




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 (MOH) 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 contains a summary of the key features of the MediShield Life Scheme (previously known as the MediShield Scheme). The information reflected in this booklet is correct as at the time of publication on 1 October 2025. For the provisions in the MediShield Life Scheme Act and Regulations, please refer to 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.

For queries or clarifications about MediShield Life, please call our hotline at 1800 – 222 - 3399 or write to us at cpf.gov.sg/writetous. Airtime charges will apply for mobile calls to 1800 service lines. Calls are free of charge only if made from regular land lines.

如欲提出咨询, 请拨电 1800 - 222 - 3399 或通过网站 cpf.gov.sg/writetous 提出咨询。通过手机拨号 1800 服务热线将收取通话费, 从普通座机拨号则是免费的。

Untuk pertanyaan, sila hubungi talian 1800 - 222 - 3399 atau tulis kepada cpf.gov.sg/writetous. Bayaran masa udara akan dikenakan ke 1800 talian perkhidmatan untuk panggilan mudah alih. Panggilan adalah percuma hanya jika dibuat daripada talian tetap biasa.

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1. Introduction to MediShield Life

MediShield Life is an individual basic healthcare insurance scheme that protects all Singapore Citizens and Permanent Residents against large healthcare 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 due to an inability to pay insurance premiums.

2. Benefits under MediShield Life

MediShield Life covers expenses incurred for hospitalisations and selected approved outpatient treatments, such as kidney dialysis, cancer drug treatment 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 Ward B2/C and subsidised outpatient/day surgery treatments in public hospitals. Patients who seek treatments in unsubsidised wards or unsubsidised outpatient treatments in public hospitals, as well as private hospital patients, will also be able to benefit from MediShield Life. However, as unsubsidised and private bills are higher, MediShield Life will cover a comparatively smaller portion of the bill.

Table A: MediShield Life Benefits
(Applicable for admissions or treatments received on or after 1 October 2025)

Inpatient/ Day Surgery Benefits	Claim Limits		
Daily Ward and Treatment Charges ¹			
- Normal ward ²	\$830 per day*		
- Intensive care unit ward	\$5,140 per day*		
* An additional claim limit of \$800 per day applies for the first two days of the inpatient ² stay			
- Psychiatric (up to 60 days per policy year)	\$230 per day		
- Community hospital (Rehabilitative) ³	\$370 per day		
- Community hospital (Sub-acute) ³	\$570 per day		
- Inpatient palliative care service (General)	\$460 per day		
- Inpatient palliative care service (Specialised)	\$500 per day		
Surgical procedures	A	B	C
- Table 1 A/B/C (less complex procedures)	\$240	\$420	\$490
- Table 2 A/B/C	\$760	\$1,120	\$1,120
- Table 3 A/B/C	\$1,390	\$1,740	\$1,920
- Table 4 A/B/C	\$2,310	\$2,370	\$2,460
- Table 5 A/B/C	\$2,700	\$3,270	\$3,270
- Table 6 A/B/C	\$3,540	\$3,540	\$3,540
- Table 7 A/B/C (more complex procedures)	\$3,900	\$3,900	\$3,900
Implants	\$7,000 per treatment		
Radiosurgery, including proton beam therapy – Category 4 ⁴	\$15,700 per treatment course		
Continuation of autologous bone marrow transplant treatment for multiple myeloma	\$6,000 per treatment		

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

² Includes eligible Mobile Inpatient Care @ Home stays

³ Claimable only upon referral from a hospital after an inpatient admission or from a public hospital's emergency department for further medical treatment.

⁴ Refer to the [MOH website](#) for the approved indications for use of proton beam therapy.

Table A: MediShield Life Benefits (continued)
(Applicable for admissions or treatments received on or after 1 October 2025)

Outpatient Benefits	Claim Limits
<i>Patients receiving treatment for one primary cancer</i>	
- Cancer drug treatment	\$200 - \$9,600 per month, depending on cancer drug treatment ⁵
- Cancer drug services	\$3,600 per calendar year
<i>Patients receiving treatment for multiple primary cancers⁶</i>	
- Cancer drug treatment	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month
- Cancer drug services	\$7,200 per calendar year
Radiotherapy for cancer	
- External (except Hemi-body)	\$400 per treatment
- Brachytherapy	\$620 per treatment
- Hemi-body	\$620 per treatment
- Stereotactic	\$460 per treatment
- Proton beam therapy – Category 1 ⁴	\$400 per treatment
- Proton beam therapy – Category 2 ⁴	\$620 per treatment
- Proton beam therapy – Category 3 ⁴	\$460 per treatment
Kidney dialysis	\$1,750 per month
Immunosuppressants for organ transplant	\$710 per month
Erythropoietin for chronic kidney failure	\$220 per month
Long-term parenteral nutrition ⁷	\$2,200 per month
Hyperbaric oxygen therapy ⁷	\$780 per treatment

⁴ Refer to the [MOH website](#) for the approved indications for use of proton beam therapy.

⁵ Refer to the Cancer Drug List on the [MOH website](#) for the applicable claim limit.

⁶ Defined as two or more cancers arising from different sites and/or are of a different histology or morphology group. The claim limits for patients receiving treatment for multiple primary cancers are accorded on an application basis; doctors are to send the application form to MOH for assessment.

⁷ Refer to the [MOH website](#) for the clinical criteria for long term parenteral nutrition and hyperbaric oxygen therapy

Table A: MediShield Life Benefits (continued)
(Applicable for admissions or treatments received on or after 1 October 2025)

Outpatient Benefits	Claim Limits
Home ventilation and respiratory support service	\$840 per month
Paediatric home care	\$420 per month
Repetitive transcranial magnetic stimulation ⁸	\$120 per treatment
Negative pressure wound therapy	\$120 per day
Pasteurised donated human milk	\$85 per day
Outpatient parenteral antibiotic therapy ⁹	\$90 per day
Maximum claim limit	
Per policy year	\$200,000
Lifetime	No limit

⁸ A patient can claim from MediShield Life for one initial repetitive transcranial magnetic stimulation (rTMS) course (up to 24 treatments) and one retreatment course (up to 15 treatments) in his lifetime. The retreatment course must start at least 120 days after the initial course is completed to be eligible for MediShield Life claim. For further information, please refer to [guidance recommendation](#) published by Ministry of Health's Medical Technology Advisory Committee (MTAC).

⁹ The list of subsidised antibiotics for outpatient parenteral antibiotic therapy can be found in the list of subsidised drugs on the [MOH website](#).

Table A: MediShield Life Benefits (continued)
(Applicable for admissions or treatments received on or after 1 October 2025)

Benefits for High-Cost Treatments¹⁰

Cell, Tissue and Gene Therapy Products (CTGTPs)¹¹

- | | |
|--------------------------------------|---------------------------------------|
| - Kymriah (Tisagenlecleucel) | \$141,000 per treatment ¹² |
| - Yescarta (Axicabtagene ciloleucel) | \$141,000 per treatment ¹² |

High-cost drug treatments for blood conditions and childhood onset conditions¹³

- | | |
|--|-------------------|
| - Drug Treatment and Prophylaxis for Haemophilia A | \$1,400 per month |
| - Drug Treatment and Prophylaxis for Haemophilia B | \$4,800 per month |
| - Drug Treatment for Immune Thrombocytopenia and Refractory Severe Aplastic Anaemia | \$1,800 per month |
| - Drug Treatment of Thalassaemia | \$800 per month |
| - Drug Treatment of Children with Short Stature due to conditions associated with Growth Failure | \$800 per month |
| - Drug Treatment for Spinal Muscular Atrophy | \$7,400 per month |
| - Drug Treatment for Fabry Disease | \$4,400 per month |
| - Drug Treatment for X-Linked Hypophosphataemia | \$6,800 per month |

¹⁰ These benefits are claimable across settings

¹¹ Refer to the [MOH website](#) for the list of Cell, Tissue and Gene Therapy Products (CTGTP) List for the clinical criteria

¹² Payout for Cell, Tissue and Gene Therapy Products will not be subject to the policy year claim limit.

¹³ Refer to the [MOH website](#) for the list of High-Cost Drug Treatments, clinical criteria and the claimable drugs/ brands

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 are shown in Table B.

**Table B: Premiums (before subsidies)
(Applicable for policy start/renewal date on or after 1 April 2025)**

Age Next Birthday	Annual Premiums (Inclusive of 9% GST)	Age Next Birthday	Annual Premiums (Inclusive of 9% GST)
1 – 20	\$200	74 – 75	\$1,816
21 – 30	\$295	76 – 78	\$2,027
31 – 40	\$503	79 – 80	\$2,187
41 – 50	\$637	81 – 83	\$2,303
51 – 60	\$903	84 – 85	\$2,616
61 – 65	\$1,131	86 – 88	\$2,785
66 – 70	\$1,326	89 – 90	\$2,785
71 – 73	\$1,643	>90	\$2,826

The annual premiums can be fully paid using MediSave. You can pay your premium from your MediSave, 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 each year. If there is insufficient balance in the MediSave Account to pay the premiums, you (or your payer) will be informed to top up your (or your payer's) MediSave or arrange a family member to help pay the premiums. For more details, please visit cpf.gov.sg/PremiumPayment.

3.3 Who needs to pay Additional Premiums?

Under MediShield Life, those with pre-existing medical conditions can enjoy coverage for their conditions. Only those with serious pre-existing medical conditions need to pay an Additional Premium of 30% for the first 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.

Refer to the [MOH website](#) for more information on the broad categories of serious pre-existing conditions.

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 Rebates Table (for those born in or after 1950)¹

Entry Age (as of next birthday)	Premium Rebate Amount ² per year, by Age Band (\$)							
	66 - 70	71 - 73	74 - 75	76 - 78	79 - 80	81 - 83	84 - 85	86 - 90
30 and below	64	141	244	345	415	583	640	712
31 - 40	54	106	183	259	312	438	480	534
41 - 50	48	71	122	173	208	292	319	356
51 - 60	40	40	61	86	104	146	160	178
61 - 70	N.A.	16	44	67	85	95	102	120

¹ Please refer to the MediShield Life website for the premium rebate table for those born before 1950.

² Premium rebates will be adjusted from time to time in line with the experience of the scheme.

3.5 What are MediShield Life premium discounts?

From 18 September 2025, Singaporeans and Permanent Residents aged 40 and above will be able to exchange their Healthpoints in the Health Promotion Board's (HPB) Healthy 365 mobile application for MediShield Life premium discounts as part of a three-year pilot programme to complement Healthier SG efforts.

Individuals can earn Healthpoints by participating in healthy lifestyle programmes and challenges on the Healthy 365 application. Activities include tracking steps, sleep patterns and moderate to vigorous physical activity (MVPA), or enrolling with a Healthier SG clinic and completing their first Health Plan consultation. Healthpoints can be redeemed at a preferential rate of 150 Healthpoints for every \$2 worth of MediShield Life premium discounts.

3.5.1 How will the premium discounts be applied on my MediShield Life premiums?

Once redeemed, the discounts will automatically apply to your MediShield Life premiums at the next annual policy renewal. You will need to pay the full premium amount initially, after which the discount will be reimbursed to you or to your premium payer's MediSave account. All premium discounts must be used within one year of redemption and any unused portions will expire.

For more information, please refer to the [MediShield Life premium discount FAQs](#) and [Health Promotion Board \(HPB\) rewards programme FAQs](#).

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 lower- to middle-income Singapore Citizens and Permanent Residents with a household monthly income per person of \$3,600 and below and living in residences with an Annual Value of \$31,000 and below. Individuals who own more than one property are not 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 \$21,000 or less. Applicable for policy start/renewal date on or after 1 April 2025)

Age Next Birthday	Subsidy Rates for Singapore Citizens based on Household Monthly Income Per Person		
	Lower-Income \$0 - \$1,500	Lower-Middle-Income \$1,501 - \$2,600	Upper-Middle-Income \$2,601 - \$3,600
1 – 40	25%	20%	15%
41 – 50	30%	25%	20%
51 – 60	35%	30%	20%
61 – 70	40%	35%	25%
71 – 80	45%	40%	30%
81 – 85	50%	45%	30%
86 – 90	55%	50%	35%
>90	60%	55%	40%

Note: Those living in residences with an Annual Value of between \$21,001 and \$31,000 will receive 10 percentage points less than the subsidy rates shown above. Those living in residences with an Annual Value of above \$31,000 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?

Pioneers¹ receive special 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 \$300 to \$1,200 depending on birth year, which can be used to pay MediShield Life premiums. Older Pioneer Generation Seniors who have serious pre-existing conditions will also receive additional MediSave top-ups of \$50 to \$200 annually from 2021 to 2025, which can be used to pay for their 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%

¹ 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?

Merdeka Generation seniors¹ receive additional Merdeka Generation Subsidies of 5% of their premiums, increasing to 10% from 76 years old and above, regardless of their household income and Annual Value of their residences. This is on top of the above premium subsidies that the seniors may receive.

Table F: Merdeka Generation Subsidies	
Age Next Birthday	Additional Merdeka Generation Subsidies as Percentage of Premiums
60 – 75	5%
76 and above	10%

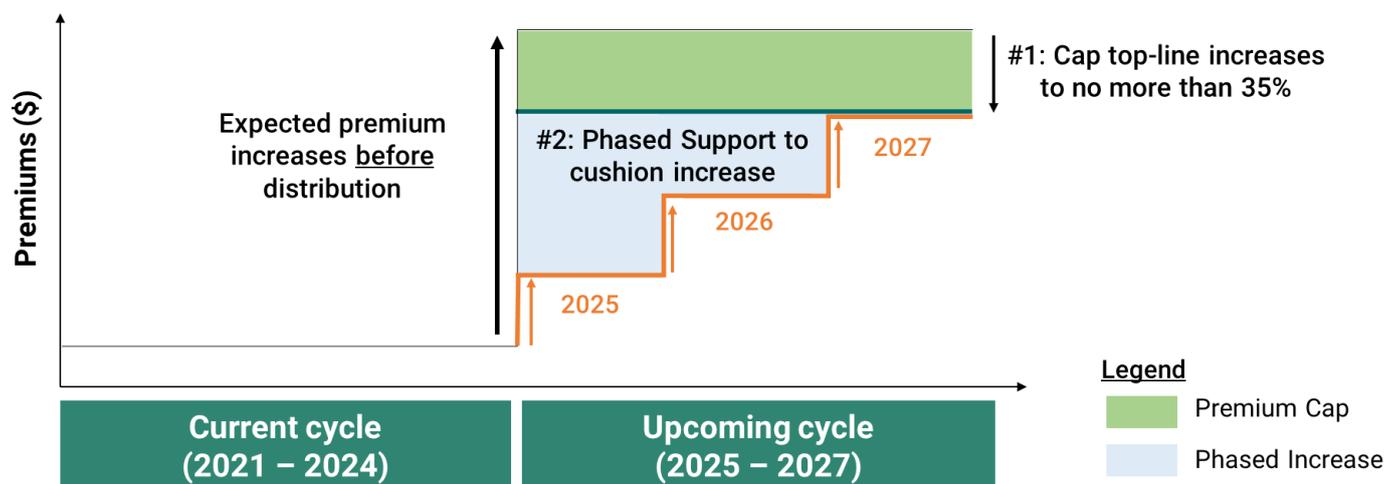
¹ Merdeka Generation seniors are Singapore Citizens born on or before 31 December 1959, had obtained Singapore citizenship on or before 31 December 1996, and did not receive the Pioneer Generation Package.

4.4 What does Premium Cap mean? What is the Phased Support and who is eligible for it?

To cushion the MediShield Life premium increases, the total premium increase over the next review cycle of 3 years is capped such that the highest increase one would experience is 35% by the end of the third year, when compared to premiums in 2024. Additionally, the premium increases will be phased in evenly over these three years. This will be effected through the Phased Support which is provided to all Singapore Citizens and Permanent Residents for two years. It is applied to the net premium increase between the new MediShield Life premium and the premium before 1 April 2025 (after any applicable Premium Subsidies, Pioneer Generation Subsidies, or Merdeka Generation Subsidies).

The Premium Cap and the Phased Support are automatically given to all Singapore Citizens and Permanent Residents regardless of household income and Annual Value of their residences. These will be supported through the MediShield Life Fund.

Illustration on premium increase with Phased Support from MediShield Life Fund



Insured

67-year-old lower-income Merdeka Generation Singapore Citizen

Policy Year	2024	2025	2026	2027
Annual Premium before Subsidies	\$1,120.56	\$1,326.00 per annum after premium cap		
Premium Subsidies and Merdeka Generation Subsidies	\$448.23	\$596.70		
Phased Support	-	\$39.88*	\$20.51*	-
Net Premium after Subsidies and Phased Support	\$672.33	\$689.42 (+2.5%)^	\$708.79 (+2.8%)^	\$729.30 (+2.9%)^

Notes:

**Refer to table below for computation of Phased Support amount*

^Figures in brackets indicate the year-on-year increase in premiums

How to calculate Phased Support from MediShield Life Fund?

<u>Revised Premiums</u>	
Premium before Subsidies	\$1,326.00
Less: Premium Subsidies at 40.0%	-\$530.40
Less: Merdeka Generation Subsidies at 5%	-\$66.30
Net Premium after Subsidies	\$729.30
<u>Previous Premiums</u>	
Premium before Subsidies	\$1,120.56
Less: Premium Subsidies at 35.0%	-\$392.20
Less: Merdeka Generation Subsidies at 5%	-\$56.03
Net Premium after Subsidies	\$672.33
<p>There is a net premium increase of \$56.97 when comparing between the revised and previous MediShield Life premiums (after subsidies).</p> <p>Applying the Phased Support, this works out to a reduction of \$39.88 for premiums in 2025 and \$20.51 for premiums in 2026. The Net Premium Payable after Phased Support will be \$689.42 in 2025 and \$708.79 in 2026.</p>	

4.5 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 use, 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 without Phased Support (i.e. 1 April 2027 onwards)

Insured A (with Additional Premiums)

Age Next Birthday: 41

Standard MediShield Life premium ¹	\$637.00
Add: Additional Premium at 30% of Standard MediShield Life premium ²	\$191.10
Premium before Subsidies	\$828.10
Less: Premium Subsidies at 30.0% ⁴	-\$248.43
LESS: Total Government Subsidies	-\$248.43
Net Premium Payable with MediSave (Inclusive of GST)	\$579.67



Insured B

Age Next Birthday: 70

Standard MediShield Life premium ¹	\$1,326.00
Less: Premium Rebate ³	-\$40.00
Premium before Subsidies	\$1,286.00
Less: Premium Subsidies at 40.0% ⁴	-\$514.40
Less: Merdeka Generation Subsidies at 5% ⁶	-\$64.30
LESS: Total Government Subsidies	-\$578.70
Net Premium Payable with MediSave (Inclusive of GST)	\$707.30



Insured C

Age Next Birthday: 75

Standard MediShield Life premium ¹	\$1,816.00
Premium before Subsidies	\$1,816.00
Less: Pioneer Generation Subsidies at 49.00% ⁵	-\$889.84
LESS: Total Government Subsidies	-\$889.84
Net Premium Payable with MediSave (Inclusive of GST)	\$926.16

¹ Refer to Table B.

² Refer to Section 3.3.

³ Refer to Table C. Based on entry age 51-60 (as of next birthday).

⁴ Refer to Table D.

⁵ Refer to Table E.

⁶ Refer to Table F.

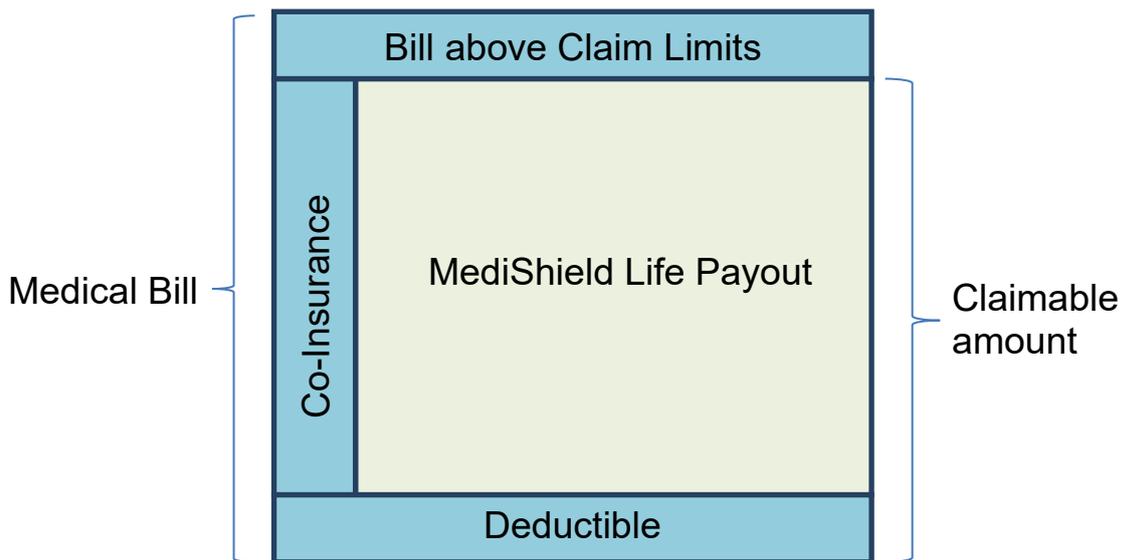
6. Making a claim under MediShield Life

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, which are typically larger than subsidised bills, are pro-rated before the claims under MediShield Life are computed. This is to ensure that policyholders receive comparable MediShield Life payouts, regardless of whether they opt for subsidised or non-subsidised care. 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 Tables G, H and I.

**Table G: Pro-ration Factors for Hospitalisation Charges
(Applicable for admissions or treatments received on or after 1 April 2025)**

Ward Class / Subsidy Status	Singapore Citizen	Permanent Resident
Class C	100%	50%
Class B2	100%	50%
Class B2+	100%	50%
Class B1	34%	29%
Class A	27%	25%
Private hospital	16%	16%
Community hospital (subsidised)	100%	60%
Community hospital (non-subsidised)	45%	37%
Inpatient palliative care service (subsidised)	100%	60%
Inpatient palliative care service (non-subsidised)	45%	37%
Short stay ward (subsidised)	100%	50%
Short stay ward (non-subsidised)	27%	25%
Day surgery (subsidised)	100%	54%
Day surgery (public hospital non-subsidised)	33%	33%
Day surgery (private hospital)	21%	21%

**Table H: Pro-ration Factors for Outpatient Charges
(Applicable for admissions or treatments received on or after 1 April 2025)**

Ward Class / Subsidy Status	Singapore Citizen	Permanent Resident
Outpatient treatment (excluding dialysis and erythropoietin)		
Outpatient treatment (subsidised) ¹	100%	56%
Outpatient treatment (non-subsidised) ^{1, 2}	35%	35%
Outpatient treatment (private)	30%	30%
Outpatient treatment (dialysis and erythropoietin)		
Outpatient treatment (subsidised)	100%	67%
Outpatient treatment (non-subsidised)	100%	56%
Outpatient treatment (Voluntary Welfare Organisations)	100%	67%
Outpatient treatment (private)	100%	56%
¹ Singaporeans seeking treatment for Continuation of Autologous Bone Marrow Transplant for Multiple Myeloma will apply a pro-ration factor of 100% for subsidised treatments, and 50% for non-subsidised treatments. Permanent residents seeking the same treatment will apply a pro-ration factor of 67% for subsidised treatments, and 50% for non-subsidised treatments. ² Non-subsidised bills for outpatient cancer treatments and home parenteral nutrition will be pro-rated.		

**Table I: Pro-ration Factors for Surgical and Implants Charges
(Applicable for admissions or treatments received on or after 1 April 2025)**

Ward Class / Subsidy Status	Singapore Citizen	Permanent Resident
Class C	100%	60%
Class B2	100%	60%
Class B2+	100%	60%
Class B1	35%	30%
Class A	25%	25%
Private hospital	10%	10%
Day surgery (subsidised)	100%	58%
Day surgery (public hospital non-subsidised)	25%	25%
Day surgery (private hospital)	15%	15%
Short stay ward (subsidised)	100%	60%
Short stay ward (non-subsidised)	25%	25%

6.2 What is the deductible?

The deductible is the fixed amount that you need to pay before MediShield Life starts to pay out. You only have to pay this once in any insurance policy year you are hospitalised. The deductible ranges from \$1,500 to \$4,500 of the claimable amount, depending on your age and choice of ward class as shown in Table J.

Table J: Deductible
(Based on Age Next Birthday at the start of the policy year)
(Applicable for admissions or treatments received on or after 1 April 2025)

Ward class / treatment	80 and below	81 and above
Class C	\$2,000	\$2,750
Class B2/B2+/B1	\$2,500	\$3,500
Class A (including private hospitals)	\$3,500	\$4,500
Community Hospital/Short-stay ward/ Inpatient palliative care service (Subsidised)	\$2,000	\$2,750
Community Hospital/Short-stay ward/ Inpatient palliative care service (Non- subsidised)	\$2,500	\$3,500
Day surgery	\$1,500	\$2,000
Outpatient treatments	Not Applicable	

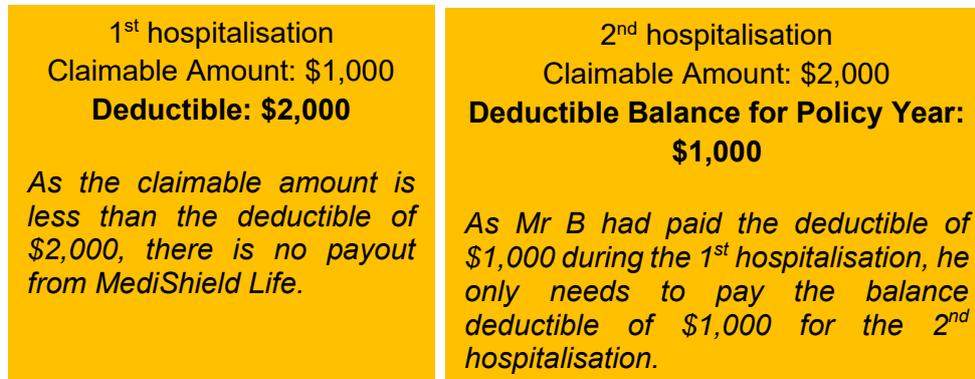
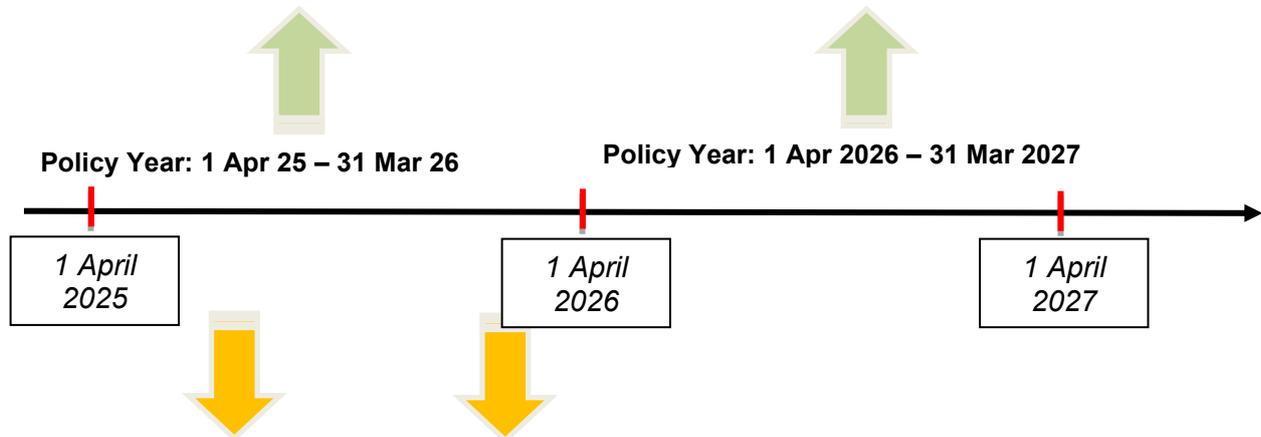
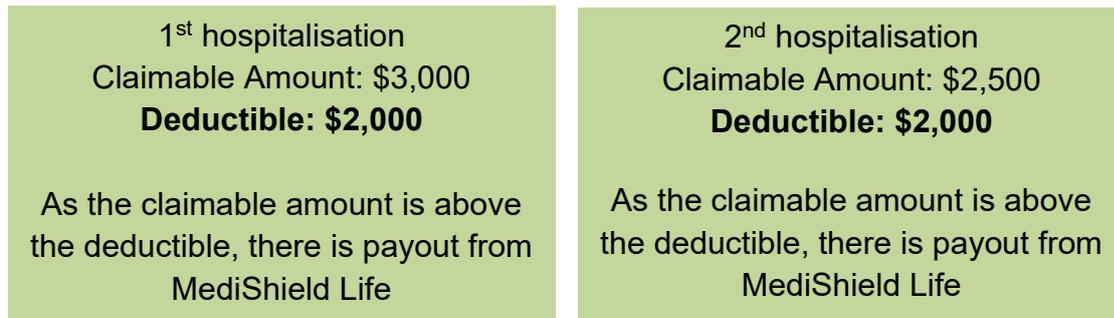
Illustration of how the deductible works

(The examples are based on assumptions that the members are below 80 years old and stay in Ward C.

The deductible is \$2,000 per policy year. Payouts from MediShield Life are subject to claim limits.)

Scenario A:

Mr. A is hospitalised once in each policy year.



Scenario B:

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

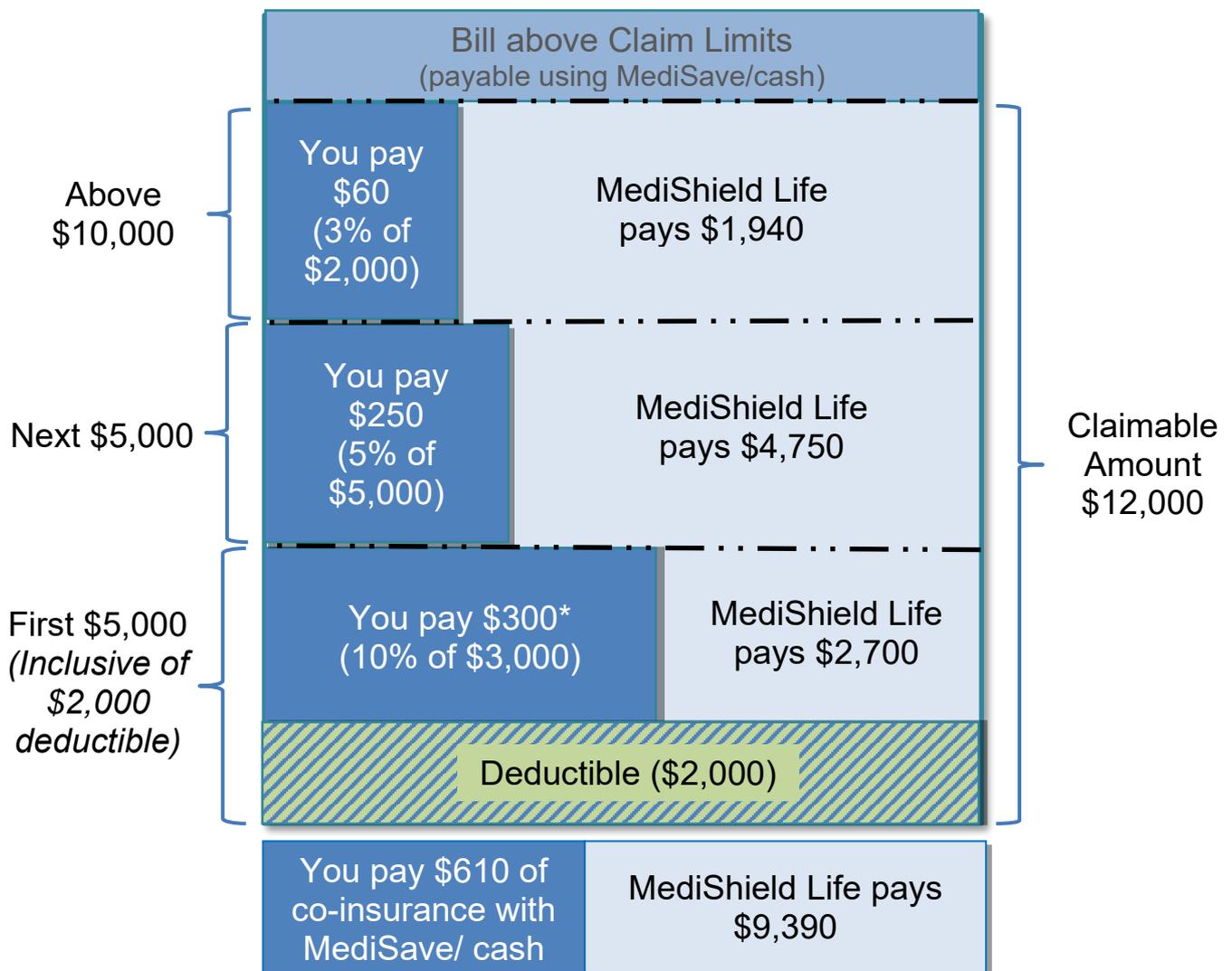
6.3 What is co-insurance?

Co-insurance is the percentage of the claimable amount that you need to pay. Table K gives the breakdown of the co-insurance percentage by setting.

Table K: Co-insurance	
Inpatient/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 treatment	10%
¹ Inclusive of deductible	

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 Ward C (excluding IP/rider coverage)

Length of stay: 10 days (including 8 days in ICU)

Procedure performed: Stomach operation

	Post-Subsidy 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 6B)	\$1,250	\$1,250 ³
Total	\$9,850	\$9,850
Less deductible ⁴	-	(\$2,000)
Claimable amount (less deductible)	-	\$7,850
Less co-insurance	-	(\$542.50) ⁵
MediShield Life pays	-	\$7,307.50 (74%)
MediSave and/or Cash	-	\$2,542.50 (26%)

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

² Lower of the claim limit for Daily Ward & Treatment Charges, [(\$830 x 2 days) + (\$5,140 x 8 days) + (\$800 x 2 days)] = \$44,380, 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, \$3,540 (Table 6B), 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 \$2,000 for Ward C.

⁵ Co-insurance = (\$3,000 x 10%) + (\$4,850 x 5%) = \$542.50.

Example 2: Claim computation for a Singapore Citizen aged 60 who stays in a Ward A (excluding IP/rider coverage)

Length of stay: 18 days

Procedure performed: Hip replacement

Pro-ration factor (hospitalisation charges): 27%

Pro-ration factor (surgical charges): 25%

	Hospital bill	Pro-rated Hospital bill ¹	MediShield Life claim computation
Daily ward & treatment charges (18 days normal ward)	\$12,000	\$3,240 (\$12,000 x 27%)	\$3,240 ²
Surgical procedure (Table 5C)	\$8,500	\$2,125 (\$8,500 x 25%)	\$2,125 ³
Implant	\$4,000	\$1,000 (\$4,000 x 25%)	\$1,000 ⁴
Total	\$24,500	\$6,365	\$6,365
Less deductible ⁵	-	-	(\$3,500)
Claimable amount (less deductible)	-	-	\$2,865
Less co-insurance	-	-	(\$218.25) ⁶
MediShield Life pays	-	-	\$2,646.75 (11%)
MediSave and/or Cash	-	-	\$21,853.25 (89%)

¹ As the insured member stayed in Ward A, the MediShield Life claim is computed based on 27% of the bill for daily ward & treatment charges (refer to Table G), and 25% for surgical charges (refer to Table H).

² Lower of the claim limit in Table A for Daily Ward & Treatment Charges, (\$830 x 18 days) + (\$800 x 2 days) = \$16,540, or 27% of charges incurred of \$12,000 = \$3,240. Therefore, the claimable amount is \$3,240.

³ Lower of the claim limit in Table A for surgical procedure, \$3,270 (Table 5C), or 25% of charges incurred of \$8,500 = \$2,125. Therefore, the claimable amount is \$2,125.

⁴ Lower of the claim limit in Table A for implant, \$7,000, or 25% of charges incurred of \$4,000 = \$1,000. Therefore, the claimable amount is \$1,000.

⁵ The insured member is below 80 years old, subject to deductible of \$3,500 for Ward A.

⁶ Co-insurance = (\$1,500 x 10%) + (\$1,365 x 5%) = \$218.25.

Example 3: Claim computation for a Permanent Resident aged 40 who stays in Ward B2 (excluding IP/rider coverage)

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

Procedure performed: Pancreas operation

Pro-ration factor (hospitalisation charges) for Permanent Resident: 50%

Pro-ration factor (surgical charges) based for Permanent Resident: 50%

	Post-subsidy Hospital bill	Pro-rated Hospital bill ¹	MediShield Life claim computation
Daily ward & treatment charges (52 days + 2 days ICU)	\$21,340	\$10,670.00 (\$21,340 x 50%)	\$10,670.00 ²
Surgical procedure (Table 6B)	\$1,350	\$810 (\$1,350 x 60%)	\$810 ³
Total	\$22,690	\$11,480.00	\$11,480.00
Less deductible ⁴	-	-	(\$2,500)
Claimable amount (less deductible)	-	-	\$8,980.0
Less co-insurance	-	-	(\$544.40) ⁵
MediShield Life pays	-	-	\$8,435.60 (37%)
MediSave and/or Cash	-	-	\$14,254.40 (63%)

¹ As the insured member is a Permanent Resident who stayed in Ward B2, the hospitalisation charges for the MediShield Life claim is computed based on 50% of the bill.

² Lower of the claim limit in Table A for Daily Ward & Treatment Charges [(\$830 x 52 days) + (\$5,140 x 2 days) + (\$800 x 2 days)] = \$55,040 or 50% of charges incurred of \$21,340 = \$10,670. Therefore, the claimable amount is \$10,670.

³ Lower of the claim limit in Table A for surgical procedure, \$3,540 (Table 6B), or 60% of charges incurred of \$1,350 = \$810. Therefore, the claimable amount is \$810.

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

⁵ Co-insurance= (\$2,500 x 10%) + (\$5,000 x 5%) + (\$1,480 x 3%) = \$544.40

7. Exclusions under the MediShield Life Scheme

The following treatment items, procedures, conditions, activities are not covered by MediShield Life and cannot be claimed (Applicable for admissions or treatments received on or after 1 March 2021):

- Ambulance fees
- Cosmetic surgery
- Dental work (except due to accidental injuries)
- Vaccination
- Infertility, sub-fertility, assisted conception or any contraceptive operation, including related complications
- Sex change operations, including their related complications
- Maternity charges (including Caesarean operations) or abortions, including related complications, except treatments for serious complications related to pregnancy and childbirth
- Treatment of injuries arising from the insured's criminal act
- 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 7th 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
- Surgical interventions, including related complications, for the following rare congenital conditions which are severe and fatal by nature: Trisomy 13, Bilateral Renal Agenesis, Bart's Hydrops and Anecephaly
- 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
- Treatment which has received reimbursement from Workmen's Compensation and other forms of insurance coverage

8. Additional private insurance coverage

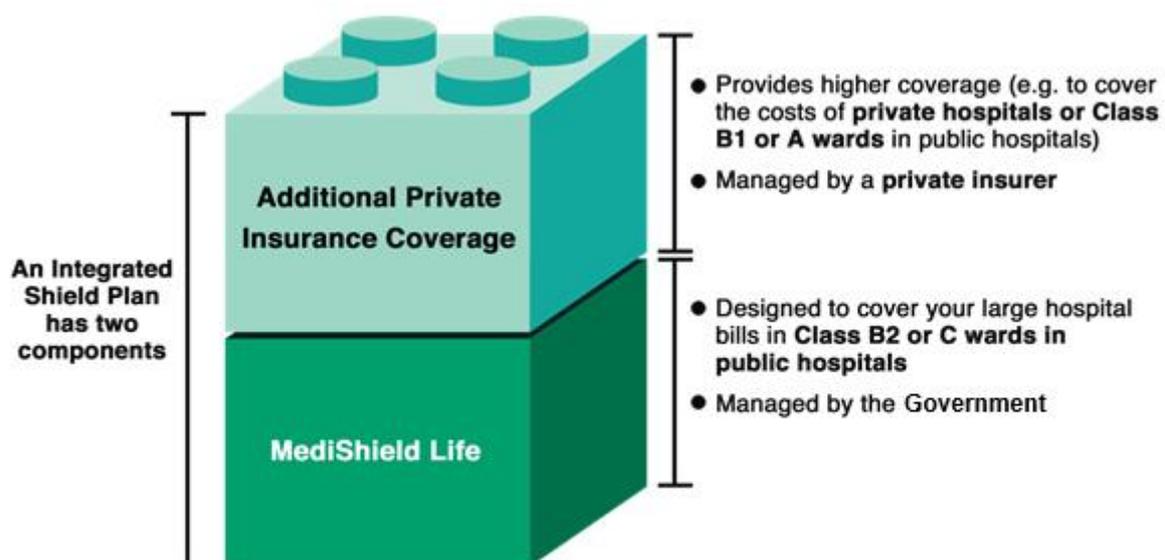
MediShield Life is designed to cover subsidised bills in public hospitals. Hence, if you intend to seek non-subsidised treatments in public hospitals or private hospitals, you may consider buying additional private insurance coverage in the form of an Integrated Shield Plan (IP).

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 [MOH website](#) 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 L on the AWLs for IP covers.

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

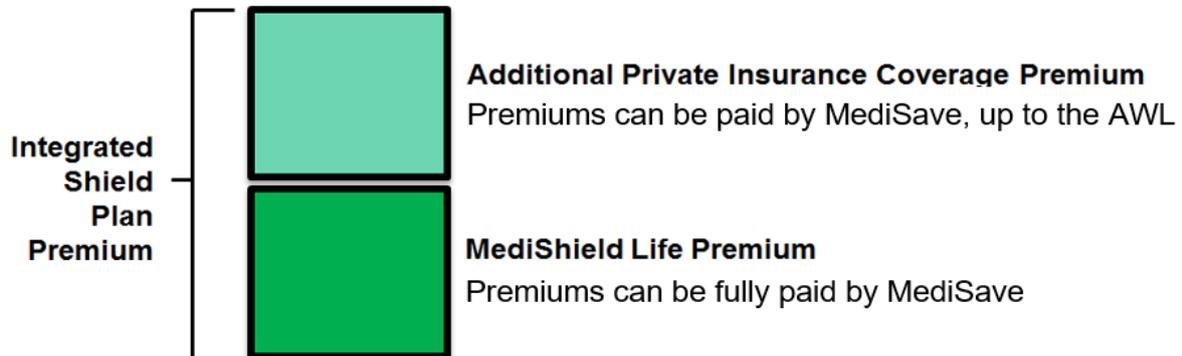


Table L: AWLs for IP Policyholders

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