

Maximum Amount Allowed

Table	A	B	C
1	\$250	\$350	\$450
2	\$600	\$750	\$950
3	\$1,250	\$1,550	\$1,850
4	\$2,150	\$2,600	\$2,850
5	\$3,150	\$3,550	\$3,950
6	\$4,650	\$5,150	\$5,650
7	\$6,200	\$6,900	\$7,550

Footnote:

The maximum amount allowed includes surgeon, anaesthetist and facility fees.

The classification of operation into tables indicates the complexity of the operation.

The MediSave withdrawal for surgical procedures is subject to a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system. Anatomical system refers to the body system.

For day surgery, MediSave can be used to cover up to \$300 per day for ward charges and a fixed limit for operation ranging from \$250 (Table 1A) to \$7,550 (Table 7C) depending on the type of operation performed. If there is more than one operation, the total amount which can be withdrawn from MediSave for the operation cannot exceed \$7,550 or the actual amount incurred, whichever is lower.

For approved hospitals, MediSave can be used to cover up to \$550 per day of the ward charges for the first two days, and \$400 per day thereafter and a fixed limit for operation ranging from \$250 (Table 1A) to \$7,550 (Table 7C) depending on the type of operation performed. If there is more than one operation, the total amount which can be withdrawn from MediSave for the operation cannot exceed \$7,550 or the actual amount incurred, whichever is lower.

For psychiatric treatment, MediSave can be used to cover up to \$550 per day for the daily hospital charges of the first two days of stay, and \$150 per day thereafter, subject to a maximum of \$5,000 a year. The MediSave withdrawal limit remains as \$150 per day for psychiatric treatment at IMH.

For approved community hospitals, MediSave can be used to cover up to \$250 per day for the daily hospital charges, subject to a maximum of \$5,000 a year.

For approved convalescent hospitals, MediSave can be used to cover up to \$50 per day for the daily hospital charges, subject to a maximum of \$3,000 a year.

For approved day hospitals, MediSave can be used to cover up to \$150 per day for the daily hospital charges, subject to a maximum of \$3,000 a year.

For approved hospices, MediSave can be used to cover up to \$200 per day for the daily hospital charges, for admissions between 1 January 2015 and 31 March 2020.

For approved inpatient palliative care providers, MediSave can be used to cover up to:

- 1) \$250 per day for General Palliative;
- 2) \$350 per day for Specialised Palliative,

for admissions on or after 1 April 2020.

For Radiosurgery treatment (namely Novalis radiosurgery treatment and Gamma Knife treatment) received in approved medical institutions, MediSave can be used to cover the 2 Radiosurgery subject to a maximum of \$7,500 per treatment course.

For Day Rehabilitation Centres, MediSave can be used to cover up to \$25 per day per rehabilitation service, subject to a maximum of \$1,500 a year.

Last updated on 3 April 2023 by Central Provident Fund Board