



MediShieldLife

Better Protection. For All. For Life.



The MediShield Life Scheme is administered by the Central Provident Fund (CPF) Board on behalf of the Ministry of Health under the provisions of the MediShield Life Scheme Act 2015, (Act 4 of 2015) and the Regulations made under the Act (and any amendments made to them from time to time). The CPF Board may also impose such terms and conditions for the administration of the scheme as provided for in the legislation and may vary terms and conditions, at any time at its discretion.

This information booklet, containing a summary of the key features of the MediShield Life Scheme (previously known as the MediShield Scheme), is meant for new members of the scheme. The information reflected in this booklet is correct as at the time of publication on 1 November 2018. For the provisions in the MediShield Life Scheme Act and Regulations, please refer to <http://statutes.agc.gov.sg>. For more information and any changes thereafter on the MediShield Life scheme, please refer to the MediShield Life website at www.medishieldlife.sg.

For queries or clarifications about MediShield Life, please call hotline at 1800 - 222 3399 or email contactus@medishieldlife.gov.sg.

您也可以浏览公积金局网站 www.medishieldlife.sg 查阅上述信息的中文版本。如欲提出咨询，请拨电 1800 - 222 3399 或电邮至 contactus@medishieldlife.gov.sg。

Anda boleh juga melihat maklumat di atas dalam Bahasa Melayu menerusi tapak web kami di www.medishieldlife.sg. Untuk pertanyaan, sila hubungi talian 1800 - 222 3399 atau e-mel kepada contactus@medishieldlife.gov.sg.

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1. Introduction to MediShield Life

MediShield Life is an individual basic medical insurance scheme that protects all Singapore Citizens and Permanent Residents against large medical bills for life, regardless of age or health condition.

The Government will help to ensure that MediShield Life premiums remain affordable by providing various premium subsidies and support measures. No one will lose MediShield Life coverage because he cannot afford to pay his insurance premiums.

2. Benefits under MediShield Life

MediShield Life covers expenses incurred for hospitalisations and certain approved outpatient treatments, such as kidney dialysis, chemotherapy and radiotherapy for cancer.

The benefits under MediShield Life are shown in Table A. They are designed to cover subsidised bills incurred for hospitalisations in Class B2/C wards and subsidised outpatient/day surgery treatments in public hospitals. Patients who seek non-subsidised treatments in Class A/B1/B2+ wards in public hospitals or private hospitals will also be able to benefit from MediShield Life. However, as such non-subsidised bills are much higher, MediShield Life will cover a smaller portion of the bill.

**Table A: MediShield Life Benefits
(Applicable for hospitalisations with date of admission or treatments received on or after 1 November 2018)**

Inpatient/Day Surgery	Claim limits
Daily Ward and Treatment Charges ¹ <ul style="list-style-type: none"> - Normal Ward - Intensive Care Unit Ward - Community Hospital² - Psychiatric (up to 35 days per policy year) 	<ul style="list-style-type: none"> \$700 per day \$1,200 per day \$350 per day \$100 per day
Surgical Procedures <ul style="list-style-type: none"> - Table 1 (less complex procedures) - Table 2 - Table 3 - Table 4 - Table 5 - Table 6 - Table 7 (more complex procedures) 	<ul style="list-style-type: none"> \$200 \$480 \$900 \$1,150 \$1,400 \$1,850 \$2,000
Implants	\$7,000 per treatment
Radiosurgery	\$4,800 per procedure
Outpatient Treatment	
Chemotherapy for Cancer	\$3,000 per month
Radiotherapy for Cancer <ul style="list-style-type: none"> - External or Superficial - Brachytherapy - Stereotactic 	<ul style="list-style-type: none"> \$140 per treatment \$500 per treatment \$1,800 per treatment
Kidney Dialysis	\$1,000 per month
Immunosuppressants for Organ Transplant	\$200 per month
Erythropoietin for Chronic Kidney Failure	\$200 per month
Long-term Parenteral Nutrition	\$1,700 per month
Maximum Claim Limits	
Per Policy Year	\$100,000
Lifetime	No Limit

¹Includes meal charges, prescriptions, professional charges, investigations and other miscellaneous charges

²Claimable only upon referral from a hospital after an inpatient admission or from a public hospital's emergency department for further medical treatment.

3. Coverage and Premium Payment

Newborns who are Singapore Citizens are covered from birth under MediShield Life following birth registration. Permanent Residents are covered from the day they attain permanent residency.

3.1 What is a MediShield Life policy year?

A MediShield Life policy year refers to the 12-month period from the date the cover starts or is renewed. For example, for a cover that starts on 1 November 2015, the policy year of the cover is from 1 November 2015 to 31 October 2016.

CPF Board will automatically renew the MediShield Life cover on the anniversary of each policy year. Using the same example, the cover will be renewed for another policy year on 1 November 2016.

3.2 How much is the MediShield Life premium?

MediShield Life premiums increase with age. The premium is payable once a year and is based on your age next birthday on the policy start/renewal date. For example, if the insured member's date of birth is 10 October 1990 and his policy is renewed on 1 November 2015, his age next birthday on 1 November 2015 is 26 years old.

Any applicable subsidies will be automatically applied to the premium before premium payment.

Premiums (before subsidies) for the different age groups effective from 1 November 2015 are shown in Table B:

Table B: Premiums (before subsidies)

Age Next Birthday	Annual Premiums (Inclusive of 7% GST)	Age Next Birthday	Annual Premiums (Inclusive of 7% GST)
1 – 20	\$130	74 – 75	\$975
21 – 30	\$195	76 – 78	\$1,130
31 – 40	\$310	79 – 80	\$1,175
41 – 50	\$435	81 – 83	\$1,250
51 – 60	\$630	84 – 85	\$1,430
61 – 65	\$755	86 – 88	\$1,500
66 – 70	\$815	89 – 90	\$1,500
71 – 73	\$885	>90	\$1,530

The annual premiums can be fully paid using MediSave. You can pay your premium from your own MediSave account, or your immediate family members (i.e. spouse, parents, children or grandchildren) may pay your premium using their MediSave.

Premiums (after any applicable subsidies) are automatically deducted from your (or your payer's) MediSave Account each year. CPF Board will inform you (or your payer) to top up your (or your payer's) MediSave Account if there is insufficient balance in the account to pay the premium.

If you need to make a change to the payer of your premium, the new payer can submit a change of payer request with his/her SingPass via “*my cpf* Online Services” at CPF Board’s website (www.cpf.gov.sg).

3.3 Who needs to pay Additional Premiums?

Under MediShield Life, those with pre-existing medical conditions will be able to enjoy coverage for their conditions. The Government will bear the majority of the cost of covering this group. Only those with serious pre-existing medical conditions need to pay a nominal Additional Premium of 30% for 10 years, in addition to the standard MediShield Life premiums.

A pre-existing condition is a medical condition or illness that an individual already has before he is covered under an insurance plan. If the medical condition developed after the start of an insurance cover, it will not be considered a pre-existing condition.

Examples of serious pre-existing conditions for which you may have to pay Additional Premiums include cancer, kidney failure, stroke and heart diseases.

More information on the broad categories of serious pre-existing conditions can be found on www.medishieldlife.sg.

The CPF Board will inform those who have serious pre-existing conditions and have to pay Additional Premiums. Any applicable MediShield Life subsidies will also apply to the Additional Premiums.

3.4 What are premium rebates?

Under MediShield Life, members pay higher premiums during their working ages and in return, enjoy premium rebates during old age to help with old-age premium affordability. This helps to distribute premiums more evenly throughout one's life and thus, moderate the increase in premiums during the older ages.

The premium rebates you receive depend on how long you have been insured under the scheme. The earlier you join the scheme, the higher the premium rebates you will receive.

Table C: Premium Rebate Table (for those born in or after 1950)¹

Entry Age (as of next birthday)	Premium Rebate Amount per year, by Age Band (\$)							
	66 – 70	71 – 73	74 – 75	76 – 78	79 – 80	81 – 83	84 – 85	86 – 90
30 and Below	49	107	184	260	313	440	483	537
31 – 40	41	80	138	195	235	330	362	403
41 – 50	36	53	92	130	157	220	241	269
51 – 60	30	30	46	65	78	110	121	134
61 – 70	N.A.	12	33	50	64	71	77	90

¹Newly insured born before 1950 are not eligible for premium rebates. Please refer to the MediShield Life website for more information.

4. Government Subsidies and Premium Support

To ensure that MediShield Life premiums remain affordable, the Government will provide various premium subsidies and support measures to help Singapore Citizens and Permanent Residents with their MediShield Life premiums.

There is no need to apply for the subsidies. Existing information in Government databases will be used to determine your eligibility for the subsidies.

4.1 Who is eligible for Premium Subsidies?

Premium Subsidies are provided to low- to middle-income Singapore Citizens and Permanent Residents with a household monthly income per person of \$2,600 and below, and living in residences with an Annual Value of \$21,000 and below. Individuals who own more than one property will not be eligible for Premium Subsidies. Permanent Residents will receive half of the applicable subsidy rates for Singapore Citizens.

Table D: Premium Subsidies
(For those living in residences with Annual Value of \$13,000 or less)

Age Next Birthday	Subsidy Rates for Singapore Citizens based on Household Monthly Income Per Person		
	Lower-Income \$0 - \$1,100	Lower-Middle-Income \$1,101 - \$1,800	Upper-Middle-Income \$1,801 - \$2,600
1 – 40	25%	20%	15%
41 – 60	30%	25%	20%
61 – 75	35%	30%	25%
76 – 85	40%	35%	30%
86 – 90	45%	40%	35%
>90	50%	45%	40%

Note: Those living in residences with an Annual Value of between \$13,001 and \$21,000 will receive 10 percentage points less than the subsidy rates shown above. Those living in residences with an Annual Value of above \$21,000 will not receive these subsidies.

4.2 Who is eligible for Pioneer Generation Subsidies?

Pioneers¹ will receive Pioneer Generation Subsidies of 40% to 60%, regardless of their household income and Annual Value of their residences. Pioneers will also receive annual MediSave top-ups of \$200 to \$800 depending on birth cohorts, which can be used to pay MediShield Life premiums.

Table E: Pioneer Generation Subsidies

Age Next Birthday	Pioneer Generation Subsidies as Percentage of Premiums
66 – 70	40%
71 – 80	44% - 54%
81 – 90	54% - 59%
>90	60%

¹Pioneers are Singapore Citizens born on or before 31 December 1949 and had obtained Singapore citizenship on or before 31 December 1986.

4.3 Who is eligible for Transitional Subsidies?

Transitional Subsidies are provided to all Singapore Citizens for the first four years of MediShield Life, and applied on the net premium increase over MediShield premiums after Premium Subsidies or Pioneer Generation Subsidies, where applicable.

Transitional Subsidies will be automatically given to all Singapore Citizens regardless of household income and Annual Value of their residences.

MediShield Life	Transitional Subsidies as Percentage of Net Premium Increase
1 st Year (Nov 2015 to Oct 2016)	90%
2 nd Year (Nov 2016 to Oct 2017)	70%
3 rd Year (Nov 2017 to Oct 2018)	40%
4 th Year (Nov 2018 to Oct 2019)	20%

4.4 Who is eligible for Additional Premium Support?

Additional Premium Support is designed to help those who cannot afford their MediShield Life premiums even after Government subsidies, MediSave and have no family support to rely on.

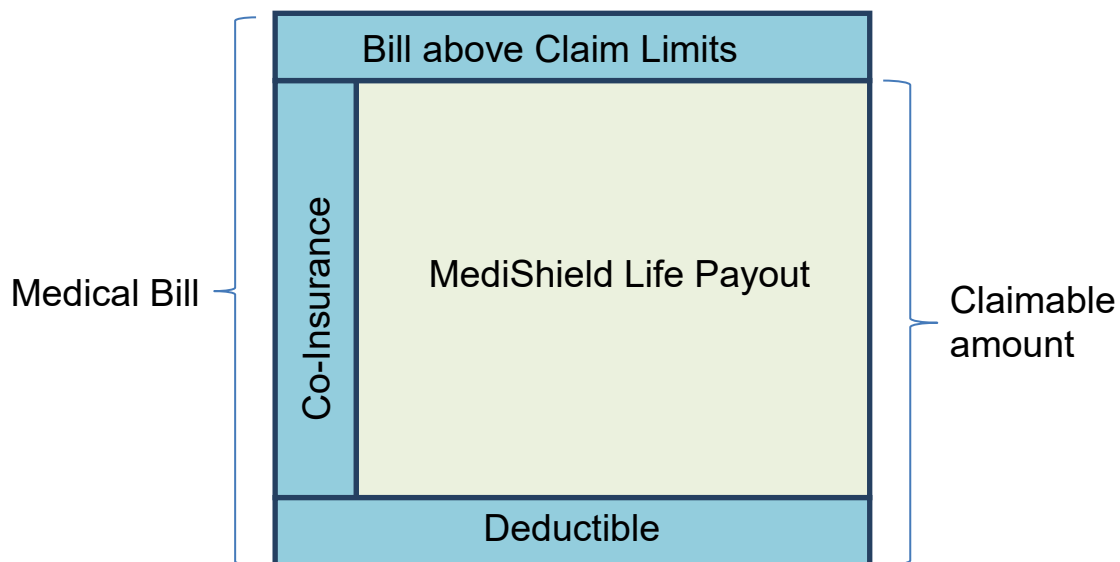
Members who cannot pay their premiums will be asked to apply for Additional Premium Support, and the Government will help them with the process if they are unable to do so themselves. No one will lose MediShield Life coverage due to financial difficulties.

5. Making a claim under MediShield Life

To claim from MediShield Life, you just need to inform the hospital or medical institution where you are receiving treatment and they will submit the claim for you to CPF Board.

Payment from MediShield Life will be made directly to the hospital or medical institution once it has been processed by CPF Board.

The claimable amount for hospitalisations and day surgeries under MediShield Life is determined after adjusting the bill based on the pro-ration factor (explained in section 5.1) and subject to the claim limits in Table A. The deductible (explained in section 5.2) and co-insurance (explained in section 5.3) are then applied to the claimable amount to determine the MediShield Life payout. The deductible and co-insurance, as well as the bill above the claim limits, have to be paid by MediSave and/or cash.



For outpatient treatments, MediShield Life will pay up to the claim limit or 90% of the bill after adjusting the bill based on the pro-ration factor, whichever is lower. The remaining amount of the bill will be paid using MediSave and/or in cash.

5.1 What is the pro-ration factor?

MediShield Life benefits are designed to cover subsidised bills incurred by Singapore Citizens at Class B2/C wards and subsidised outpatient treatments/day surgery at public hospitals.

Hence, bills incurred for Class A/B1/B2+ wards in public hospitals, private hospitals and non-subsidised outpatient treatments/day surgery are pro-rated before the claims under MediShield Life are computed.

Similarly, Permanent Residents who receive less subsidies than Singapore Citizens for treatments received at public hospitals will also have their bills pro-rated before claims under MediShield Life are computed. The applicable pro-ration factors are shown in Table G.

Table G: Pro-ration Factors for MediShield Life Claim		
Ward Class / Subsidy Status	Singapore Citizen	Permanent Resident
Class C	100%	44%
Class B2	100%	58%
Class B2+	70%	47%
Class B1	43%	38%
Class A / Private Hospital	35%	35%
Community Hospital (Subsidised)	100%	50%
Community Hospital (Non-subsidised)	50%	50%
Subsidised Short Stay Ward	100%	58%
Non-subsidised Short Stay Ward	35%	35%
Subsidised Day Surgery	100%	58%
Non-subsidised Day Surgery	35%	35%
Subsidised Outpatient Treatment	100%	67%
Non-subsidised Outpatient Treatment ¹	50%	50%

¹Non-subsidised bills for outpatient cancer treatments and home parenteral nutrition will be pro-rated. Bills for dialysis-related treatments and immunosuppressants will not be pro-rated.

5.2 What is the deductible?

The deductible is the claimable amount that you need to pay first in each policy year before any payout from MediShield Life. The deductible paid can be accumulated if there is more than one claim in the policy year. The deductible ranges from \$1,500 to \$3,000 of the claimable amount depending on age and ward class as shown in Table H.

Table H: Deductible (based on age next birthday at the start of the policy year)

Ward Class / Treatment	80 and below	81 and above
Class C	\$1,500	\$2,000
Class B2 and above (including stay in private hospitals)	\$2,000	\$3,000
Day Surgery	\$1,500	\$3,000
Outpatient Treatments	Not Applicable	

5.3 What is co-insurance?

Co-insurance is the percentage of the claimable amount that you need to co-pay. Co-insurance ranges from 3% to 10% as shown in Table I.

Table I: Co-insurance

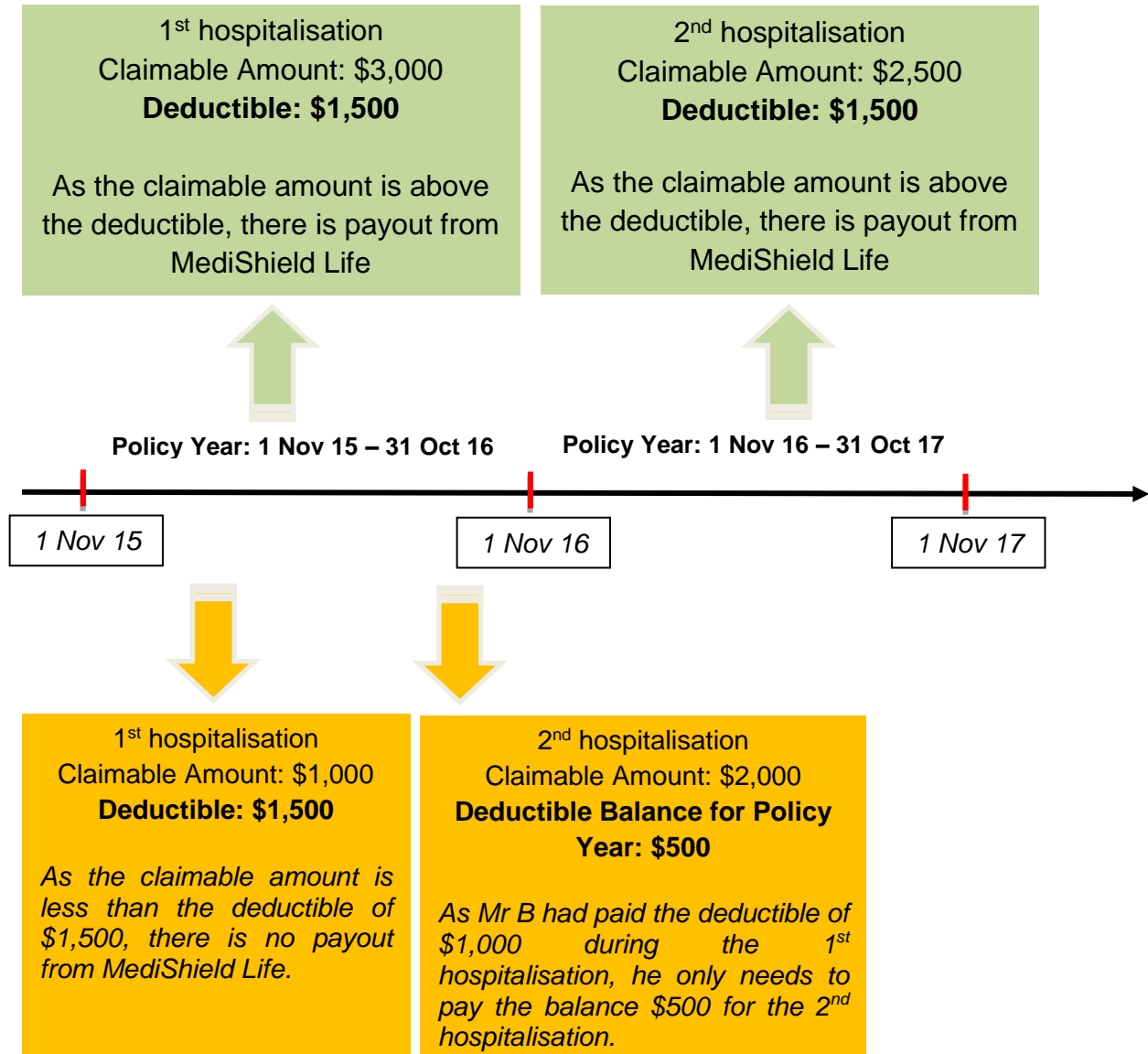
All Ward Classes and Day Surgery <u>Claimable amount accumulated within a policy year</u>	
First \$5,000 ¹	10%
Next \$5,000	5%
Above \$10,000	3%
Outpatient Treatments	10%
¹ Inclusive of deductible	

Illustration of how the deductible works

(The examples are based on assumptions that the members are below 80 years old and stay in a Class C ward.
The deductible is \$1,500 per policy year.)

Scenario A:

Mr. A is hospitalised once in each policy year.

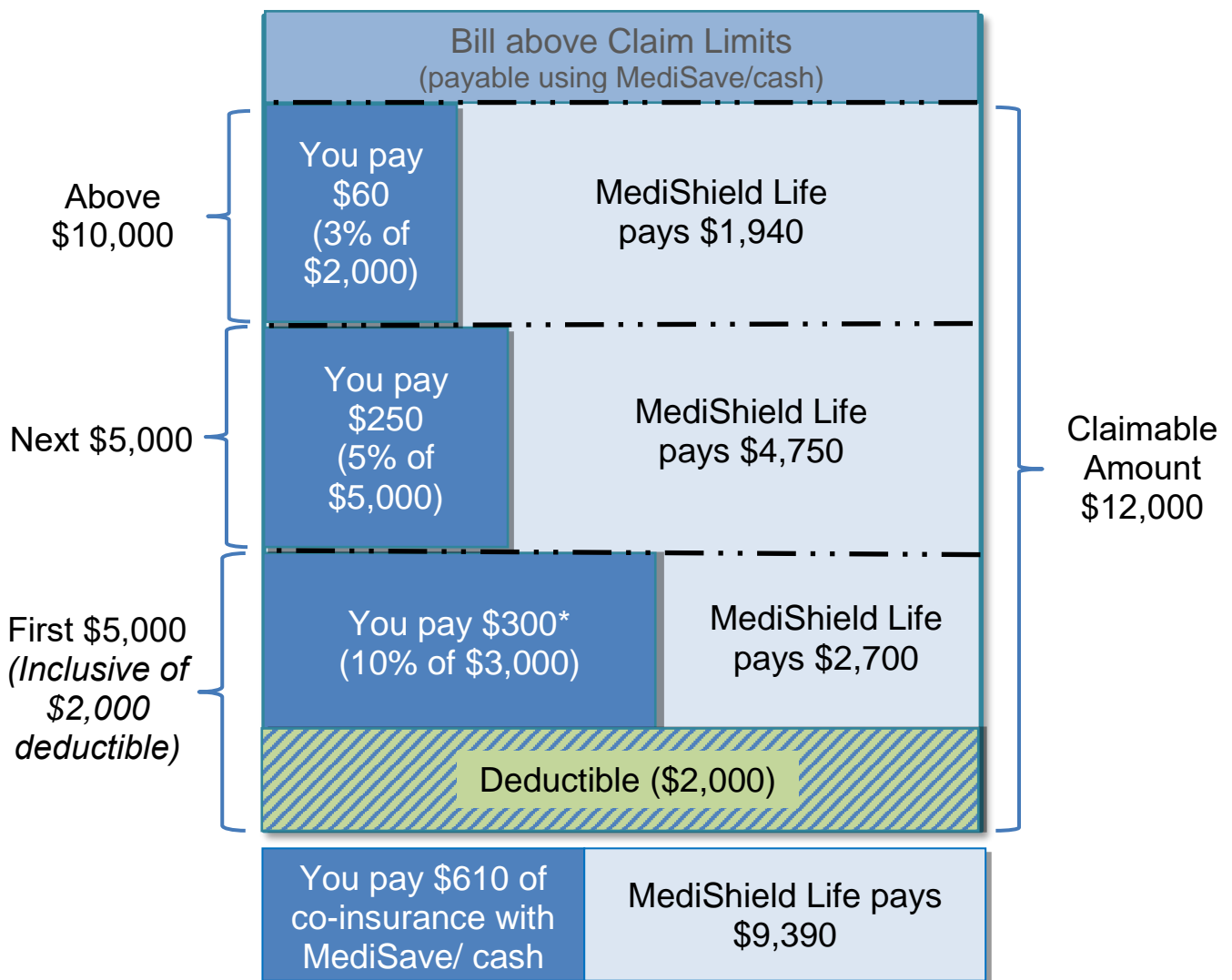


Scenario B:

Mr. B is hospitalised twice in the **same** policy year.

Illustration of how co-insurance works

(The example is based on a claimable amount of \$12,000 and deductible of \$2,000.)



*If a deductible is payable, the co-insurance of 10% is applied on the amount above the deductible. In this case, as the deductible is \$2,000, the co-insurance for the first \$5,000 will be 10% of the remaining \$3,000 which is \$300.

5.4 How are claims computed?

Example 1: Claim computation for a Singapore Citizen aged 35 who stays in a Class C ward

Length of Stay: 10 Days (including 8 days in ICU)

Procedure Performed: Stomach Operation

	Hospital Bill ¹	MediShield Life Claim Computation
Daily Ward & Treatment Charges (2 days normal ward + 8 days ICU)	\$8,600	\$8,600 ²
Surgical Procedure (Table 6)	\$1,250	\$1,250 ³
Total	\$9,850	\$9,850
Less Deductible ⁴	-	(\$1,500)
Claimable Amount (less Deductible)	-	\$8,350
Less Co-insurance	-	(\$592.50) ⁵
MediShield Life pays	-	\$7,757.50 (79%)
MediSave and/or Cash	-	\$2,092.50 (21%)

¹ As the insured member is a Singapore Citizen who stayed in Class C ward, the MediShield Life claim is computed based on 100% of the bill.

² Lower of the claim limit for Daily Ward & Treatment Charges, [(\$700 x 2 days) + (\$1,200 x 8 days)] = \$11,000, or 100% of charges incurred of \$8,600. Therefore, the claimable amount is \$8,600.

³ Lower of the claim limit in Table A for surgical procedure, \$1,850 (Table 6), or 100% of charges incurred of \$1,250. Therefore, the claimable amount is \$1,250.

⁴ The insured member is below 80 years old, subject to deductible of \$1,500 for Class C ward.

⁵ Co-insurance = (\$3,500 x 10%) + (\$4,850 x 5%) = \$592.50.

Example 2: Claim computation for a Singapore Citizen aged 60 who stays in a Class A ward

Length of Stay: 18 Days

Procedure Performed: Hip Replacement

Pro-ration Factor based on ward class: 35%

	Hospital Bill	35% of Hospital Bill¹ (refer to Table G)	MediShield Life Claim Computation
Daily Ward & Treatment Charges (18 days normal ward)	\$12,000	\$4,200 (\$12,000 x 35%)	\$4,200 ²
Surgical Procedure (Table 5)	\$8,500	\$2,975 (\$8,500 x 35%)	\$1,400 ³
Implant	\$4,000	\$1,400 (\$4,000 x 35%)	\$1,400 ⁴
Total	\$24,500	\$8,575	\$7,000
Less Deductible ⁵	-	-	(\$2,000)
Claimable Amount (less Deductible)	-	-	\$5,000
Less Co-insurance	-	-	(\$400) ⁶
MediShield Life pays	-	-	\$4,600 (19%)
MediSave and/or Cash	-	-	\$19,900 (81%)

¹ As the insured member stayed in Class A ward, the MediShield Life claim is computed based on 35% of the bill.

² Lower of the claim limit in Table A for Daily Ward & Treatment Charges, (\$700 x 18 days) = \$12,600, or 35% of charges incurred of \$12,000 = \$4,200. Therefore, the claimable amount is \$4,200.

³ Lower of the claim limit in Table A for surgical procedure, \$1,400 (Table 5), or 35% of charges incurred of \$8,500 = \$2,975. Therefore, the claimable amount is \$1,400.

⁴ Lower of the claim limit in Table A for implant, \$7,000, or 35% of charges incurred of \$4,000 = \$1,400. Therefore, the claimable amount is \$1,400.

⁵ The insured member is below 80 years old, subject to deductible of \$2,000 for Class A ward.

⁶ Co-insurance = (\$3,000 x 10%) + (\$2,000 x 5%) = \$400.

Example 3: Claim computation for a Permanent Resident aged 40 who stays in a Class B2 ward

Length of stay: 54 Days (including 2 days in ICU)

Procedure Performed: Pancreas & Gall Bladder Operation

Pro-ration Factor based on Citizenship Status: 58%

	Hospital Bill	58% of Hospital Bill¹ (refer to Table G)	MediShield Life Claim Computation
Daily Ward & Treatment Charges (52 days + 2 days ICU)	\$21,340	\$12,377.20 (\$21,340 x 58%)	\$12,377.20 ²
Surgical Procedure (Table 6)	\$1,350	\$783 (\$1,350 x 58%)	\$783 ³
Total	\$22,690	\$13,160.20	\$13,160.20
Less Deductible ⁴	-	-	(\$2,000)
Claimable Amount (less Deductible)	-	-	\$11,160.20
Less Co-insurance	-	-	(\$644.81) ⁵
MediShield Life pays	-	-	\$10,515.39 (46%)
MediSave and/or Cash	-	-	\$12,174.61 (54%)

¹ As the insured member is a Permanent Resident who stayed in Class B2 ward, the MediShield Life claim is computed based on 58% of the bill.

² Lower of the claim limit in Table A for Daily Ward & Treatment Charges [(52 x \$700) + (2 x \$1,200)] = \$38,800 or 58% of charges incurred of \$21,340 = \$12,377.20. Therefore, the claimable amount is \$12,377.20.

³ Lower of the claim limit in Table A for surgical procedure, \$1,850 (Table 6), or 58% of charges incurred of \$1,350 = \$783. Therefore, the claimable amount is \$783.

⁴ The insured member is below 80 years old, subject to deductible of \$2,000 for Class B2 ward.

⁵ Co-insurance = (\$3,000 x 10%) + (\$5,000 x 5%) + (\$3,160.20 x 3%) = \$644.81.

6. Exclusions under the MediShield Life Scheme

The following treatments, procedures, conditions, activities and their related complications are not covered by MediShield Life and cannot be claimed:

- Expenses incurred before the start of the insured member's MediShield Life cover
- Expenses incurred for the entire period of stay in hospital if the insured member is admitted to the hospital before the start of his MediShield Life cover
- Ambulance services
- Cosmetic surgery
- Maternity charges (including Caesarean operations) or abortions
- Dental work (except due to accidental injuries)
- Infertility, sub-fertility, assisted conception or any contraceptive operation
- Sex change operations
- Optional items which are outside the scope of medical treatment
- Overseas medical treatment
- Private nursing charges
- Purchase of kidney dialysis machines, iron-lung and other special appliances
- Surgical interventions for the following rare congenital conditions which are severe and fatal by nature: Trisomy 13, Bilateral Renal Agenesis, Bart's Hydrops and Anecephaly
- Treatment which has received full reimbursement from Workmen's Compensation and other forms of insurance coverage
- Treatment for drug addiction or alcoholism
- Treatment of injuries arising directly or indirectly from nuclear fallout, war and related risk
- Treatment of injuries arising from direct participation in civil commotion, riot or strike
- Treatment of intentional self-injury or injuries resulting from attempted suicide
- Vaccination

7. Additional Private Insurance Coverage

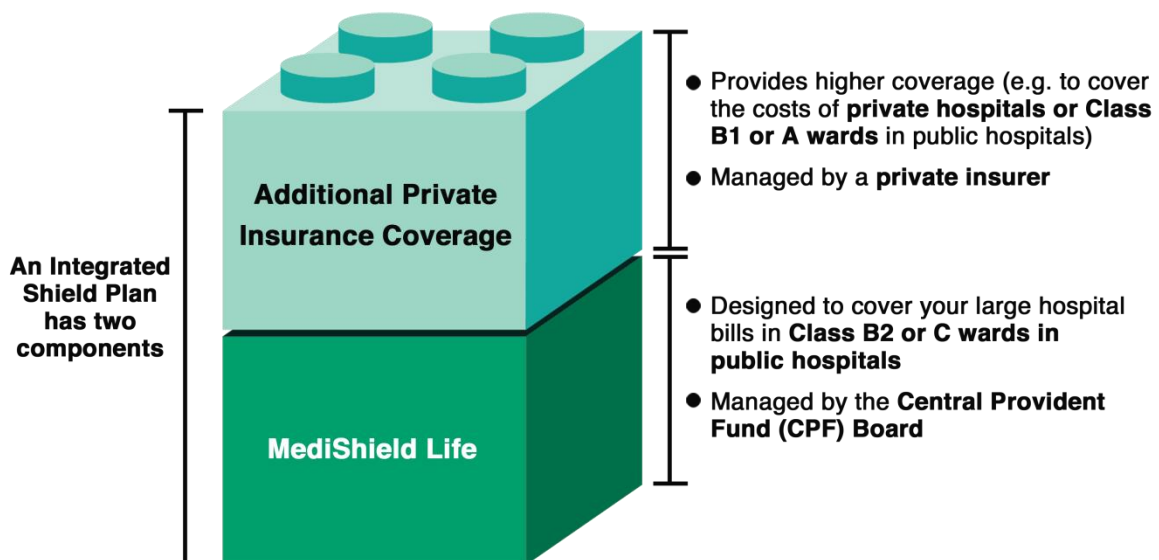
MediShield Life is designed to cover subsidised bills incurred at Class B2/C wards and subsidised outpatient treatments/day surgery at public hospitals. Hence, if you intend to seek treatments in Class A/B1/B2+ wards in public hospitals or private hospitals, you may consider buying additional private insurance coverage in the form of an Integrated Shield Plan (IP).

7.1 What is an Integrated Shield Plan?

An IP is made up of a MediShield Life component that is managed by the CPF Board and an additional private insurance coverage component managed by a private insurer.

IP premiums are higher than MediShield Life premiums. Before you take up an IP cover, do consider if you can afford your IP premiums in the long term, especially since premiums increase with age.

Do speak with your financial planner or approach any of the participating insurers for more information on IPs. Please visit the MediShield Life website at www.medishieldlife.sg for the list of participating insurers.



*Diagram is not drawn to scale

7.2 What is Additional Withdrawal Limit?

If you buy an IP cover, you will be able to use MediSave to pay the premium for the additional private insurance coverage component up to the Additional Withdrawal Limits (AWLs).

Please refer to Table J on the AWLs for IP covers.

Diagram 1: How the AWL is applied to the IP premium

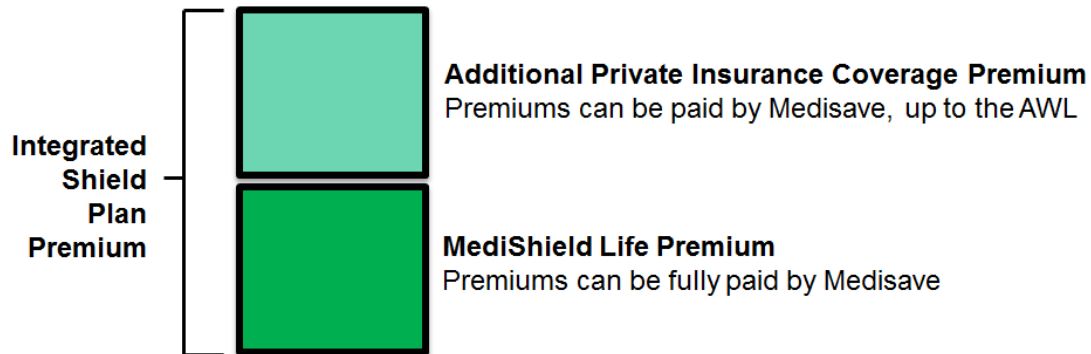


Table J: AWLs for IP Policyholders

Age Next Birthday	AWLs
1 – 40	\$300
41 – 70	\$600
71 and above	\$900