



# MediShieldLife

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Better Protection. For All. For Life.



MINISTRY OF HEALTH  
SINGAPORE

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 July 2020. For the provisions in the MediShield Life Scheme Act and Regulations, please refer to [sso.agc.gov.sg](http://sso.agc.gov.sg). For more information and any changes thereafter on the MediShield Life scheme, please refer to the MediShield Life website at [medishieldlife.sg](http://medishieldlife.sg).

For queries or clarifications about MediShield Life, please call our hotline at 1800 – 222 - 3399 or write to us at [medishieldlife.sg/writetous](http://medishieldlife.sg/writetous).

您也可以浏览公积金局网站 [medishieldlife.sg](http://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 或通过网站 [medishieldlife.sg/writetous](http://medishieldlife.sg/writetous) 提出咨询。

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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 provides various premium subsidies and support measures to ensure that MediShield Life premiums remain affordable. 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 admissions or treatments received on or after 1 April 2020)

Inpatient/Day Surgery	Claim limits		
Daily Ward and Treatment Charges <sup>1</sup>			
- Normal Ward	\$700 per day		
- Intensive Care Unit Ward	\$1,200 per day		
- Community Hospital <sup>2</sup>	\$350 per day		
- Psychiatric (up to 35 days per policy year)	\$100 per day		
- Inpatient Palliative Care Service (General)	\$250 per day		
- Inpatient Palliative Care Service (Specialised)	\$350 per day		
Surgical Procedures	A	B	C
- Table 1 A/B/C (less complex procedures)	\$240	\$340	\$340
- Table 2 A/B/C	\$580	\$760	\$760
- Table 3 A/B/C	\$1,060	\$1,160	\$1,280
- Table 4 A/B/C	\$1,540	\$1,580	\$1,640
- Table 5 A/B/C	\$1,800	\$2,180	\$2,180
- Table 6 A/B/C	\$2,360	\$2,360	\$2,360
- Table 7 A/B/C (more complex procedures)	\$2,600	\$2,600	\$2,600
Implants	\$7,000 per treatment		
Radiosurgery	\$4,800 per procedure		
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	\$6,000 per treatment		
<b>Outpatient Treatment</b>			
Chemotherapy for Cancer	\$3,000 per month		
Radiotherapy for Cancer			
- External or Superficial	\$140 per treatment		
- Brachytherapy	\$500 per treatment		
- Stereotactic	\$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		
<b>Maximum Claim Limits</b>			
Per Policy Year	\$100,000		
Lifetime	No Limit		

<sup>1</sup>Includes meal charges, prescriptions, professional charges, investigations and other miscellaneous charges

<sup>2</sup>Claimable 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.

MediShield Life cover automatically renews 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 are 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)**

<b>Age Next Birthday</b>	<b>Annual Premiums (Inclusive of 7% GST)</b>	<b>Age Next Birthday</b>	<b>Annual Premiums (Inclusive of 7% GST)</b>
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 family members (i.e. spouse, parents, children, grandchildren or siblings) 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. You (or your payer) will be informed 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 for MediShield Life Cover' request at [medishieldlife.sg/eservices](https://medishieldlife.sg/eservices) (SingPass login required).

### 3.3 Who needs to pay Additional Premiums?

Under MediShield Life, those with pre-existing medical conditions can enjoy coverage for their conditions. The Government bears 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 is not 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 [medishieldlife.sg](http://medishieldlife.sg).

Those with serious pre-existing conditions will be informed to pay Additional Premiums. Any applicable MediShield Life premium subsidies will also apply to the Additional Premiums.



### 3.4 What are premium rebates?

Under MediShield Life, members pay premiums ahead during their working ages, and in return enjoy premium rebates during their older ages. This helps to distribute premiums more evenly throughout one's life and moderate the premium increases during the older ages when one becomes less economically active.

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)<sup>1</sup>**

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

<sup>1</sup> Newly 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

The Government provides 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 \$2,800 and below, and living in residences with an Annual Value of \$21,000 and below. Individuals who own more than one property are not be eligible for Premium Subsidies. Permanent Residents 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 - \$1,200	Lower-Middle-Income \$1,201 - \$2,000	Upper-Middle-Income \$2,001 - \$2,800
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.

$$\text{Household Monthly Income Per Person} = \frac{\text{Total Gross Household Monthly Income}}{\text{No. of Family Members In the Household}}$$

## 4.2 Who is eligible for Pioneer Generation Subsidies?

Pioneers<sup>1</sup> receive Pioneer Generation Subsidies ranging from 40% to 60% of their premiums, regardless of their household income and Annual Value of their residences. Pioneers also receive annual MediSave top-ups of \$200 to \$800 depending on birth cohorts, which can be used to pay MediShield Life premiums.

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

<sup>1</sup> Pioneers 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 Merdeka Generation Subsidies?

From 1 July 2019, Merdeka Generation seniors<sup>1</sup> will receive additional Merdeka Generation Subsidies of 5% of their premiums, increasing to 10% after they turn 75 years of age, regardless of their household income and Annual Value of their residences. This is on top of the existing premium subsidies that the seniors may receive. Merdeka Generation seniors will also receive annual MediSave top-ups of \$200 from 2019 to 2023, which can be used to pay MediShield Life premiums.

**Table F: Merdeka Generation Subsidies  
(Applicable for renewals from 1 Jul 2019)**

<b>Age Next Birthday</b>	<b>Additional Merdeka Generation Subsidies as Percentage of Premiums</b>
60 – 75	5%
76 and above	10%

<sup>1</sup> Merdeka Generation seniors are Singapore Citizens born on or before 31 December 1959, had obtained Singapore citizenship on or before 31 December 1996, and did not receive the Pioneer Generation Package.

## **4.4 Who is eligible for Additional Premium Support?**

Additional Premium Support provides financial assistance to members who are unable to afford their premiums after premium subsidies and MediSave, and have limited family support.

Members who are unable to afford their premiums will be invited 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. Examples of MediShield Life premiums computation



Example:  
Name of Insured: Josephine Lin  
Age Next Birthday (ANB): 41

Standard MediShield Life premium <sup>1</sup>	\$435.00
Add: Additional Premium at 30% of Standard MediShield Life premium <sup>2</sup>	\$130.50
<b>Premium before Subsidies</b>	<b>\$565.50</b>
Less: Premium Subsidies at 30.0% <sup>4</sup>	-\$169.95
<b>LESS: Total Government Subsidies</b>	<b>-\$169.95</b>
<b>Net Premium Payable with MediSave (Inclusive of GST)</b>	<b>\$395.85</b>



Example:  
Name of Insured: Jayden Tan  
Age Next Birthday (ANB): 70

Standard MediShield Life premium <sup>1</sup>	\$815.00
Less: Premium Rebate <sup>3</sup>	-\$30.00
<b>Premium before Subsidies</b>	<b>\$785.00</b>
Less: Premium Subsidies at 35.0% <sup>4</sup>	-\$274.75
Less: Merdeka Generation Subsidies at 5% <sup>6</sup>	-\$39.25
<b>LESS: Total Government Subsidies</b>	<b>-\$314.00</b>
<b>Net Premium Payable with MediSave (Inclusive of GST)</b>	<b>\$471.00</b>



Example:  
Name of Insured: Peter Tan  
Age Next Birthday (ANB): 75

Standard MediShield Life premium <sup>1</sup>	\$975.00
<b>Premium before Subsidies</b>	<b>\$815.00</b>
Less: Pioneer Generation Subsidies at 49.00% <sup>5</sup>	-\$477.75
<b>LESS: Total Government Subsidies</b>	<b>-\$477.75</b>
<b>Net Premium Payable with MediSave (Inclusive of GST)</b>	<b>\$497.25</b>

<sup>1</sup> Refer to Table B.

<sup>2</sup> Refer to Section 3.3.

<sup>3</sup> Refer to Table C.

<sup>4</sup> Refer to Table D.

<sup>5</sup> Refer to Table E.

<sup>6</sup> Refer to Table F.

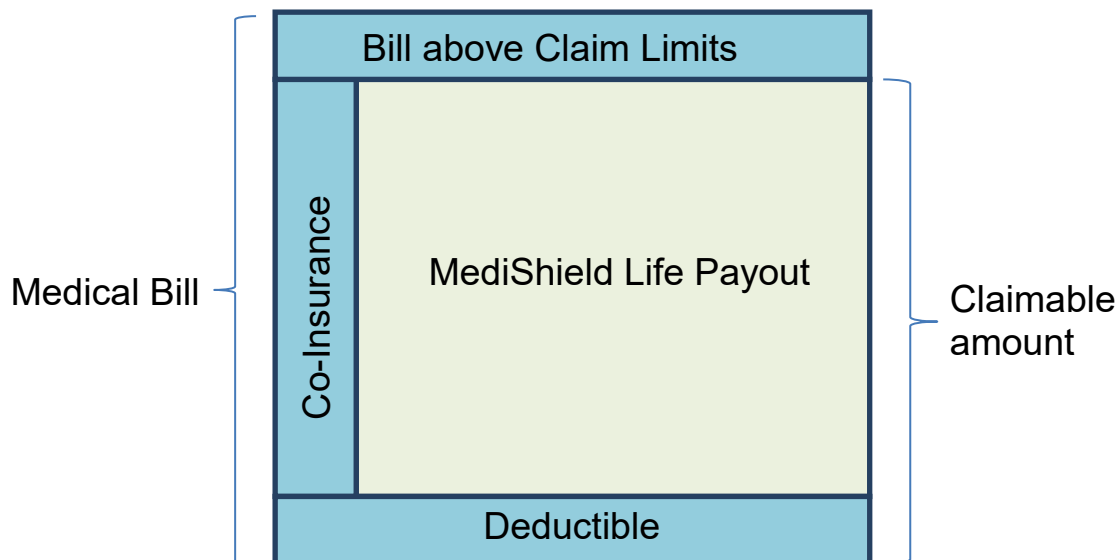
## 6. Making a claim under MediShield Life

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 on your behalf.

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

The claimable amount under MediShield Life is determined by adjusting the bill based on the pro-ratio factor (explained in section 6.1) and applying the claim limits in Table A.

For inpatient treatments and day surgeries, the MediShield Life payout is computed by applying the deductible (explained in section 6.2) and co-insurance (explained in section 6.3) to the claimable amount. The deductible and co-insurance, as well as the bill above the claim limits, can be paid using MediSave and/or cash.



For outpatient treatments, MediShield Life will pay up to the claim limit or 90% of the pro-rated bill, whichever is lower. The remaining amount of the bill can be paid using MediSave and/or cash.

## 6.1 What is the pro-ration factor?

MediShield Life benefits are designed to cover subsidised bills incurred by Singapore Citizens at public hospitals. Hence, non-subsidised bills are pro-rated before the claims under MediShield Life are computed.

Similarly, Permanent Residents who receive less subsidies than Singapore Citizens 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 H.

<b>Table H: Pro-ration Factors for MediShield Life Claim</b>		
<b>Ward Class / Subsidy Status</b>	<b>Singapore Citizen</b>	<b>Permanent Resident</b>
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%
Inpatient Palliative Care Service (Subsidised)	100%	50%
Inpatient Palliative Care Service (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 <sup>1</sup>	100%	67%
Non-subsidised Outpatient Treatment <sup>1, 2</sup>	50%	50%

<sup>1</sup> Continuation of Autologous Bone Marrow Transplant for Multiple Myeloma will follow the outpatient pro-ration factors

<sup>2</sup> Non-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.



## 6.2 What is the deductible?

The deductible is the fixed amount that you need to pay before MediShield Life payout starts. You only have to pay this once in any insurance policy year you are hospitalized. The deductible ranges from \$1,500 to \$3,000 of the claimable amount, depending on age and ward class as shown in Table I.

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

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

<sup>1</sup> Community Hospital, Inpatient Palliative Care Service, Short Stay Wards and Continuation of Autologous Bone Marrow Transplant for Multiple Myeloma will follow the deductible for Class C for patients in subsidised wards, and the deductible for Class B2 and above for patients in non-subsidised wards.

## 6.3 What is co-insurance?

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

**Table J: Co-insurance**

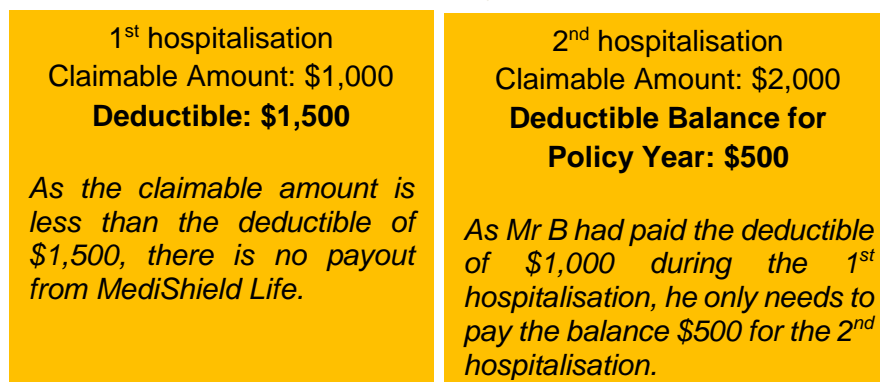
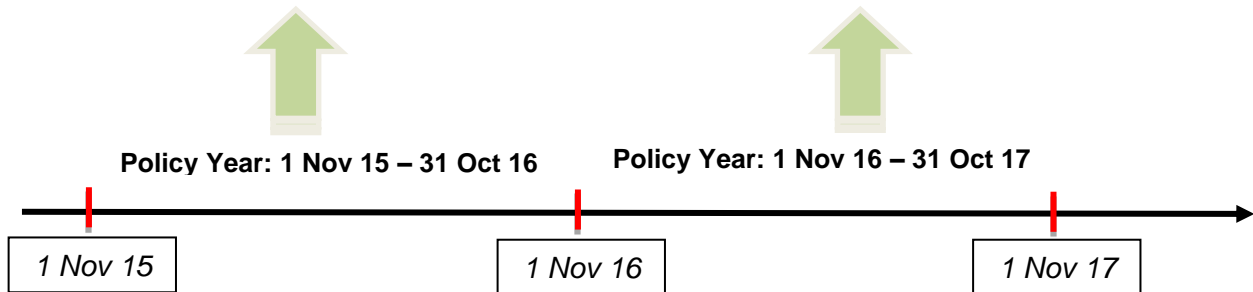
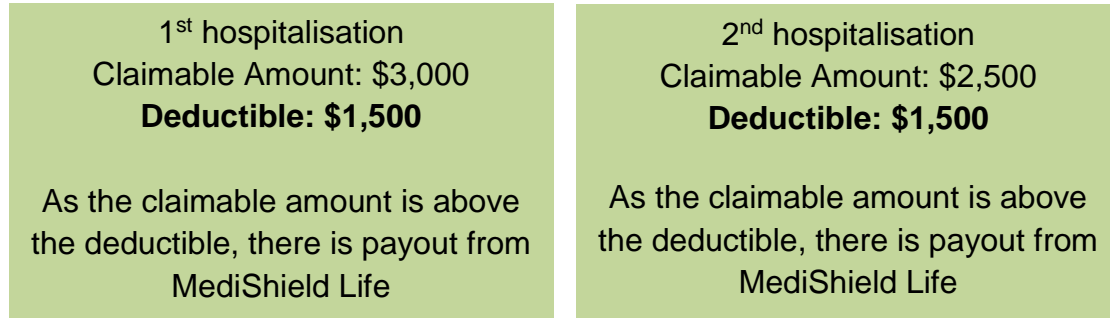
Inpatient/Day Surgery <u>Claimable amount accumulated within a policy year</u>	
First \$5,000 <sup>1</sup>	10%
Next \$5,000	5%
Above \$10,000	3%
Outpatient Treatment	10%
<sup>1</sup> Inclusive of deductible	

## 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.

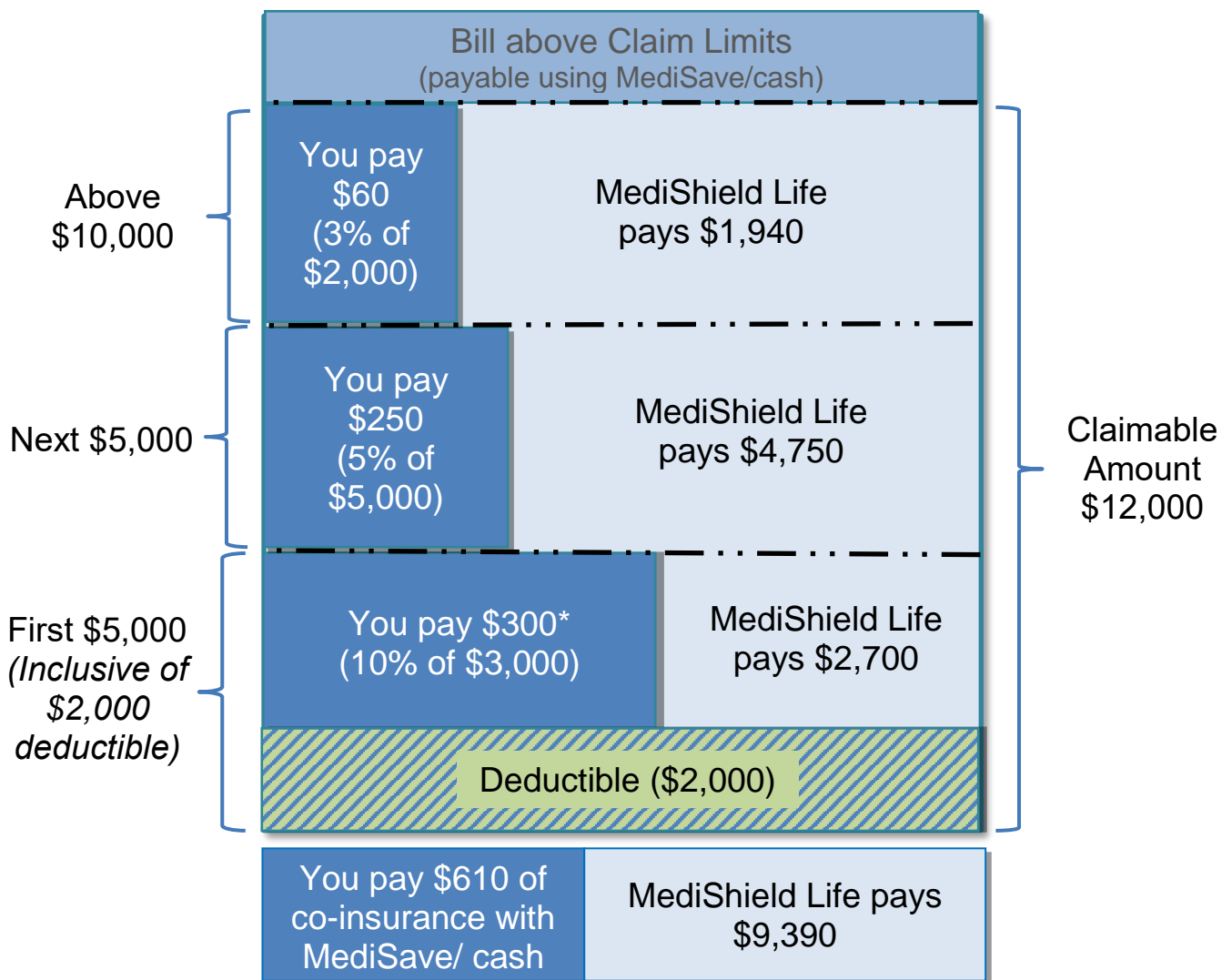


### Scenario B:

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.

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

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Lower of the claim limit in Table A for surgical procedure, \$2,360 (Table 6B), or 100% of charges incurred of \$1,250. Therefore, the claimable amount is \$1,250.

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

<sup>5</sup> 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%**

	<b>Hospital Bill</b>	<b>35% of Hospital Bill<sup>1</sup></b> (refer to Table H)	<b>MediShield Life Claim Computation</b>
Daily Ward & Treatment Charges (18 days normal ward)	\$12,000	\$4,200 (\$12,000 x 35%)	\$4,200 <sup>2</sup>
Surgical Procedure (Table 5C)	\$8,500	\$2,975 (\$8,500 x 35%)	\$2,180 <sup>3</sup>
Implant	\$4,000	\$1,400 (\$4,000 x 35%)	\$1,400 <sup>4</sup>
<b>Total</b>	<b>\$24,500</b>	<b>\$8,575</b>	<b>\$7,780</b>
Less Deductible <sup>5</sup>	-	-	(\$2,000)
Claimable Amount (less Deductible)	-	-	\$5,780
Less Co-insurance	-	-	(\$439) <sup>6</sup>
<b>MediShield Life pays</b>	-	-	<b>\$5,341 (22%)</b>
MediSave and/or Cash	-	-	\$19,159 (78%)

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

<sup>2</sup> 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.

<sup>3</sup> Lower of the claim limit in Table A for surgical procedure, \$2,180 (Table 5C), or 35% of charges incurred of \$8,500 = \$2,975. Therefore, the claimable amount is \$2,180.

<sup>4</sup> 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.

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

<sup>6</sup> Co-insurance = (\$3,000 x 10%) + (\$2,780 x 5%) = \$439.

**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 Operation**

**Pro-ration Factor based on Citizenship Status: 58%**

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

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Lower of the claim limit in Table A for surgical procedure, \$2,360 (Table 6B), or 58% of charges incurred of \$1,350 = \$783. Therefore, the claimable amount is \$783.

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

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

## 7. 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, except treatments for serious complications related to pregnancy and childbirth.
- 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 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
- Expenses incurred after the 7<sup>th</sup> calendar day from being certified to be medically fit for discharge from inpatient treatment and assessed to have a feasible discharge option by a medical practitioner.
- Treatment of intentional self-injury or injuries resulting from attempted suicide
- Vaccination

## 8. Additional Private Insurance Coverage

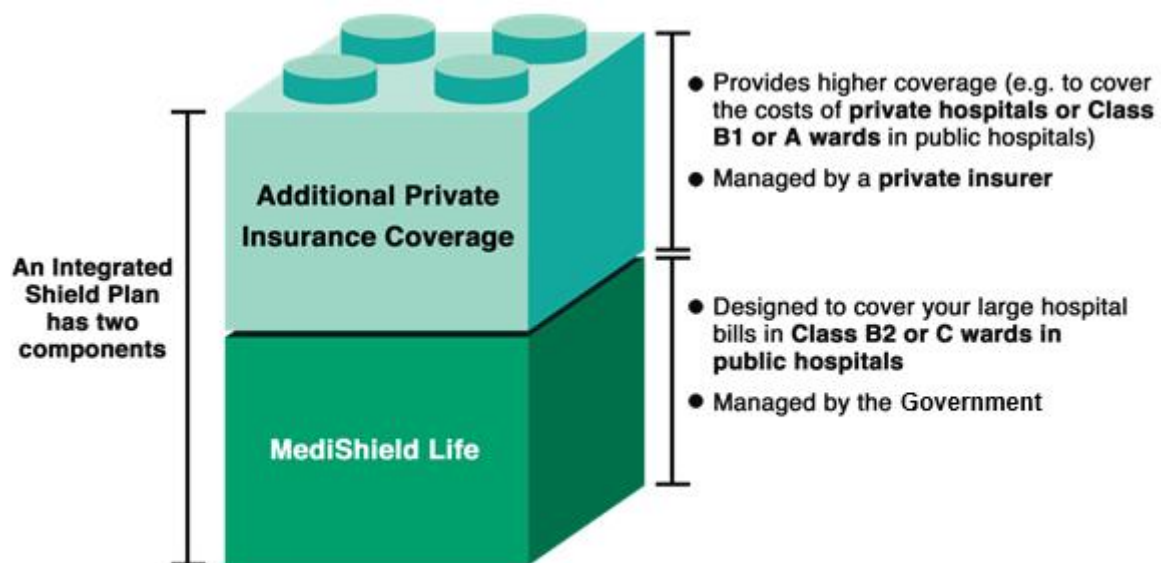
MediShield Life is designed to cover subsidised bills in public hospitals. Hence, if you intend to seek non-subsidised treatments in public hospitals or private hospitals, you may consider buying additional private insurance coverage in the form of an Integrated Shield Plan (IP).

### 8.1 What is an Integrated Shield Plan?

An IP is made up of a MediShield Life component that is a national medical insurance scheme by the Government and an additional private insurance coverage component provided 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 [medishieldlife.sg](http://medishieldlife.sg) for the list of participating insurers.



\*Diagram is not drawn to scale

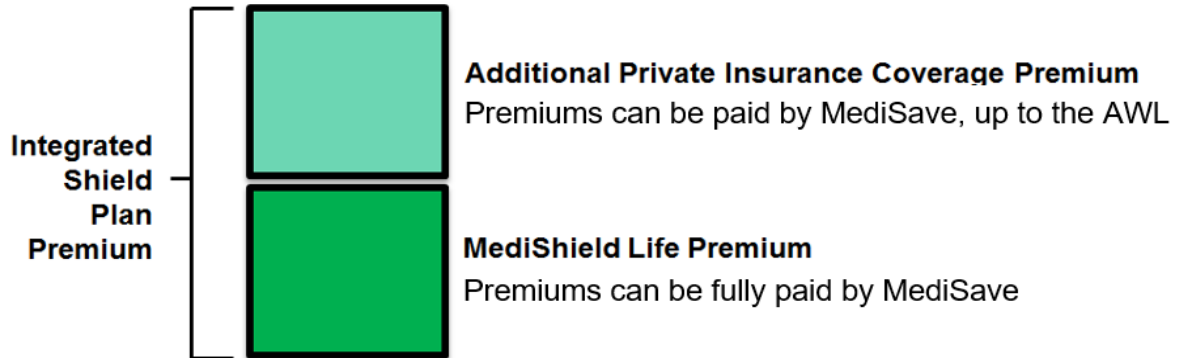


## 8.2 What is Additional Withdrawal Limit?

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 K on the AWLs for IP covers.

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



**Table K: AWLs for IP Policyholders**

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