

List of Outpatient Treatments under MediSave

Type of Outpatient Treatment	Withdrawal Limit (on a per patient basis)
<p>Renal Dialysis</p> <ol style="list-style-type: none"> 1. Haemodialysis received at any approved centre 2. Continuous Ambulatory Peritoneal Dialysis at the patient's home 3. Automated Peritoneal Dialysis at the patient's home 4. Intermittent Peritoneal Dialysis received in outpatient setting in approved medical institutions <p>MediSave use for renal dialysis is only allowed from the patient's own MediSave Account (MA).</p> <p>Note: Only the patient's MediSave can be used. If the patient is aged 21 years old or below, the parents' MediSave may be used.</p> <p>As a concession, members may apply to use their MediSave savings for an approved dependant's renal dialysis subject to meeting eligibility conditions and will be assessed on a case-by-case basis. Approved dependants refer to:</p> <ol style="list-style-type: none"> 1. spouse 2. parent 3. grandparent, 4. sibling, or 5. child aged above 21 years old. <p>They can be of any nationality, except for grandparents and siblings who must be Singapore Citizens or Permanent Residents (SC/PR).</p> <p>To be eligible to use your MediSave savings for your approved dependant's renal dialysis, you must also:</p> <ol style="list-style-type: none"> i) be an active MediSave contributor, ii) have sufficient MediSave balances to support your own healthcare needs, before it is used for your approved dependant's renal dialysis expenses. <p>You may refer to the link for more details on the application process.</p>	<p>\$450 per month</p>

<p>Cancer Drug Treatment[^]</p> <p>[^]You may refer to the Cancer Drug List on the MOH website for the applicable withdrawal limit</p>	<p>\$1,200 per month for cancer drug treatments on the Cancer Drug List with MediShield Life claim limit above \$5,400</p> <p>or</p> <p>\$600 per month for cancer drug treatments on the Cancer Drug List with MediShield Life claim limit of \$5,400 and below</p>
<p>Radiotherapy</p> <p>- External radiotherapy (except Hemi-body Radiotherapy)</p>	<p>\$80 per treatment</p>
<p>Hemi-body Radiotherapy</p> <p>- Brachytherapy</p> <p>- Stereotactic radiotherapy</p>	<p>\$80 per treatment</p> <p>\$360 per treatment</p> <p>\$2,800 per treatment</p>
<p>Assisted Conception Procedure (for female patients only)</p> <p>Note: Only the MediSave of the patient and her spouse can be used.</p>	<p>The withdrawal limits are</p> <p>1st withdrawal - \$6,000</p> <p>2nd withdrawal - \$5,000</p> <p>3rd and subsequent withdrawal - \$4,000</p> <p>Up to \$15,000 per patient's lifetime</p>
<p>Anti-retroviral Drugs for treatment of HIV/AIDS</p> <p>Note: Only the patient's MediSave can be used. If the patient is aged 21 years old or below, the MediSave of the patient's parents may be used.</p>	<p>\$550 per month</p>
<p>Hyperbaric Oxygen Therapy</p>	<p>\$100 per treatment</p>
<p>Desferrioxamine Drug and Blood Transfusion for Thalassaemia</p>	<p>\$550 per month</p>
<p>Immuno-suppressant drugs for patients after organ transplant</p>	<p>\$300 per month</p>
<p>Intravenous Antibiotic Infusion</p>	<p>\$600 per weekly cycle, up to a maximum of \$2,400 per year</p>
<p>Bone Marrow Transplant</p>	<p>\$2,800 per year</p>
<p>Rental of Devices for Long-Term Oxygen Therapy and Infant Continuous Positive Airway Pressure Therapy</p>	<p>\$150 per month</p>
<p>Long-term Parenteral Nutrition</p>	<p>\$200 per month</p>
<p>Cancer Drug Services and other Cancer Scans^{**}</p>	<p>\$600 per year</p>

<p>**Covers other costs patients incur as part of cancer drug treatment, such as scans, blood tests and doctor consultations. Can also cover scans for post-treatment monitoring and radiotherapy patients.</p>	
<p>Outpatient Scans# # Excludes scans already covered under MediSave limits for specific treatments (e.g. cancer, pre-natal check-ups and screening mammograms) as the respective withdrawal limits would apply instead</p>	<p>\$300 per year</p>
<p>Home Palliative Care/Day Hospice Care</p>	<p>\$2,500 per patient's lifetime</p> <p>Both Home Palliative Care and Day Hospice Care share the same lifetime limit.</p> <p>The lifetime limit will not apply if the day hospice or adult home palliative patient is diagnosed with: (i) terminal cancer; (ii) end stage organ failure; or (iii) advanced dementia with a prognosis of less than 12 months, and the medical bill is paid using the patient's own MediSave)</p>
<p><u>Chronic Diseases</u></p> <ol style="list-style-type: none"> 1. Diabetes/Pre-diabetes 2. Hypertension 3. Lipid disorders 4. Stroke 5. Asthma 6. Chronic Obstructive Pulmonary Disease (COPD) 7. Schizophrenia 8. Major Depression 9. Dementia 10. Bipolar Disorder 11. Osteoarthritis 12. Benign Prostatic Hyperplasia 13. Anxiety 14. Parkinson's Disease 15. Nephrosis/Nephritis 16. Epilepsy 17. Osteoporosis 18. Psoriasis 19. Rheumatoid Arthritis 20. Ischaemic Heart Disease 21. Gout 22. Allergic Rhinitis 23. Chronic Hepatitis B 	<p>\$700 per year (for patients with complex chronic conditions)</p> <p>or</p> <p>\$500 per year (for non-complex chronic patients)</p>

Approved Vaccinations

Under the National Childhood Immunisation Schedule

1. Hepatitis B
2. Human Papillomavirus (HPV2/HPV4) (for female patients aged 9 to 26 years)
3. Pneumococcal (PCV) (for patients below the age of 5 years old)
4. 5-in-1 combination vaccination covering Diphtheria, Pertussis, Tetanus, Haemophilus Influenzae type b, Inactivated Poliovirus
5. 6-in-1 combination vaccination covering Diphtheria, Pertussis, Tetanus, Haemophilus Influenzae type b, Inactivated Poliovirus and Hepatitis B
6. Diphtheria, Tetanus and Acellular Pertussis (Paediatric) (DTaP)
7. Tetanus, Reduced Diphtheria and Acellular Pertussis (Tdap)
8. Bacillus Calmette-Guerin (BCG)
9. Measles, Mumps and Rubella (MMR)
10. Inactivated Poliovirus (IPV)
11. Haemophilus influenzae type b (Hib)
12. Influenza (for patients in recommended risk groups[^])
13. Pneumococcal (PCV10/PCV13/PPSV23) (for patients in recommended risk groups[^])
14. Varicella
15. Measles, Mumps, Rubella, Varicella (MMRV)
16. Tetanus, Reduced Diphtheria and Acellular Pertussis, Inactivated Poliovirus (Tdap-IPV)

Under the National Adult Immunisation Schedule (for target populations)

1. Hepatitis B
2. Human Papillomavirus (HPV2/HPV4) (for female patients between the ages of 9 to 26)
3. Tetanus, Reduced Diphtheria and Acellular Pertussis (Tdap) (for pregnant women only)
4. Measles, Mumps and Rubella (MMR)
5. Influenza (for patients in recommended risk groups[^])
6. Pneumococcal (PCV13/PPSV23) (for patients in recommended risk groups[^])
7. Varicella

[^]Patients are advised to discuss their vaccination needs and suitability to receive the recommended vaccines with their doctor.

Approved Health Screening

1. Mammogram (for female patients aged 50 and above)

<p><u>For patients below the age of one year old</u></p> <ol style="list-style-type: none"> 1. Hearing test 2. G6PD deficiency screening 3. Metabolic screening 4. Thyroid function test 	
<p>Flexi-MediSave at polyclinics, public specialist outpatient clinics and general practitioner clinics under the Community Health Assist Scheme (CHAS)</p>	<p>\$300 per year</p> <p>Only the patient's MediSave or the patient's spouse's MediSave may be used.</p> <p><i>Note: Both the patient and the spouse need to be 60 years old or older.</i></p>

Information is correct as at 1 September 2022