers will need to monitor how changes in public healthcare delivery may affect employee expectations and the interaction between statutory and supplemental health benefits.

Coordination between BPJS and private insurance

The growing focus on coordination of benefits is particularly important. Recent health insurance reforms encourage closer coordination between private insurance arrangements and the national healthcare system. Rather than operating independently, employer-sponsored insurance is increasingly expected to complement BPJS coverage, helping employees navigate healthcare services while controlling overall costs.

For multinational organizations, this trend underscores the importance of designing benefits programs that work effectively alongside statutory coverage. Employers may wish to examine how their supplemental plans coordinate with BPJS, whether coverage overlaps exist, and how employees can access different sources of healthcare protection most efficiently.

How employers are responding

As Indonesia's healthcare environment evolves, many employers are broadening their approach to benefits management. Rather than focusing exclusively on insurance coverage, organizations are increasingly adopting strategies that combine risk protection, workforce wellbeing, preventive healthcare, and employee education.

Managing costs through prevention and wellbeing

Healthcare affordability remains a significant concern. Studies of Indonesian employers have highlighted medical costs, workforce wellbeing, employee experience, and cost containment among the key challenges facing HR leaders today. As medical inflation continues to place pressure on healthcare budgets, organizations are looking for ways to improve health outcomes while managing benefit expenditures responsibly.

Many employers are placing greater emphasis on wellness initiatives, preventive screenings, health education, and early intervention programs. These initiatives can encourage employees to take a more proactive approach to their health and may support more sustainable healthcare utilization over time.

Digital benefits administration

At the same time, digitalization is becoming increasingly important. Employers are seeking partners that can help simplify benefits administration, improve employee access to information, provide actionable reporting, and strengthen communication around healthcare programs.

Technology-enabled solutions can help HR teams manage increasing complexity while delivering a better employee experience.

Against this backdrop, employers are increasingly seeking insurers that can provide both innovative employee benefits solutions and guidance on managing a changing healthcare environment.

Great Eastern Life Indonesia's role in supporting employee benefits transformation

Local expertise for a changing benefits market

As employers navigate Indonesia's changing healthcare and benefits environment, access to local expertise and relevant solutions becomes increasingly valuable.

IGP Network Partner Great Eastern Life Indonesia has been helping individuals and businesses in Indonesia since 1996 and combines local market knowledge with the resources of a leading regional insurance group. The company offers a broad portfolio of employee benefits solutions designed to support workforce protection, wellbeing, and organizational resilience.

Employee benefits solutions for workforce protection

Great Eastern Life Indonesia offers group insurance solutions designed to protect employees and their families while helping employers support workforce resilience, talent attraction, and retention.

Its principal employee benefits solutions include:

- GREAT Health Guard: A group health solution covering inpatient and outpatient care, with benefits that may include maternity, dental, and optical coverage depending on plan design.
- GREAT Life Guard: A group life insurance solution providing death benefits and coverage for total permanent disability, with optional benefits linked to illness or accident depending on plan design.
- GREAT Protection Guard: A group accident insurance solution providing protection for accidental death, disability, and eligible medical expenses resulting from accidents.

Group programs may also include coverage for eligible family members, helping employers extend protection to employees' dependents based on the selected plan.

Digital tools that simplify benefits administration

Recognizing the growing importance of digital administration, Great Eastern Life Indonesia has invested in technology platforms that support HR teams and employees throughout the benefits lifecycle. These capabilities include the Employee Benefits Quotation System (EBQS), Great Eastern Corporate App, and GEC Client Portal. Together, these digital capabilities are designed to support more efficient benefits administration and provide employers and employees with easier access to relevant information and services.

Wellness support focused on prevention and long-term cost management

Great Eastern Life Indonesia views wellness as an important component of employee benefits, complementing insurance protection with initiatives that support employee health and wellbeing.

Its employer-focused wellness initiatives help organizations promote preventive care, health education, and health screenings while encouraging employees to make informed decisions about their wellbeing.

By encouraging healthier behaviors and supporting proactive health management, these programs can contribute to a broader workforce wellbeing strategy and support employers in managing healthcare utilization over the longer term.

Looking ahead

Indonesia's benefits landscape is entering a new phase characterized by stronger governance, greater coordination between public and private healthcare systems, increasing digitalization, and a growing emphasis on prevention and wellbeing. While these developments introduce new considerations for employers, they also create opportunities to build more sustainable and employee-centric benefits programs.

For multinational organizations, navigating this environment will require an understanding of evolving regulations, effective employee communication, and collaboration with insurers and benefits partners that understand the local market.

As Indonesia's healthcare transformation continues, employers that proactively align benefits strategy, employee wellbeing, and responsible cost management may be better positioned to respond to the changing needs of their workforce.



**Upcoming webinar:
Thursday, November 12, 2026**

Mark your calendar and join us for a live webinar with Great Eastern Life Indonesia on navigating the Indonesian employee benefits landscape, from statutory requirements to plan design and implementation considerations for multinational employers.

Register here

For more information, please contact your IGP Business Development Manager or...



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Country News: Malaysia

Beyond Insurance: Rethinking employee wellbeing in malaysia

As healthcare costs rise and workforce expectations change, employers need more than financial protection. AIA Malaysia is bringing insurance, healthcare, wellbeing, and digital support together.

16%. That is where Malaysia's medical inflation is projected to reach in 2026, up from 15% the year before and above the Asia-Pacific average of 11.3%, according to Aon's 2026 Global Medical Trend Rates Report.

For employers, the impact goes well beyond a higher insurance renewal. Rising healthcare costs are converging with changing workforce expectations, growing attention to mental wellbeing, and an evolving social protection landscape. Together, they raise an important question:

How can employers continue to provide meaningful protection while keeping benefits sustainable, accessible and relevant to employees?

For AIA Malaysia, the answer is to look beyond insurance alone. As IGP's Network Partner in Malaysia, AIA brings together traditional employee protection with healthcare management, digital services, preventive wellbeing and support, helping employers move from simply paying claims towards supporting employees throughout their health and wellbeing journey.

AIA has operated in Malaysia since 1948 and today serves approximately 5.2 million customers nationwide through a broad portfolio of protection, health, employee benefits, retirement, personal accident, general insurance, and other financial solutions. Its local capabilities are supported by the strength and experience of the AIA Group, a leading independent publicly listed pan-Asian life insurance organization.

16% Projected 2026 medical inflation	1948 AIA presence in Malaysia since	~5.2m Customers served nationwide	10 years AIA Vitality in Malaysia in 2026
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For corporate clients, AIA Malaysia's role extends beyond traditional employee insurance, bringing together insured benefits with healthcare administration, digital services, analytics and wellbeing support. Its solutions can be tailored to the needs of large organizations, with flexible arrangements also available for small and medium-sized enterprises.

Malaysia's benefits landscape is changing

Malaysia's employee benefits environment is changing on several fronts. Healthcare affordability remains a growing concern, while expanded protection for non-Malaysian employees is reshaping how employers coordinate mandatory and private benefits.

At the same time, employees increasingly expect easier access to healthcare, greater flexibility and support that extends beyond physical health.

Effective with wages for October 2025, employers and eligible non-Malaysian employees must each contribute 2% of monthly wages to the Employees Provident Fund.

Social security protection has also broadened: SOCSO's Employment Injury Scheme has applied to foreign employees since 2019, and qualifying non-Malaysian employees were extended coverage under the Invalidity Scheme from July 2024.

These developments do not replace employer-sponsored benefits. Instead, they make thoughtful coordination more important, so employees receive meaningful coverage without unnecessary duplication. For employers, the question is increasingly not only what to cover, but how all the pieces work together.

Protection is the foundation, not the finish line

Every effective wellbeing strategy still begins with financial protection. AIA Malaysia's group benefits portfolio spans medical, life, critical illness and personal accident protection, with plan designs that can be adapted to different workforce profiles, benefit objectives and budgets. Flexible arrangements are also available for SMEs, including Takaful options.

Comprehensive group benefits solutions

Group medical solutions can include hospital and surgical coverage, with options for outpatient and specialist care, supported by AIA's healthcare network and administration capabilities.

Life, critical illness and personal accident benefits help employees and their families manage the financial consequences of serious illness, disability, accidental injury or death.

Group life and critical illness protection

Group term life insurance provides financial support to an employee's beneficiaries in the event of death. Depending on the selected plan, additional benefits may include total and permanent disability, accidental death and disablement, terminal illness, repatriation expenses, and critical illness protection.

These protections are central to an effective employee benefits program because they help employees and their families manage the financial consequences of serious illness, disability, or death.

Group personal accident

AIA's group personal accident coverage provides compensation following qualifying accidental injury, disability, or death. This protection can complement statutory employment injury benefits and support organizations with employees who travel, work in



AIA's HolistiCare Solution supports employees through a holistic framework built around four interconnected dimensions of wellbeing.

Physical	Mental	Financial	Social
Health assessments, medical guidance and healthier lifestyles	Education, professional support and access to care	Guidance to strengthen financial wellbeing	Support for healthier connections and working lives

operational environments, or face other occupational and non-occupational risks.

Solutions for SMEs

Small and medium-sized businesses may face the same talent and wellbeing challenges as large employers, but often need simpler implementation and greater cost flexibility. AIA's SME proposition provides customizable medical, life, accident, and critical illness protection, with takaful options also available.

Moving from protection to prevention

AIA Malaysia's proposition reflects a broader shift in employee benefits: protection is most effective when it helps employees address health risks before they become serious and provides support throughout the care journey.

HolistiCare Solution

AIA's HolistiCare Solution takes a whole-person approach to employee wellbeing across four connected dimensions: physical, mental, financial, and social as shown above.

HolistiCare combines digital tools, education, professional support, insurance coverage, and employee engagement activities. Employees can access validated health assessments, personalized digital learning, self-guided health journals, educational resources, and year-round webinars, complemented by onsite and virtual wellness activities.

Where more personalized guidance is needed, confidential one-to-one support is available from professionals such as counsellors, psychologists, dietitians, fitness coaches, doctors, pharmacists, and financial or career coaches. A 24-hour careline and WhatsApp text line add immediate access to assistance.

Putting benefits in employees' hands

Technology can make benefits easier to understand and use while reducing routine administration for HR.

For employees

Through the AIA+ mobile application, corporate members can view benefits, access electronic medical cards, review claims and medical bills, submit eligible corporate claims and request guarantee letters. Principal members can also assign e-medical-card access to eligible dependants or guardians.

For HR

The AIA+ Corporate Portal provides centralized access to employee benefit information, portfolio details and reports. HR can also check claims status and history, review policy benefits, locate panel clinics, and contact AIA's 24-hour service centre for benefit enquiries.

Together, these tools can improve transparency and convenience while allowing HR teams to spend more time on benefits strategy and less on routine enquiries.

Mental Health Solution

AIA Malaysia's Mental Health Solution provides more focused support across different stages of employees' mental health needs, from awareness and prevention to professional support and medical treatment.

- **Prevent**
Bite-sized learning, wellness trackers and digital assessments, including DASS-21 (questionnaire to measure the severity of depression, anxiety, and stress).
- **Support**
One-to-one coaching with certified mental health professionals and round-the-clock crisis assistance for urgent situations.
- **Treat**
Depending on plan design and policy terms, medical coverage may include hospitalization, outpatient consultations, medication and treatment by psychiatrists, specialists or physicians.

For employers, awareness campaigns, webinars, launch materials, organizational pulse checks, and an HR insights dashboard can help support engagement and informed decision-making while maintaining appropriate confidentiality.

10 years of turning healthy intentions into action

In 2026, **AIA Vitality** marks its tenth anniversary in Malaysia. The programme uses behavioural science, health education, incentives and rewards to encourage members to know more about their health and make healthier everyday choices. Members can earn points for activities such as learning about their health, staying active, eating well and resting well, with progress unlocking selected rewards and benefits.

For employers, wellbeing becomes something employees participate in continuously, not something HR promotes occasionally.

When healthcare becomes complicated, who helps the employee navigate it?

A serious or complex diagnosis can leave an employee facing unfamiliar specialists, treatment options, and difficult medical decisions. **AIA's Group MedCare Personal Medical Case Management (PMCM)**, delivered through Teladoc, provides personalized guidance across that journey.

The service goes beyond a traditional second medical opinion, combining expert medical review, treatment navigation, medical

concierge services and ongoing support from diagnosis through recovery. For employers, it complements medical coverage with human, clinically informed support when employees and their families may need it most.

Case studies have shown that expert medical reviews can lead to adjustments in diagnosis, optimization of treatment plans, and in some cases, the avoidance of unnecessary surgery. By helping employees make informed healthcare decisions earlier, PMCM supports better health outcomes, reduces uncertainty, and provides peace of mind during challenging times.

Local strength. Global connection.

Malaysia's benefits landscape is becoming more complex, but it is also creating opportunities for employers to build more inclusive, responsive, and sustainable programs.

With its broad capabilities, AIA Malaysia provides multinational employers with an integrated platform to address these changing demands.

The proposition is particularly relevant for organizations seeking to:

- Coordinate statutory and supplemental benefits
- Improve employee access to healthcare and insurance information
- Manage medical costs without losing sight of employee experience
- Provide meaningful mental health and crisis support
- Engage employees in preventive health and healthier behaviors
- Reduce the administrative burden placed on HR teams
- Build a benefits strategy that supports physical, mental, financial, and social wellbeing

For multinational employers navigating rising healthcare costs, evolving statutory requirements, and changing employee expectations in Malaysia, an integrated approach can turn employee benefits from a routine annual expense into a more strategic tool for workforce resilience and engagement.

As IGP's Network Partner in Malaysia, **AIA Bhd.** combines local expertise with a broad set of protection, healthcare, wellbeing, and digital capabilities, while connecting Malaysian employee benefits to a coordinated international strategy. Its continuing investment in technology, service innovation, wellbeing, and healthcare management supports employers as they build benefits programmes for the future of work.

Recognition

Recent recognition includes multiple **Insurance Asia Awards 2026** honours spanning AI, mobile technology, service innovation, strategic partnership, underwriting, and stewardship funds, alongside recognition for digital impact and technology excellence. I

n 2025, AIA Malaysia received a **Gold Award for Excellence in Corporate Wellness** at the **HR Excellence Awards**.



If you'd like more information about AIA Bhd. or want to discuss employee benefits in Malaysia, please contact your IGP Business Development Manager or...



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