Applicable for admissions or treatments received before 1 April 2025

MediShield Life pro-ration factor

MediShield Life is a basic health insurance scheme for Singaporeans and Permanent Residents, designed to cover subsidised bills, i.e. hospitalisations in Class B2/C wards, and outpatient treatments and day surgeries in public healthcare institutions.

Non-subsidised bills will be pro-rated before the claims under MediShield Life are computed.

Similarly, Permanent Residents will also have their bills pro-rated before claims under MediShield Life are computed. The applicable pro-ration factors are shown in the table below.

Pro-ration factors for Ward and Surgical Charges

Ward class	Percentage of charges incurred used to calculate MediShield Life Claim		
	Singaporean	Permanent resident	Foreigners
Class C (Public Hospital)	100%	44%	20%
Class B2 (Public Hospital)	100%	58%	35%
Class B2+ (Public Hospital)	70%	47%	35%
Class B1 (Public Hospital)	43%	38%	35%
Class A (Public Hospital)	35%	35%	35%
Private Hospital	25%	25%	25%
Community Hospital (Subsidised)	100%	50%	50%
Community Hospital (Non-subsidised)	50%	50%	50%
Inpatient Palliative Care Service (Subsidised)	100%	50%	50%

Pro-ration factors for Ward and Surgical Charges (continued)

Ward class	Percentage of charges incurred used to calculate MediShield Life Claim		
	Singaporean	Permanent resident	Foreigners
Inpatient Palliative Care Service (Non-subsidised)	50%	50%	50%
Short Stay Ward (Subsidised)	100%	58%	35%
Short Stay Ward (Non-subsidised)	35%	35%	35%
Day Surgery (Subsidised)	100%	58%	NA
Day Surgery (Public Hospital Non-subsidised)	35%	35%	35%
Day Surgery (Private Hospital)	25%	25%	25%

Pro-ration factors for Outpatient Treatment Charges

Ward class	Percentage of charges incurred used to calculate MediShield Life Claim		
	Singaporean	Permanent resident	Foreigners

Outpatient treatment (excluding Kidney Dialysis and Erythropoietin for chronic kidney failure)

Outpatient Treatment (Subsidised) ¹	100%	67%	NA	
Outpatient Treatment (Non-subsidised) ¹	50%	50%	50%	
Outpatient treatment (Kidney Dialysis and Erythropoietin for chronic kidney failure)				
Outpatient treatment (Kidney Dial	ysis and Erythropo	ietin for chronic kidn	ey failure)	
Outpatient treatment (Kidney Dial Outpatient Treatment (Subsidised)	ysis and Erythropo 100%	ietin for chronic kidn 67%	ey failure) NA	

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