

STRICTLY FOR PIAS' FA REPRESENTATIVES REFERENCE ONLY
(NOT FOR CIRCULATION TO PROSPECTS OR CLIENTS)



PROFESSIONAL INVESTMENT ADVISORY SERVICES

Integrated Shield Plan

**STRICTLY FOR PIAS' FA REPRESENTATIVES REFERENCE ONLY
(NOT FOR CIRCULATION TO PROSPECTS OR CLIENTS)**



DISCLAIMERS

IMPORTANT NOTE:

1. This insurance placemat has been produced based on Professional Investment Advisory Services Pte Ltd (PIAS)'s internal
2. The placemat encompasses only relevant approved products by PIAS only. It is an overview of similar product category based on standard age range, standard sum assured and for standard lives.
3. The information is obtained from the latest policy illustrations and product information provided by the relevant life insurance product providers. The calculation of yield may differ due to the actual payout condition vs the calculation method. PIAS shall not be liable for any damages, or in any other way whatsoever, for errors of fact and or opinions expressed on the placemat and no warranty or representation is given to this effect. In the event of any discrepancy, the insurance company's authorized documents shall apply.
4. This placemat is not meant to be construed as an offer or solicitation by FA Representatives for the purchase of any life insurance plan nor is it meant for switching from one product to another which may be detrimental to prospects or clients. FA Representatives are to undertake a proper fact-find and risk profiling analysis with customers to provide each prospect or client with quality advice and appropriate recommendations based on the prospects' or clients' investment objectives, financial situation and particular

Source: This information is from all providers of PIAS and is accurate as of [21 Apr 2025](#)

Understanding Integrated Shield Plans?

Integrated Shield Plan (IP) provides a higher coverage than MediShield Life at more cost.
IP is an optional health coverage provided by private insurance companies. This plan provides coverage based on the hospital ward and choice of hospitals that policyholders want to stay in.

An IP comprises of 2 parts
à MediShield Life
à An additional private insurance coverage component offered by a private insurer

MediShield Life is fully paid via MediSave account. Additional premiums will be required for private insurance coverage (using cash)

If a customer is using MediSave to pay for additional private insurance component of the IP premium, he/she can utilize up to the prevailing additional withdrawal limits. Once the maximum withdrawal limit is reached, the rest of the premiums will have to be paid in cash.

Changes in Insurance Coverage for Cancer Treatments

Since **1 September 2022**, Cancer Drug List (CDL) has been implemented for MediShield Life(MSHL) and MediSave(MSV).

- MOH developed the CDL comprising clinically proven and more cost-effective cancer treatments to ensure greater affordability of cancer treatments and the long-term sustainability of premiums.
- For patients currently undergoing treatments that are not listed on the CDL , or are on the CDL but unsubsidised, support will be provided by the Government and IP insurers for a transition period so that their treatment is not disrupted.

From **1 April 2023**, Cancer Drug List(CDL) will be implemented for Integrated Shield Plans(IPs).

- CDL was introduced with the aim of enhancing the cost-effectiveness of cancer treatments nationwide.
- Similar to the MediShield Life coverage, IPs can only cover treatments on the CDL
- Treatments on the CDL can only be covered up to a reimbursement limit for cancer treatments at private and public hospitals

From **1 December 2023**, the Ministry of Health (MOH) has provided higher MediShield Life (MSHL) and MediSave (MSV) limits for patients with multiple primary cancers:

- (i) For cancer drug treatment, the limit is the sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer in that month; and
- (ii) For cancer drug services, the limit is twice the current limit for patients with one primary cancer if the patient had received treatment for multiple primary cancers at any point in time within the same Policy Year.

Launch of new IP riders

On 7th March 2018, MOH announced that new IP riders from 1st April 2019 (date inclusive) will be required to incorporate co-payment with the following features:

- A 5% co-payment rate or more on hospitalization / outpatient treatments / day surgery bills and
- A co-payment cap of \$3,000 or more in each policy year for pre-authorized treatments and/or treatments by any of the respective IP insurers' panel of preferred healthcare partners

This is in line with the Health Insurance Task Force's recommendations to help address over-consumption of medical services and cost containment measures in light of rising healthcare costs so as to enable continued affordability of healthcare services in Singapore

Why is MOH making such changes to the riders

- To address the concerns with over-consumption, over-servicing and over-charging by doctors
- People with full riders have bills that are 60% higher than those without riders. In 2016, bills from patients with private hospital IPs and full riders averaged \$9,975, as compared to \$6,270 for those with the same IP but no rider.
- Roughly one in three people here have only basic MediShield Life, a third have just IPs and riders. But riders are getting popular with about 100,000 new riders sold a year.
- Such use of rider policies has led to claim escalation – total claims for IP and riders increased 22% in a year – from \$858 million in 2015 to \$1.05 billion in 2016. All six insurers have tried to absorb much of the increase. As a result, all suffered underwriting losses in 2016.
- MOH fears that should this continue, it would push up healthcare costs for everyone, including those who are only on the basic MediShield Life. This is because all IPs incorporate the basic scheme. Higher IP bills also mean higher payouts from MediShield Life. This could push premiums for MediShield Life.

Riders Purchased before 8th March 2019

The new rule does not apply to your clients. He/She may continue with the existing coverage but insurers are allowed to change their products or increase their premiums and some may decide to do so as their experience is that people with full riders tend to have higher claims.

Riders Purchased after 8th March 2019

Clients who buy an IP plan with full rider will eventually have to switch (by 1st April 2021) to the new rider with co-payment.

Commonly asked questions:

Will the introduction of the co-pay rider mean costlier premiums for me?

à The IPs bundled together with the new co-pay riders are actually significantly more affordable than those with full-pay riders. This is because by taking co-accountability for the medical bills with the policyholders, insurers are able to improve underwriting risk management in the long run and therefore price premiums more competitively. The co-pay rider can only be paid in cash and while it is an additional cost on top of the IP basic plan, it is still very affordable. This is especially so if he/she uses MediSave to pay for the premiums of the IP.

With the changes, does it mean I have to fork out more money for hospital bills in future?

à Co-pay riders actually help to keep large hospital bills in check. Hospital bills, especially for illnesses that require extended or expensive treatment, can amount to tens of thousands of dollars and even more – so it is true that even the 5% co-payment amount can work out to be a substantial amount. To protect Singaporeans from large bills even after factoring the 5% co-payment rate, some insurers have launched new co-pay riders with an annual co-payment cap of \$3,000.

What kinds of benefits do co-pay riders offer?

◀ Insurers understand that co-pay riders are an additional cost, albeit at a small amount. As such, they have included some perks in the co-pay rider for the policyholder. Some of these perks include an additional bed in the hospital for a family member, emergency accident outpatient treatment, Traditional Chinese Medicine treatment, ambulance or taxi charges and more. And besides these more commonly seen benefits, each insurer also introduces some unique perks that fulfil different needs.

MediShield Life Overview (effective 01 April 2025)											
MediShield Life Benefits			Pro-ration Factor			Deductible		Premium (before subsidies)			
Table A: MediShield Life benefits (Applicable for admissions or treatments received on or after 1 April 2025)			Table G: Pro-ration Factors for MediShield Life Claim Hospitalisation Charges (Applicable for admissions or treatments received on or after 1 April 2025)			Table I: 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)		Table B: Premiums (before subsidies) (Applicable for policy start/renewal date on or after 1 April 2025)			
Inpatient/day surgery			Ward Class / Subsidy Status			Ward class / treatment		Age Next Birthday	Annual Premiums (inclusive of 9% GST)		
Daily Ward and Treatment Charges ¹			Singapore Citizen			80 and below		Age Next Birthday	Annual Premiums (inclusive of 9% GST)		
- Normal ward ²			Permanent Resident			81 and above		1 – 20	\$200		
- Intensive care unit ward			Class C	100%	50%	Class C	\$2,000	21 – 30	\$295		
* An additional claim limit of \$800 per day applies for the first two days of the inpatient ³ stay			Class B2	100%	50%	Class B2/B2+*B1	\$2,500	31 – 40	\$503		
- Psychiatric (up to 60 days per policy year)			Class B2+	100%	50%	Class A (including private hospitals)	\$3,500	41 – 50	\$637		
- Community hospital (Rehabilitative) ³			Class B1	34%	29%	Community Hospital/Short-stay ward/ Inpatient palliative care service (Subsidised)	\$2,000	51 – 60	\$903		
- Community hospital (Sub-acute) ³			Class A	27%	25%	Community Hospital/Short-stay ward/ Inpatient palliative care service (Non-subsidised)	\$2,500	61 – 65	\$1,131		
- Inpatient palliative care service (General)			Private hospital	16%	16%	Day surgery	\$1,500	66 – 70	\$1,326		
- Inpatient palliative care service (Specialised)			Community hospital (non-subsidised)	45%	37%	Day surgery (private hospital)	\$2,000	71 – 73	\$1,643		
Surgical procedures			Inpatient palliative care service (subsidised)	100%	60%	Outpatient treatments	Not Applicable				
- Table 1 A/B/C (less complex procedures)			Inpatient palliative care service (non-subsidised)	45%	37%	Co-insurance					
- Table 2 A/B/C			Short stay ward (subsidised)	100%	50%	Table J: Co-insurance					
- Table 3 A/B/C			Short stay ward (non-subsidised)	27%	25%	Inpatient/day surgery					
- Table 4 A/B/C			Day surgery (subsidised)	100%	54%	Claimable amount accumulated within a policy year					
- Table 5 A/B/C			Day surgery (public hospital non-subsidised)	33%	33%	First \$5,000 ¹					
- Table 6 A/B/C			Day surgery (private hospital)	21%	21%	Next \$5,000					
- Table 7 A/B/C (more complex procedures)			Outpatient treatment (excluding dialysis and erythropoietin)			Above \$10,000					
Implants			Outpatient treatment (subsidised) ⁷	100%	56%	Outpatient treatment					
Radiotherapy, including proton beam therapy – Category 4 ¹			Outpatient treatment (non-subsidised) ^{1, 2}	35%	35%	¹ Inclusive of deductible					
Continuation of autologous bone marrow transplant treatment for multiple myeloma			Outpatient treatment (private)	30%	30%						
¹ Includes meal charges, prescriptions, professional charges, investigations and other miscellaneous charges.			Outpatient treatment (dialysis and erythropoietin)								
² Includes eligible Mobile Inpatient Care (B) Home stays.			Outpatient treatment (subsidised)	100%	67%						
³ Claimable only upon referral from a hospital after an inpatient admission or from a public hospital's emergency department for further medical treatment.			Outpatient treatment (non-subsidised)	100%	56%						
⁴ Refer to the MCH website for the approved indications for use of Proton Beam Therapy.			Outpatient treatment (Voluntary Welfare Organisations)	100%	67%						
⁵ Includes eligible Mobile Inpatient Care (B) Home stays.			Outpatient treatment (private)	100%	56%						
⁶ Claimable only upon referral from a hospital after an inpatient admission or from a public hospital's emergency department for further medical treatment.			Table H: Pro-ration Factors for MediShield Life Claim Surgical and Implants Charges (Applicable for admissions or treatments received on or after 1 April 2025)								
⁷ Refer to the MCH website for the approved indications for use of Proton Beam Therapy.			Ward Class / Subsidy Status								
Table A: MediShield Life benefits (continued) (Applicable for admissions or treatments received on or after 1 April 2025)			Class C	100%	60%						
Outpatient treatment			Class B2	100%	60%						
Patients receiving treatment for one primary cancer			Class B2+	100%	60%						
- Cancer drug treatment			Class B1	35%	30%						
- Cancer drug services			Class A	25%	25%						
Patients receiving treatment for multiple primary cancers ⁸			Private hospital	10%	10%						
- Cancer drug treatment			Day surgery (subsidised)	100%	58%						
- Cancer drug services			Day surgery (public hospital non-subsidised)	25%	25%						
Radiotherapy for cancer			Day surgery (private hospital)	15%	15%						
- External (except Hemt-body)			Short stay ward (subsidised)	100%	60%						
- Brachytherapy			Short stay ward (non-subsidised)	25%	25%						
- Hemt-body											
- Stereotactic											
- Proton beam therapy – Category 1 ¹											
- Proton beam therapy – Category 2 ¹											
- Proton beam therapy – Category 3 ¹											
Kidney dialysis											
Immunosuppressants for organ transplant											
Erythropoietin for chronic kidney failure											
Long-term parenteral nutrition											
Maximum claim limit											
Per policy year											
Lifetime											
¹ Refer to the MCH website for the approved indications for use of Proton Beam Therapy.											
² Refer to the Cancer Drug List on the MCH website for the applicable claim limit.											
³ Defined as two or more cancers arising from different sites and/or any 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 MCH for assessment.											

Medicaid Life Changes over the years

1. From 1 Sep 2012, the Ministry of Health introduced a Cancer Drug List (CDL) that clinically proven and more cost-effective cancer treatments. Only treatments on the CDL may be claimed under MediShield Life (MSHL), Medisave (MSV) and integrated Shield Plans (IPs). Limited coverage from all Cancer drugs to only Drug Indication on CDL.

2. Payout limit for drug and services received from limit of \$3,000/month to limit of \$200 - \$1600/month for drug indication on CDL and limit of \$1,200/year for cancer drug services

3. From 1 Apr 2013, MSHL increased MediShield Life claim limit for cancer drug services from \$1,200/year to \$1600/year.

4. No change to the Medisave without-aid limit of \$600 per calendar year

5. Effective 1 December 2013, Medisave Life (MSPL) and Medisave (MSV) will offer higher coverage on cancer drug treatment on the Cancer Drug List (CDL) and Cancer Drug Services for patients with multiple primary cancers.

For Cancer Drug Treatment on the CDL, the MSPL and MSV will be the sum of the Highest Cancer drug treatment amongst the claimable treatments received for each primary cancer per month.

For Cancer Drug Services, the MSPL and MSV limits will be doubled.

7 insurers that offers integrated shield plans

- **Singlife Shield**
- **Income Enhanced IncomeShield**
- **RHI Raffles Shield**
- AIA HealthShield Gold Max (Not offered in PIAS)
- HSBC Life Shield (Not offered in PIAS)
- Great Eastern SupremeHealth (Not offered in PIAS)
- Prudential PRUShield (Not offered in PIAS)

For completeness, we have included Integrated Shield plans not offered in PIAS.

Integrated Shield Plan	Standard room in private hospital and below	Public hospital ward class A and below	Public hospital ward class B1 and below
Singlife Shield	Plan 1	Plan 2	Plan 3
Income Enhanced IncomeShield	Preferred	Advantage	Basic
RHI Raffles Shield	Private	A	Shield B
AIA HealthShield Gold Max (Not offered in PIAS)	A	B	Gold Max B Lite
HSBC Life Shield Plan (Not offered in PIAS)	Plan A	Plan B	Standard
Great Eastern GREAT SupremeHealth (Not offered in PIAS)	P Plus	A Plus	B Plus
Prudential PRUShield (Not offered in PIAS)	Premier	Plus	Standard

Integrated Shield Plan	Standard room in private hospital and below	Public hospital ward class A and below	Public hospital ward class B1 and below
Singlife Shield	Singlife Health Plus Private Lite / Singlife Health Plus Private Prime	Singlife Health Plus Public Lite / Singlife Health Plus Public Prime	Singlife Health Plus Public Lite / Singlife Health Plus Public Prime
Income Enhanced IncomeShield	Deluxe Care / Classic Care	Deluxe Care / Classic Care	Deluxe Care / Classic Care
RHI Raffles Shield	Key Rider / Premier Rider / Cancer Guard Rider	Key Rider / Premier Rider / Cancer Guard Rider	Key Rider / Premier Rider / Cancer Guard Rider
AIA HealthShield Gold Max (Not offered in PIAS)	Max VitalHealth A / A Value	Max VitalHealth B	Max VitalHealth B Lite
HSBC Life Shield Plan (Not offered in PIAS)	Enhanced Care	Enhanced Care	Enhanced Care
Great Eastern GREAT SupremeHealth (Not offered in PIAS)	GREAT TotalCare P Optimum / P Signature	GREAT TotalCare Basic A / A	GREAT TotalCare Basic B / B
Prudential PRUShield (Not offered in PIAS)	PRUExtra Premier CoPay PRUExtra Preferred CoPay PRUExtra Premier Lite CoPay	PRUExtra Plus CoPay PRUExtra Plus Lite CoPay	N.A.

Overview of Changes - Integrated Shield Plans & Riders

Key Benefits (Main Plan)							
	Singlife	Income	RHl	AIA	HSBC Life	Great Eastern	Prudential
Main Plan	Singlife Shield Plan 1 Singlife Shield Plan 2 Singlife Shield Plan 3	Enhanced IncomeShield Preferred Enhanced IncomeShield Advantage Enhanced IncomeShield Basic	Raffles Shield Private Raffles Shield A Raffles Shield B	HealthShield Gold Max A HealthShield Gold Max B HealthShield Gold Max B Lite	HSBC Life Shield Plan A HSBC Life Shield Plan B HSBC Life Standard Plan	GREAT SupremeHealth P Plus GREAT SupremeHealth A Plus GREAT SupremeHealth B Plus	PruShield Premier PruShield Plus PRUShield Standard Plan
Benefits Revision	Effective from 1 April 2025	Effective from 1 September 2024	No change	Effective from 1 September 2024	Effective from 1 April 2025	Effective from 1 October 2024	Effective from 1 April 2025
Premiums Adjustment	Effective from 1 April 2025 All Singlife Shield Plans	Effective from 1 April 2025 All Enhanced IncomeShield plans (for foreigner)	No change	Effective from 1 September 2024 AIA HSG Max A	Effective from 1 April 2025 HSBC Life Shield Plan A	Effective from 1 October 2024 GREAT SupremeHealth P Plus	Effective from 1 April 2025 All PRUShield plans (foreigner)
Key Benefits (For Co-pay Riders Available for New Business)							
	Singlife	Income	RHl	AIA	HSBC Life	Great Eastern	Prudential
Benefits Rider	Singlife Health Plus Private Lite Singlife Health Plus Private Prime Singlife Health Plus Public Lite Singlife Health Plus Public Prime	Deluxe Care Classic Care	Key Rider Premier Rider Cancer Guard Rider	Max VitalHealth A / A Value AIA Max A Cancer Care Booster Max VitalHealth B Max VitalHealth B Lite	Enhanced Care	GREAT TotalCare P Optimum GREAT TotalCare P Signature GREAT TotalCare Basic A GREAT TotalCare A GREAT TotalCare Basic B GREAT TotalCare B	PRUExtra Premier CoPay PRUExtra Preferred CoPay PRUExtra Premier Lite CoPay PRUExtra Plus CoPay PRUExtra Plus Lite CoPay
Benefits Revision	Effective from 1 April 2025 1) Premium Adjustments Based on Age 2) increased the No Claims Discount (NCD) from 15% to 20% but total claim payout amount during the assessment period is reduced from "less than or equal to S\$1,000" to "\$0 during assessment period".	Effective from 1 September 2024 Deluxe Care / Classic Care 1) Renamed Extended Panel and Non-panel Payment (previously known as Additional Non-panel Payment).	No change	Effective from 1 September 2024 AIA Max VitalCare, AIA Max VitalHealth series and AIA Max A Cancer Care Booster - Plain English policy documents are now available AIA Max A Cancer Care Booster, and AIA Max VitalHealth B and B Lite - Enhanced coverage for multiple primary cancers AIA Max VitalHealth A / A Value and AIA Max VitalCare - Extension of 'Home palliative care benefit' to cover Terminal Illness (beyond Cancer)	Effective from 1 April 2025 Enhanced Care A - New SavvyClaim Reward that provides discount based on claim experience. Total 5 levels of reward and up to 50% discount off Enhanced Care A rider premium	Effective from 1 October 2024 A) Outpatient Cancer Drug Treatment on the Cancer Drug List (Each month) - For Life Assured receiving treatment for one primary cancer, reduced coverage from 18x MSHL limits to 15x MSHL limits. - For Life Assured receiving treatment for multiple primary cancers, added coverage where it pays the Sum of the highest CDT limit among the claimable treatments received for each primary cancer. B) Outpatient Cancer Drug Services (per period of insurance) - For Life Assured receiving treatment for one primary cancer and multiple primary cancers, reduced coverage from As charged to 15x MSHL limits. C) Outpatient Cancer Drug Treatment not on the Cancer Drug List (per period of insurance) - P Signature/ P Optimum: Reduced from \$250k to \$200k - A / Basic A: Reduced from \$200k to \$175k - No change for B / Basic B (\$150k) D) Co-payment for Special Benefits - 5% of co-payment is applicable E) Deductible, Co-insurance and Loss Limit	Effective from 1 April 2025 PRUExtra Premier CoPay, PRUExtra Preferred CoPay 1) Revised coverage for deductibles. 95% of deductibles is in excess of \$2,000. PRUExtra Premier Lite CoPay, PRUExtra Plus Lite CoPay 1) Rider no longer does not cover deductibles PRUExtra Premier CoPay 1) Premium level (at next policy renewal) remains at same level regardless of claim payment for supplementary plan during the review period for Panel Providers (except Restructured Hospitals or Treatment Centres)
Premiums Adjustment	Effective from 1 April 2025 All Singlife Health Plus Riders	No change	No change	Effective from 1 September 2024 1) AIA Max VitalHealth A 2) AIA Max VitalCare 3) AIA Max A Cancer Care Booster	Effective from 1 April 2025 All Enhanced Care plans	Effective from 1 October 2024 1) GREAT TotalCare P Signature 2) GREAT TotalCare P Optimum	No change

Key Selling Points			
Providers	Singlife	Income	Raffles Health Insurance
Main Plan	<ul style="list-style-type: none">- Competitive against all insurers in the market for CDL drug treatment and services for Private and Restructured A & B1 plans.- Discounted premium rates for child (up to age 20 next birthday) if both parents are covered under Singlife Shield Plan 1 or 2- Free cover for newborn up to 6 month- 10% co-insurance capped at \$25.5k per year (other providers have no cap) for A&E or preferred medical providers- Policyholders of Singlife Shield and Singlife Health Plus will get priority access to its panel of private medical specialists.	<ul style="list-style-type: none">- Highest limit for Cell, Tissue and Gene Therapy, up to \$250K/policy year (based on Enhanced Preferred plan)- Up to \$20,000 each policy year for Inpatient Psychiatric Treatment with Enhanced Preferred plan	<ul style="list-style-type: none">- Competitive premiums- Only plan in PIAS product suite that offers coverage for Congenital Abnormalities Benefit for insured's Biological Child (only for insured females)- High deductible option for customers with a tighter budget- Raffles Health Option available for A class wards and above which provides client with private hospital specialist at lower premium.
Riders	<ul style="list-style-type: none">- No claims discount- Offers budget riders with deductibles for customers with a tighter budget- One of the lowest co-payment (5%) for non-CDL Cancer Drug Treatment- Highest coverage of \$180,000 per year for Non-CDL cancer drug treatment for Restructured B1 plans- For non-CDL cancer treatment it covers class A to Class E	<ul style="list-style-type: none">- No claims-based pricing- One of the highest in the market for CDL treatment for one primary cancer up to 18x MSHL limit- One of the highest in the market for Non-CDL cancer drug treatment with its Additional cancer drug treatment benefit, up to \$15,000/month- Offer an alternative 10% co-pay rider for customers with a tighter budget- For non-CDL cancer treatment it covers class A to Class E	<ul style="list-style-type: none">- Competitive premiums- Optional Cancer Guard rider that provides one of the most comprehensive cancer related coverage- Highest coverage of up to \$275,000 per year for non-CDL treatment when all 3 riders (Key rider, Premier rider, Cancer Guard rider) are attached

PIAS

Private Hospitals

Private Hospitals							
Benefits	Singlife Singlife Shield Plan 1	Income Enhanced IncomeShield Preferred	Raffles Health Insurance Raffles Shield Private	AIA HealthShield Gold Max A	HSBC Life HSBC Life Shield Plan A	Great Eastern GREAT SupremeHealth P Plus	Prudential PRUShield Premier
Inpatient and Day Surgery							
Daily Ward and Treatment Charges	As charged	As charged	As charged	As charged	As charged	As charged	As charged
- Normal Ward							
- Intensive Care Unit Ward	(i) As charged (up to 60 days per policy year) (with 10 months waiting period) (ii) \$500/day (up to 35 days) (without waiting period)	\$20,000/year	\$8,000/yr (Includes post hospitalisation psychiatric treatment up to 90 days)	\$5,000/yr (Additional post-hospitalisation psychiatric treatment of \$5,000/yr within 200 days after Confinement)	Inpatient Psychiatric Treatment Up to \$5,000/yr (capped at 60 days per policy year) Post-Hospitalisation Psychiatric Treatment up to \$5,000/yr (within 200 days after Hospital discharge)	\$5,000/yr (including pre and post hospitalisation benefits)	\$8,000/yr (including pre & post hospitalisation benefits)
Psychiatric							
Community Hospital	As charged	As charged (up to 90 days for each admission)	As charged (up to 45 days)	As charged	As charged (up to 45 days)	As charged	As charged
Inpatient palliative care service (General)	(Must be a MOH-approved Inpatient Hospice Palliative Care Service (IHPCS provider))	As charged	\$560/day	(includes Inpatient Hospice Palliative Care Service)	As charged	As charged	As charged
Inpatient palliative care service (Specialised)			\$760/day				
Surgical Procedures	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Implants							
Radiosurgery							
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	As charged	\$25,000/yr	\$14,040/treatment	As charged	As charged	\$30,000/yr	\$25,000/yr
Outpatient Treatment							
Patients receiving treatment for one primary cancer							
Cancer Drug Treatment	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth
Cancer drugs services	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)
Patients receiving treatment for multiple primary cancers							
Cancer Drug Treatment	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	The total amount up to the highest limit among the cancer drug treatments received in that month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	The total amount up to the highest limit among the cancer drug treatments received in that month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month
Cancer drugs services	5x MediShield Life limit/yr (\$36,000/yr)	5x MediShield Life limit/yr (\$36,000/yr)	5x MediShield Life limit/yr (\$36,000/yr)	5x MediShield Life limit/yr (\$36,000/yr)	5x MediShield Life limit/yr (\$36,000/yr)	5x MediShield Life limit/yr (\$36,000/yr)	5x MediShield Life limit/yr (\$36,000/yr)
Radiotherapy for Cancer							
External (Except Hemi-Body)	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Brachytherapy							
Hemi-Body							
Stereotactic							
Proton Beam Therapy - Category 1	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits
Proton Beam Therapy - Category 2							
Proton Beam Therapy - Category 3							
Kidney Dialysis	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Immunosuppressants for organ transplants	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Erythropoietin for Chronic Kidney Failure	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Long-Term Parenteral Nutrition	As charged	As charged	\$3,980/mth	As charged	As charged	As charged	As charged
Additional Benefits Limits:							
Pre-Hospitalisation Treatment (number of days indicate maximum number of days covered prior admission)	(i) As Charged (Up to 90 days) [for non-panel specialist in a private hospital] (ii) As Charged (Up to 180 days) [A&E unit or preferred medical provider] Preferred medical provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.)	As charged Not provided by Income's panel : up to 100 days before admission Provided by Income's panel : up to 180 days days before admission	As charged (up to 180 days for treatment by panel or singapore restructured hospitals, Extended Panel (with approved pre-authorisation), 90 days otherwise)	As Charged Up to 100 days <u>If admitted to / treated by AIA Preferred Providers: Up to 13 months</u>	As charged (up to 180 days)	As charged (up to 180 days)	(i) As charged (up to 180 days) (ii) Pays for outpatient consultations (physical) and outpatient telemedicine consultations* *Only reimburse outpatient telemedicine consultation fees conducted by telemedicine consultation providers; (a) that are approved as active Ministry of Health (MOH) sandbox providers under the MOH Licensing Experimentation and Adaptation Programme or (b) from Restructured Hospitals (will not pay for the cost of delivery or courier of medication.)

Post-Hospitalisation Treatment (number of days indicate maximum number of days covered after discharge)	<p>(i) As Charged (Up to 180 days) [for non-panel specialist in a private hospital]</p> <p>(ii) As Charged (Up to 365 days) [A&E unit or preferred medical provider]</p> <p>Preferred medical provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.)</p>	<p>As charged</p> <p>Not provided by Income's panel : up to 100 days after discharge</p> <p>Provided by Income's panel : up to 365 days after discharge</p>	<p>As charged</p> <p>(up to 365 days for treatment by panel or singapore restructured hospitals, Extended Panel (with approved pre-authorisation), 180 days otherwise)</p>	<p>As Charged</p> <p>(Up to 100 days, with additional 100 days for 30 critical illnesses)</p> <p><u>If admitted to / treated by AIA Preferred Providers</u></p> <p>Up to 13 months (the additional 100 days for 30 Critical Illnesses is not applicable)</p>	<p>As charged (up to 365 days)</p>	<p>i) As Charged (Up to 180 days) [for non-panel specialist in a Private Hospital, Panel specialist in a Private Hospital (without certificate of pre-authorisation), or EP specialist in a Private Hospital (without certificate of pre-authorisation)]</p> <p>(ii) As Charged (up to 365 days) [for Panel specialist in a Private Hospital (with certificate of pre-authorisation), EP specialist in a Private Hospital (with certificate of pre-authorisation), or Restructured Hospital]</p>	<p>(i) As charged (up to 365 days) (ii) Pays for outpatient consultations (physical) and outpatient telemedicine consultations*</p> <p>*Only reimburse outpatient telemedicine consultation fees conducted by telemedicine consultation providers;</p> <p>(a) that are approved as active Ministry of Health (MOH) sandbox providers under the MOH Licensing Experimentation and Adaptation Programme</p> <p>or</p> <p>(b) from Restructured Hospitals (will not pay for the cost of delivery or courier of medication.)</p>
Other Post-Hospitalization Treatment (number of days indicate maximum number of days covered after discharge)	-	-	-	-	-	-	Hyperbaric Oxygen Therapy: \$10,000/yr (Up to 365 days)
Major Organ Transplant	As charged (for selected organs)	As charged	As charged	As charged	As charged (for selected organs)	As charged	As charged (for selected organs)
Living Donor Organ Transplant (Insured as the Living Donor donating an organ) (after 24 mths waiting period)	\$50,000/lifetime	\$60,000/transplant	\$60,000/transplant	\$60,000/transplant	\$60,000/transplant	\$60,000/transplant	\$60,000/transplant
Living Donor Organ Transplant (Non-insured donating an organ to Insured)	-		\$60,000/transplant	\$60,000/transplant	\$60,000/transplant	\$60,000/transplant	\$60,000/transplant
Pregnancy and Delivery-Related Complications Benefit* (after 10 months (or 300 days) waiting period)	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Congenital Abnormalities Benefit of Insured	-	As charged (with 12 mths waiting period)	As charged (with 24 mths waiting period)	As charged	-	As charged	As charged
Congenital Abnormalities Benefit of Insured 's Biological Child	-	-	[Only for insured female] \$30,000/ lifetime Limited to \$5,000/child (with 10 mths waiting period)	[Only for insured female] \$20,000/ lifetime Limited to \$5,000/child (with 10 mths waiting period)	-	\$20,000/ lifetime Limited to \$5,000/child (with 300 days waiting period)	[Only for insured female] \$20,000/ lifetime Limited to \$5,000/child (with 10 mths waiting period)
Prosthesis Benefit	-	\$10,000/yr	-	-	-	-	-
Critical Illnesses	Additional \$150,000/yr (for 5 Critical Illnesses)	-	-	Additional \$100,000 policy yr limit (for 30 Critical Illnesses)	-	-	-
Emergency overseas treatment	As charged (pegged to costs of private hospitals in Singapore)	As charged (But limited to costs of Singapore private hospitals)	As charged (limited to Panel charges and subject to Pro-ration factor)	Reimburse the Eligible Expenses incurred for overseas medical or surgical treatment subject to the applicable claim limits of AIA HealthShield Gold Max A. Benefit payable shall be limited to the level of Reasonable and Customary charges in a Singapore Private Hospital	As charged (pegged to Reasonable and Customary charges of Singapore Private Hospitals)	Reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Private Hospital, whichever is the lower, subject to the benefit limits of GREAT SupremeHealth A.	<p>As charged (paying the lower of: - the overseas charges; or - in accordance with a Singapore Private Hospital's charges)</p>
Planned overseas treatment	As charged (pegged to costs of private hospitals in Singapore)	-	-	As charged (But limited to costs of Singapore private hospitals)	-	-	
Final Expense Benefit	\$10,000	\$5,000	\$5,000	\$5,000	-	\$7,000	\$5,000
Free new-born benefit	\$50,000/yr	-	-	-	-	-	-
Proton Beam Therapy Treatment (Categories 1-4)	\$70,000/yr	\$100,000/yr	\$75,000/yr	\$100,000/yr	\$50,000/yr	\$80,000/yr	\$100,000/yr
Cell, Tissue and Gene Therapy	\$150,000/treatment per lifetime	\$250,000/yr	\$50,000/yr	\$250,000/yr	\$100,000/yr	\$200,000yr	\$250,000/yr
Waiver of Premium upon Total Permanent Disability	-	-	In the event of Death/TPD of the parent (payor), premium will be waived for the Insured until he/she reaches age 21	Waives 1 yr premium for insured	-	-	-
Other Policy Features							
Proration factors (Pls check with insurer for more information on other applicable factors)	-	-	-	-	-	-	-
Deductibles							
Class C	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Class B2	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Class B1	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Class A and Private Hospital	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500
Subsidised Day Surgery / Short Stay Wards	\$1,500	\$2,000	\$2,000	\$2,000		Restructured hospital \$1,500 (short stay) \$2,000 (day surgery)	\$1,500

[illegible]

PIAS

Class A

Restructured Hospital A Ward							
Benefits	Singlife Singlife Shield Plan 2	Income Enhanced IncomeShield Advantage	Raffles Health Insurance Raffles Shield A	AIA HealthShield Gold Max B	HSBC Life HSBC Life Shield Plan B	Great Eastern GREAT SupremeHealth A Plus	Prudential PRUShield Plus
Inpatient and Day Surgery							
Daily Ward and Treatment Charges							
Normal Ward	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Intensive Care Unit Ward							
Psychiatric	(i) As charged (up to 45 days per policy year) [with 10 months waiting period] (ii) \$500/day (up to 35 days) [without waiting period]	\$10,000/year	\$6,000/yr (Includes post hospitalisation psychiatric treatment up to 90 days)	\$4,000/yr (Additional post-hospitalisation psychiatric treatment of \$2,500/yr within 200 days after Confinement)	Up to \$4,000/yr , capped at 60 days per policy year (Additional post-hospitalisation psychiatric treatment of \$2,500/yr within 200 days after Confinement)	\$4,500/yr (including pre and post hospitalisation benefits)	\$7,000/yr (including pre & post hospitalisation benefits)
Community Hospital	As charged	As charged (up to 90 days for each admission)	As charged (up to 45 days)	As charged	As charged (up to 45 days)	As charged	As charged
Inpatient palliative care service (General)	(Must be a MOH-approved Inpatient Hospice Palliative Care Facility (HOPES certified))	As charged	\$560/day	As charged	As charged	As charged	As charged
Inpatient palliative care service (Specialised)			\$760/day				
Surgical Procedures	As charged	As charged	As charged	As charged	As charged	As charged	As charged
Implants							
Radiosurgery	As charged	\$25,000/yr	\$14,040/treatment	As charged	As charged	\$25,000/yr	\$25,000/yr
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma							
Outpatient Treatment							
Patients receiving treatment for one primary cancer							
Cancer Drug Treatment	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth
Cancer drugs services	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)
Patients receiving treatment for multiple primary cancers							
Cancer Drug Treatment	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	The total amount up to the highest limit among the cancer drug treatments received in that month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month
Cancer drugs services	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	5x MSHL limit for multiple primary cancers (\$36,000/yr)	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)
Radiotherapy for Cancer							
External (Except Hemi-Body)	As charged	As charged	As charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to \$500/treatment. Pro-ration only apply for charges above \$500/treatment.	As charged	As charged	As charged
Brachytherapy							
Hemi-Body							
Stereotactic				As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to \$4,000/treatment. Proration only apply for charges above \$4,000/treatment.			
Proton Beam Therapy - Category 1	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits
Proton Beam Therapy - Category 2							
Proton Beam Therapy - Category 3							
Kidney Dialysis	As charged	As charged (Pro-ration factor waived for applicable treatment by preferred partners)	As charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to \$36,000/yr. Pro-ration only apply for charges above \$36,000/year	As charged	As charged	As charged
Immunosuppressants for organ transplants	As charged	As charged	As charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to \$7,200/yr. Pro-ration only apply for charges above \$7,200/year	As charged	As charged	As charged
Erythropoietin for Chronic Kidney Failure	As charged	As charged	As charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to \$7,200/yr. Pro-ration only apply for charges above \$7,200/year	As charged	As charged	As charged
Long-Term Parenteral Nutrition	As charged	As charged	\$3,980/mth	As charged	As charged	As charged	As charged
Additional Benefits Limits:							

[illegible]

PIAS

Class B1

Restructured Hospital B1 Ward							
Benefits	Singlife Singlife Shield Plan 3	Income Enhanced IncomeShield Basic	Raffles Health Insurance Raffles Shield B	AIA HealthShield Gold Max B Lite	HSBC Life HSBC Life Shield Standard Plan	Great Eastern GREAT SupremeHealth B Plus	Prudential PRUShield Standard Plan
Inpatient and Day Surgery							
Daily Ward and Treatment Charges							
Normal Ward	As charged	As charged	As charged	As charged	\$2,250/day	As charged	\$2,250/day
Intensive Care Unit Ward					\$6,850/day		\$6,850/day
Psychiatric	\$500/day (up to 35 days/yr) [without waiting period]	\$7,000/year	\$5,000/yr (Includes post hospitalisation psychiatric treatment up to 90 days)	\$3,500/yr (Additional post-hospitalisation psychiatric treatment of \$1,000/yr within 200 days after Confinement)	\$ 680/day (up to 60 days per policy yr)	\$4,000/yr (including pre and post hospitalisation benefits)	\$ 680/day (up to 60 days per policy yr)
Community Hospital	As charged	As charged (up to 90 days for each admission)	As charged (up to 45 days)	As charged	Sub-acute: \$960/day Rehabilitation: \$760/day	Sub-acute: \$1,000/day Rehabilitation: \$750/day	Sub-acute: \$960/day Rehabilitation: \$760/day
Inpatient palliative care service (General)	As charged	As charged	\$560/day	As charged	\$560/day	\$750/day	\$560/day
Inpatient palliative care service (Specialised)			\$760/day		\$760/day		
Surgical Procedures	As charged	As charged	As charged	As charged	\$ 590 - \$ 21,840	As charged	\$ 590 - \$ 21,840
Implants					\$9,800/treatment		\$9,800/treatment
Radiotherapy					\$31,300/treatment course		\$31,300/treatment course
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	As charged	\$10,000/yr	\$14,040/treatment	As charged	\$14,040/treatment	\$20,000/yr	\$14,040/treatment
Outpatient Treatment							
Patients receiving treatment for one primary cancer							
Cancer Drug Treatment	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	3x MediShield Life limit/mth	5x MediShield Life limit/mth	3x MediShield Life limit/mth
Cancer drugs services	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	5x MediShield Life limit/yr (\$18,000/yr)	2x MediShield Life limit/yr (\$7,200/yr)	5x MediShield Life limit/yr (\$18,000/yr)	2x MediShield Life limit/yr (\$7,200/yr)
Patients receiving treatment for multiple primary cancers							
Cancer Drug Treatment	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	The total amount up to the highest limit among the cancer drug treatments received in that month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month
Cancer drugs services	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	5x MSHL limit for multiple primary cancers (\$36,000/yr)	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	5x MSHL limit for multiple primary cancers (\$36,000/yr)	2x MediShield Life limit for multiple primary cancers (\$14,400/yr)	5x MediShield Life limit for multiple primary cancers (\$36,000/yr)	2x MediShield Life limit for multiple primary cancers (\$14,400/yr)
Radiotherapy for Cancer							
External (Except Hemi-Body)	As charged	As charged	As charged	As charged	\$880/treatment	As charged	\$880/treatment
Brachytherapy					\$1,100/treatment		\$1,100/treatment
Hemi-Body					\$2,510/treatment		\$2,510/treatment
Stereotactic					\$6,210/treatment		\$6,210/treatment
Proton Beam Therapy - Category 1	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	Covered under Additional Benefits	\$880/treatment	Covered under Additional Benefits	\$880/treatment
Proton Beam Therapy - Category 2					\$1,100/treatment		\$1,100/treatment
Proton Beam Therapy - Category 3					\$6,210/treatment		\$6,210/treatment
Kidney Dialysis	As charged	As charged (Pro-ration factor waived for applicable treatment by preferred partners)	As charged	As charged	\$3,740/mth	As charged	\$3,740/mth
Immunosuppressants for organ transplants	As charged	As charged	As charged	As charged	\$1,480/mth	As charged	\$1,480/mth
Erythropoietin for Chronic Kidney Failure	As charged	As charged	As charged	As charged	\$450/mth	As charged	\$450/mth
Long-Term Parenteral Nutrition	As charged	As charged	\$3,980/mth	As charged	\$3,980/mth	As charged	\$3,980/mth
Additional Benefits Limits:							
Pre-Hospitalisation Treatment (number of days indicate maximum number of days covered prior admission)	(i) As Charged (Up to 90 days) [for non-panel specialist in a private hospital]						
	(ii) As Charged (Up to 180 days) [A&E unit or preferred medical provider] Preferred medical provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.)	As charged (Up to 100 days)	As charged (up to 90 days)	As charged (up to 100 days)	-	As charged (up to 180 days)	-
Post-Hospitalisation Treatment (number of days indicate maximum number of days covered after discharge)	(i) As Charged (Up to 180 days) [for non-panel specialist in a private hospital]						
	(ii) As Charged (Up to 365 days) [A&E unit or preferred medical provider] Preferred medical provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.)	As charged (Up to 100 days)	As charged (up to 90 days)	As charged (up to 100 days)	-	(i) As charged Up to 180 days for non-Panel Specialists (ii) As charged Up to 365 days for Panel Specialists (both Extended & Main Panel) or Restructured Hospital	-
Major Organ Transplant	As charged (for selected organs)	As charged	As charged	As charged	-	As charged	-
Living Donor Organ Transplant, coverage for insured donor (after 24 mths waiting period)	\$20,000/lifetime	\$20,000/transplant	\$20,000/transplant	\$20,000/transplant	-	\$20,000/transplant	-
Living Donor Organ Transplant, coverage for non-insured donor	-	-	\$20,000/transplant	\$20,000/transplant	-	\$20,000/transplant	-
Pregnancy and Delivery-Related Complications Benefit* (after 10 months (or 300 days) waiting period)	As charged	As charged	As charged	As charged	-	As charged	-

[illegible]

IP Premiums

Private Hospitals (rider premium comparison inclusive of 9% GST)

Main Plan	Singapore Life Singlife Shield Plan 1	Income Enhanced IncomeShield Preferred	Raffles Shield Private (Without High Deductible Option)	AIA HealthShield Gold Max A	HSBC Life Shield Plan A	Great Eastern GREAT SupremeHealth P Plus	Prudential PRUShield Premier
Age Next Birthday							
1	\$ 196	\$ 219	\$ 198	\$ 281	\$ 238	\$ 231	\$ 300
2	\$ 197	\$ 219	\$ 198	\$ 281	\$ 238	\$ 228	\$ 300
3	\$ 198	\$ 219	\$ 198	\$ 281	\$ 238	\$ 223	\$ 294
4	\$ 199	\$ 219	\$ 198	\$ 281	\$ 238	\$ 220	\$ 290
5	\$ 200	\$ 219	\$ 198	\$ 281	\$ 238	\$ 217	\$ 286
6	\$ 201	\$ 219	\$ 198	\$ 281	\$ 238	\$ 213	\$ 280
7	\$ 202	\$ 219	\$ 198	\$ 281	\$ 238	\$ 209	\$ 276
8	\$ 204	\$ 219	\$ 198	\$ 281	\$ 238	\$ 206	\$ 272
9	\$ 206	\$ 219	\$ 198	\$ 281	\$ 238	\$ 203	\$ 268
10	\$ 209	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 257
11	\$ 211	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 257
12	\$ 213	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 257
13	\$ 215	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 263
14	\$ 217	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 263
15	\$ 219	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 263
16	\$ 223	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 263
17	\$ 225	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 263
18	\$ 228	\$ 219	\$ 198	\$ 281	\$ 238	\$ 229	\$ 263
19	\$ 231	\$ 230	\$ 198	\$ 281	\$ 255	\$ 254	\$ 292
20	\$ 234	\$ 230	\$ 198	\$ 281	\$ 255	\$ 254	\$ 292
21	\$ 237	\$ 249	\$ 222	\$ 281	\$ 255	\$ 254	\$ 292
22	\$ 240	\$ 249	\$ 222	\$ 281	\$ 255	\$ 254	\$ 292
23	\$ 243	\$ 249	\$ 222	\$ 281	\$ 255	\$ 254	\$ 297
24	\$ 246	\$ 249	\$ 222	\$ 281	\$ 255	\$ 254	\$ 297
25	\$ 249	\$ 249	\$ 222	\$ 281	\$ 255	\$ 254	\$ 297
26	\$ 256	\$ 267	\$ 225	\$ 362	\$ 300	\$ 296	\$ 300
27	\$ 260	\$ 267	\$ 225	\$ 362	\$ 300	\$ 296	\$ 300
28	\$ 263	\$ 267	\$ 225	\$ 362	\$ 300	\$ 296	\$ 300
29	\$ 267	\$ 267	\$ 225	\$ 362	\$ 300	\$ 296	\$ 300
30	\$ 271	\$ 267	\$ 225	\$ 362	\$ 300	\$ 296	\$ 300
31	\$ 356	\$ 360	\$ 345	\$ 440	\$ 408	\$ 409	\$ 419
32	\$ 361	\$ 360	\$ 345	\$ 440	\$ 408	\$ 409	\$ 439
33	\$ 367	\$ 360	\$ 345	\$ 440	\$ 408	\$ 409	\$ 460
34	\$ 371	\$ 360	\$ 345	\$ 440	\$ 408	\$ 409	\$ 460
35	\$ 381	\$ 360	\$ 345	\$ 440	\$ 408	\$ 409	\$ 460
36	\$ 391	\$ 373	\$ 348	\$ 490	\$ 408	\$ 441	\$ 472
37	\$ 401	\$ 373	\$ 348	\$ 490	\$ 408	\$ 441	\$ 472
38	\$ 411	\$ 373	\$ 348	\$ 490	\$ 408	\$ 441	\$ 472

39	\$	422	\$	373	\$	348	\$	490	\$	408	\$	441	\$	472
40	\$	432	\$	373	\$	348	\$	490	\$	408	\$	441	\$	472
41	\$	759	\$	800	\$	547	\$	1,105	\$	860	\$	839	\$	894
42	\$	769	\$	800	\$	547	\$	1,105	\$	860	\$	839	\$	894
43	\$	791	\$	800	\$	547	\$	1,105	\$	860	\$	839	\$	894
44	\$	821	\$	800	\$	547	\$	1,105	\$	860	\$	839	\$	894
45	\$	832	\$	800	\$	547	\$	1,105	\$	860	\$	839	\$	922
46	\$	987	\$	1,009	\$	644	\$	1,199	\$	900	\$	880	\$	922
47	\$	1,029	\$	1,009	\$	644	\$	1,199	\$	900	\$	880	\$	922
48	\$	1,039	\$	1,009	\$	644	\$	1,199	\$	900	\$	880	\$	929
49	\$	1,143	\$	1,009	\$	644	\$	1,199	\$	900	\$	880	\$	936
50	\$	1,237	\$	1,009	\$	644	\$	1,199	\$	900	\$	880	\$	943
51	\$	1,247	\$	1,320	\$	966	\$	1,708	\$	1,444	\$	1,365	\$	1,507
52	\$	1,352	\$	1,320	\$	966	\$	1,708	\$	1,444	\$	1,441	\$	1,529
53	\$	1,456	\$	1,320	\$	966	\$	1,708	\$	1,444	\$	1,506	\$	1,598
54	\$	1,508	\$	1,320	\$	966	\$	1,708	\$	1,444	\$	1,570	\$	1,665
55	\$	1,560	\$	1,320	\$	966	\$	1,708	\$	1,444	\$	1,636	\$	1,735
56	\$	1,712	\$	1,687	\$	1,077	\$	2,170	\$	1,925	\$	1,749	\$	1,855
57	\$	1,767	\$	1,687	\$	1,077	\$	2,170	\$	1,925	\$	1,749	\$	2,064
58	\$	1,824	\$	1,687	\$	1,077	\$	2,170	\$	1,925	\$	1,948	\$	2,064
59	\$	1,881	\$	1,687	\$	1,077	\$	2,170	\$	1,925	\$	1,948	\$	2,064
60	\$	1,930	\$	1,687	\$	1,077	\$	2,170	\$	1,925	\$	1,948	\$	2,064
61	\$	2,244	\$	2,262	\$	1,566	\$	2,931	\$	2,516	\$	2,568	\$	2,716
62	\$	2,468	\$	2,262	\$	1,566	\$	2,931	\$	2,516	\$	2,568	\$	2,737
63	\$	2,637	\$	2,262	\$	1,566	\$	2,931	\$	2,516	\$	2,585	\$	2,737
64	\$	2,805	\$	2,262	\$	1,566	\$	2,931	\$	2,516	\$	2,585	\$	2,737
65	\$	2,861	\$	2,262	\$	1,566	\$	2,931	\$	2,516	\$	2,585	\$	2,737
66	\$	3,386	\$	3,148	\$	2,275	\$	4,308	\$	3,087	\$	3,601	\$	3,808
67	\$	3,444	\$	3,148	\$	2,275	\$	4,308	\$	3,087	\$	3,601	\$	4,081
68	\$	3,502	\$	3,148	\$	2,275	\$	4,308	\$	3,087	\$	3,891	\$	4,116
69	\$	3,562	\$	3,148	\$	2,275	\$	4,308	\$	3,158	\$	3,891	\$	4,116
70	\$	3,629	\$	3,148	\$	2,275	\$	4,308	\$	3,158	\$	3,891	\$	4,116
71	\$	4,437	\$	4,132	\$	2,897	\$	5,722	\$	4,025	\$	4,378	\$	4,855
72	\$	4,671	\$	4,132	\$	2,897	\$	5,722	\$	4,025	\$	4,749	\$	5,093
73	\$	4,906	\$	4,132	\$	2,897	\$	5,722	\$	4,025	\$	5,120	\$	5,111
74	\$	5,254	\$	4,719	\$	3,407	\$	6,338	\$	4,601	\$	5,427	\$	5,417
75	\$	5,603	\$	4,719	\$	3,407	\$	6,338	\$	4,601	\$	5,965	\$	5,942
76	\$	5,720	\$	5,318	\$	4,054	\$	7,925	\$	5,176	\$	6,235	\$	6,143
77	\$	6,072	\$	5,318	\$	4,054	\$	7,925	\$	5,176	\$	6,776	\$	6,545
78	\$	6,232	\$	5,318	\$	4,054	\$	7,925	\$	5,176	\$	7,171	\$	6,839
79	\$	6,772	\$	5,990	\$	4,841	\$	8,837	\$	5,838	\$	7,523	\$	7,076
80	\$	7,058	\$	5,990	\$	4,841	\$	8,837	\$	5,838	\$	8,184	\$	7,567
81	\$	7,704	\$	6,296	\$	5,384	\$	9,393	\$	6,130	\$	8,553	\$	7,959
82	\$	7,939	\$	6,296	\$	5,384	\$	9,393	\$	6,130	\$	8,854	\$	8,449
83	\$	7,966	\$	6,296	\$	5,384	\$	9,393	\$	6,130	\$	9,192	\$	9,038

84	\$	8,172	\$	7,151	\$	6,630	\$	9,488	\$	6,962	\$	9,204	\$	9,394
85	\$	8,253	\$	7,151	\$	6,630	\$	9,488	\$	6,962	\$	9,216	\$	9,730
86	\$	8,843	\$	7,836	\$	7,198	\$	9,582	\$	7,633	\$	9,252	\$	9,975
87	\$	8,931	\$	7,836	\$	7,198	\$	9,582	\$	7,633	\$	9,252	\$	10,310
88	\$	9,020	\$	7,836	\$	7,198	\$	9,582	\$	7,633	\$	9,252	\$	10,645
89	\$	9,139	\$	8,588	\$	7,670	\$	9,679	\$	8,381	\$	9,345	\$	10,983
90	\$	9,231	\$	8,588	\$	7,670	\$	9,679	\$	8,381	\$	9,345	\$	11,175
91	\$	9,408	\$	9,168	\$	7,754	\$	10,163	\$	8,927	\$	9,438	\$	11,235
92	\$	9,503	\$	9,168	\$	7,754	\$	10,163	\$	8,927	\$	9,438	\$	11,235
93	\$	9,598	\$	9,168	\$	7,754	\$	10,163	\$	8,927	\$	9,438	\$	11,235
94	\$	9,631	\$	9,883	\$	8,384	\$	10,672	\$	9,635	\$	9,722	\$	12,104
95	\$	9,726	\$	9,883	\$	8,384	\$	10,672	\$	9,635	\$	9,722	\$	12,173
96	\$	9,776	\$	10,391	\$	8,721	\$	11,417	\$	10,122	\$	10,208	\$	12,258
97	\$	9,826	\$	10,391	\$	8,721	\$	11,417	\$	10,122	\$	10,208	\$	12,335
98	\$	9,876	\$	10,391	\$	8,721	\$	11,417	\$	10,122	\$	10,208	\$	12,335
99	\$	9,926	\$	11,063	\$	9,696	\$	11,533	\$	10,776	\$	10,412	\$	12,335
100	\$	9,976	\$	11,063	\$	9,696	\$	11,533	\$	10,776	\$	10,412	\$	12,335
>100	\$	9,976	\$	11,063	\$	9,696	\$	11,533	\$	10,776	\$	10,412	\$	12,335

Class A (rider premium comparison inclusive of 9% GST)							
Main Plan	Singapore Life Singlife Shield Plan 2	Income Enhanced IncomeShield Advantage	Raffles Shield A (with Raffles Hospital Option)	Raffles Shield A	AIA HealthShield Gold Max B	HSBC Life Shield Plan B	Great Eastern GREAT SupremeHealth A Plus
Age Next Birthday							
1	\$ 89	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 75
2	\$ 90	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 75
3	\$ 91	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 75
4	\$ 92	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 74
5	\$ 93	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 74
6	\$ 94	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 73
7	\$ 95	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 73
8	\$ 96	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 73
9	\$ 97	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 71
10	\$ 98	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 71
11	\$ 99	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 71
12	\$ 100	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 71
13	\$ 101	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 73
14	\$ 102	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 73
15	\$ 104	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 74
16	\$ 105	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 75
17	\$ 106	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 75
18	\$ 108	\$ 41	\$ 146	\$ 74	\$ 104	\$ 80	\$ 76
19	\$ 109	\$ 64	\$ 146	\$ 79	\$ 104	\$ 80	\$ 85
20	\$ 110	\$ 64	\$ 146	\$ 79	\$ 104	\$ 80	\$ 85
21	\$ 112	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 85
22	\$ 113	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 85
23	\$ 114	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 85
24	\$ 115	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 86
25	\$ 116	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 86
26	\$ 117	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 89
27	\$ 118	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 93
28	\$ 119	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 96
29	\$ 120	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 100
30	\$ 121	\$ 58	\$ 160	\$ 91	\$ 111	\$ 92	\$ 104
31	\$ 173	\$ 100	\$ 227	\$ 114	\$ 171	\$ 159	\$ 108
32	\$ 174	\$ 100	\$ 227	\$ 114	\$ 171	\$ 159	\$ 112
33	\$ 175	\$ 100	\$ 227	\$ 114	\$ 171	\$ 159	\$ 116
34	\$ 176	\$ 100	\$ 227	\$ 114	\$ 171	\$ 159	\$ 122
35	\$ 178	\$ 100	\$ 227	\$ 114	\$ 171	\$ 159	\$ 125
36	\$ 179	\$ 125	\$ 232	\$ 128	\$ 171	\$ 159	\$ 128
37	\$ 180	\$ 125	\$ 232	\$ 128	\$ 171	\$ 159	\$ 130
38	\$ 182	\$ 125	\$ 232	\$ 128	\$ 171	\$ 159	\$ 133
39	\$ 183	\$ 125	\$ 232	\$ 128	\$ 171	\$ 159	\$ 135

40	\$	184	\$	125	\$	232	\$	128	\$	171	\$	159	\$	138
41	\$	319	\$	223	\$	342	\$	221	\$	334	\$	233	\$	199
42	\$	320	\$	223	\$	342	\$	221	\$	334	\$	233	\$	215
43	\$	322	\$	223	\$	342	\$	221	\$	334	\$	233	\$	232
44	\$	323	\$	223	\$	342	\$	221	\$	334	\$	233	\$	235
45	\$	324	\$	223	\$	342	\$	221	\$	334	\$	233	\$	237
46	\$	348	\$	251	\$	431	\$	225	\$	334	\$	318	\$	239
47	\$	349	\$	251	\$	431	\$	225	\$	334	\$	318	\$	242
48	\$	350	\$	251	\$	431	\$	225	\$	334	\$	318	\$	243
49	\$	351	\$	251	\$	431	\$	225	\$	334	\$	318	\$	244
50	\$	352	\$	251	\$	431	\$	225	\$	334	\$	318	\$	247
51	\$	478	\$	394	\$	654	\$	356	\$	469	\$	419	\$	292
52	\$	479	\$	394	\$	654	\$	356	\$	469	\$	419	\$	311
53	\$	480	\$	394	\$	654	\$	356	\$	469	\$	419	\$	331
54	\$	481	\$	394	\$	654	\$	356	\$	469	\$	419	\$	353
55	\$	482	\$	394	\$	654	\$	356	\$	469	\$	419	\$	376
56	\$	505	\$	436	\$	731	\$	382	\$	510	\$	477	\$	401
57	\$	506	\$	436	\$	731	\$	382	\$	510	\$	477	\$	430
58	\$	507	\$	436	\$	731	\$	382	\$	510	\$	477	\$	460
59	\$	509	\$	436	\$	731	\$	382	\$	510	\$	477	\$	493
60	\$	510	\$	436	\$	731	\$	382	\$	510	\$	477	\$	528
61	\$	731	\$	702	\$	1,048	\$	616	\$	744	\$	680	\$	565
62	\$	734	\$	702	\$	1,048	\$	616	\$	744	\$	680	\$	607
63	\$	737	\$	702	\$	1,048	\$	616	\$	744	\$	680	\$	655
64	\$	740	\$	702	\$	1,048	\$	616	\$	744	\$	680	\$	730
65	\$	743	\$	702	\$	1,048	\$	616	\$	744	\$	680	\$	814
66	\$	1,213	\$	1,075	\$	1,479	\$	964	\$	1,389	\$	965	\$	908
67	\$	1,222	\$	1,075	\$	1,479	\$	964	\$	1,389	\$	965	\$	1,013
68	\$	1,231	\$	1,075	\$	1,479	\$	964	\$	1,389	\$	965	\$	1,121
69	\$	1,241	\$	1,075	\$	1,479	\$	964	\$	1,389	\$	965	\$	1,224
70	\$	1,249	\$	1,075	\$	1,479	\$	964	\$	1,389	\$	965	\$	1,338
71	\$	1,723	\$	1,533	\$	2,149	\$	1,415	\$	1,921	\$	1,302	\$	1,462
72	\$	1,792	\$	1,533	\$	2,149	\$	1,415	\$	1,921	\$	1,302	\$	1,558
73	\$	1,861	\$	1,533	\$	2,149	\$	1,415	\$	1,921	\$	1,302	\$	1,660
74	\$	1,930	\$	1,807	\$	2,736	\$	1,696	\$	2,077	\$	1,589	\$	1,769
75	\$	2,000	\$	1,807	\$	2,736	\$	1,696	\$	2,077	\$	1,589	\$	1,887
76	\$	2,679	\$	2,200	\$	3,322	\$	1,962	\$	2,956	\$	1,780	\$	2,011
77	\$	2,739	\$	2,200	\$	3,322	\$	1,962	\$	2,956	\$	1,780	\$	2,142
78	\$	2,799	\$	2,200	\$	3,322	\$	1,962	\$	2,956	\$	1,780	\$	2,284
79	\$	2,859	\$	2,595	\$	3,721	\$	2,396	\$	2,968	\$	1,994	\$	2,436
80	\$	2,919	\$	2,595	\$	3,721	\$	2,396	\$	2,968	\$	1,994	\$	2,602
81	\$	2,979	\$	2,638	\$	4,061	\$	2,615	\$	3,024	\$	2,234	\$	2,692
82	\$	2,999	\$	2,638	\$	4,061	\$	2,615	\$	3,024	\$	2,234	\$	2,787
83	\$	3,020	\$	2,638	\$	4,061	\$	2,615	\$	3,024	\$	2,234	\$	2,884
84	\$	3,299	\$	3,012	\$	4,637	\$	2,903	\$	3,101	\$	2,500	\$	2,984

85	\$	3,359	\$	3,012	\$	4,637	\$	2,903	\$	3,101	\$	2,500	\$	3,088
86	\$	3,419	\$	3,467	\$	5,216	\$	3,299	\$	3,205	\$	2,800	\$	3,196
87	\$	3,479	\$	3,467	\$	5,216	\$	3,299	\$	3,205	\$	2,800	\$	3,308
88	\$	3,539	\$	3,467	\$	5,216	\$	3,299	\$	3,205	\$	2,800	\$	3,423
89	\$	3,600	\$	3,708	\$	5,716	\$	3,516	\$	3,379	\$	3,136	\$	3,542
90	\$	3,659	\$	3,708	\$	5,716	\$	3,516	\$	3,379	\$	3,136	\$	3,665
91	\$	3,719	\$	4,103	\$	5,841	\$	3,790	\$	3,665	\$	4,528	\$	3,794
92	\$	3,779	\$	4,103	\$	5,841	\$	3,790	\$	3,665	\$	4,528	\$	3,926
93	\$	3,839	\$	4,103	\$	5,841	\$	3,790	\$	3,665	\$	4,528	\$	4,063
94	\$	3,919	\$	4,564	\$	6,159	\$	3,946	\$	3,957	\$	4,528	\$	4,204
95	\$	3,999	\$	4,564	\$	6,159	\$	3,946	\$	3,957	\$	4,528	\$	4,351
96	\$	4,299	\$	5,001	\$	6,616	\$	4,325	\$	4,422	\$	4,529	\$	4,503
97	\$	4,399	\$	5,001	\$	6,616	\$	4,325	\$	4,422	\$	4,529	\$	4,661
98	\$	4,499	\$	5,001	\$	6,616	\$	4,325	\$	4,422	\$	4,529	\$	4,822
99	\$	4,599	\$	5,425	\$	7,296	\$	4,707	\$	4,760	\$	4,934	\$	4,991
100	\$	4,699	\$	5,425	\$	7,296	\$	4,707	\$	4,760	\$	4,934	\$	5,165
>100	\$	4,699	\$	5,867	\$	7,296	\$	4,707	\$	4,760	\$	4,934	\$	5,165

Class B1 (rider premium comparison inclusive of 9% GST)

Main Plan	Singapore Life Singlife Shield Plan 3	Income Enhanced IncomeShield Basic	Raffles Shield B	AIA HealthShield Gold Max B Lite	HSBC Life Shield Plan Standard	Great Eastern GREAT SupremeHealth B Plus	Prudential PRUShield Standard
Age Next Birthday							
1	\$ 71	\$ 27	\$ 57	\$ 69	\$ 41	\$ 51	\$ 42
2	\$ 73	\$ 27	\$ 57	\$ 69	\$ 41	\$ 51	\$ 42
3	\$ 74	\$ 27	\$ 57	\$ 69	\$ 41	\$ 51	\$ 42
4	\$ 75	\$ 27	\$ 57	\$ 69	\$ 41	\$ 50	\$ 42
5	\$ 77	\$ 27	\$ 57	\$ 69	\$ 41	\$ 50	\$ 42
6	\$ 78	\$ 27	\$ 57	\$ 69	\$ 41	\$ 50	\$ 42
7	\$ 79	\$ 27	\$ 57	\$ 69	\$ 41	\$ 50	\$ 42
8	\$ 80	\$ 27	\$ 57	\$ 69	\$ 41	\$ 49	\$ 42
9	\$ 81	\$ 27	\$ 57	\$ 69	\$ 41	\$ 49	\$ 42
10	\$ 82	\$ 27	\$ 57	\$ 69	\$ 41	\$ 49	\$ 42
11	\$ 83	\$ 27	\$ 57	\$ 69	\$ 41	\$ 49	\$ 42
12	\$ 84	\$ 27	\$ 57	\$ 69	\$ 41	\$ 50	\$ 42
13	\$ 85	\$ 27	\$ 57	\$ 69	\$ 41	\$ 51	\$ 42
14	\$ 86	\$ 27	\$ 57	\$ 69	\$ 41	\$ 52	\$ 42
15	\$ 87	\$ 27	\$ 57	\$ 69	\$ 41	\$ 53	\$ 42
16	\$ 88	\$ 27	\$ 57	\$ 69	\$ 41	\$ 54	\$ 42
17	\$ 89	\$ 27	\$ 57	\$ 69	\$ 41	\$ 55	\$ 42
18	\$ 90	\$ 27	\$ 57	\$ 69	\$ 41	\$ 56	\$ 42
19	\$ 91	\$ 43	\$ 57	\$ 69	\$ 41	\$ 57	\$ 42
20	\$ 92	\$ 43	\$ 57	\$ 69	\$ 41	\$ 58	\$ 42
21	\$ 93	\$ 37	\$ 60	\$ 71	\$ 51	\$ 59	\$ 49



Integrated Shield Plan Rider Overview

	Singapore Life		Income		MSB		Rider Overview				AIA		HSBC Life		Great Eastern		Prudential			
	Public/Private Prime	Public/Private Life	Defence Care Rider	Classic Care Rider	Key Rider	Premier	Cancer Guard Rider	Max VitalHealth	Max VitalHealth A Value	AIA Max A Cancer Booster	Max VitalHealth B/B Life	Enhanced Care	GREAT TotalCare Basic A/Basic B/P Optimism	GREAT TotalCare B/A/P Signature	PRUExtra Premier CoPay	PRUExtra Preferred CoPay	PRUExtra Premier Life CoPay	PRUExtra Plus CoPay	PRUExtra Plus CoPay Life	
Attachable to	Singlelife Shield Plan 1, 2, 3		Enhanced IncomeShield Plans (Preferred, Advantage and Basic) IncomeShield Standard Plan		Raffles Shield Private, A, A+HB, B		Raffles Shield Private, A, A+HB, B	AIA HSG Max A				AIA HealthShield Gold Max B for Max VitalHealth B AIA HealthShield Gold Max B Life for Max VitalHealth B Life		HSBC Life Shield Plan A, Plan B, Standard		GREAT SupremeHealth (Standard, B Plus, A Plus, P Plus)		PRUShield Premier (Private and Restructured)		PRUShield Plus (Restructured hospitals)
Co-insurance	5% (capped at \$3,000/ policy year)		5% (capped at \$3,000/ policy year)	10% (capped at \$3,000/ policy year)	5% (capped at \$3,000/ policy year)	N.A.	N.A.	Gov/Restructured Hospital 5% (capped at \$3,000 per policy year) Private Hospital (Preferred, Providers or with pre-authorization prior to confinement or emergency confinement by A&E) 5% (capped at \$3,000 per policy year) (i) If it is the first claim; or (ii) when there are no private hospital (admission/surgery) claim in the last 3 years	Gov/Restructured Hospital 5% (capped at \$3,000 per policy year) Private Hospital (Preferred, Providers or with pre-authorization prior to confinement or emergency confinement by A&E) 10% (capped at \$4,500 per policy year)	Preferred Providers or with pre-authorization prior to confinement or emergency confinement by A&E Reimburses the Co-insurance incurred under HSG Max A after insured paid the co-insurance of \$50,000 per policy year	Preferred Providers or with pre-authorization prior to confinement or emergency confinement by A&E 5% (capped at \$3,000 per policy year)	5% (capped at \$3,000/ policy year)	For P Optimism Covers 95% of deductible amount and 50% of co-insurance (capped at \$3,000 per policy year) For Basic A&B Covers 50% of co-insurance (capped at \$3,000 per policy year)	Covers 95% of deductible amount and 50% of co-insurance (capped at \$3,000 per policy year)	Covers 95% of deductible amount and 50% of co-insurance (capped at \$3,000 per policy year)	Covers 95% of deductible amount and 50% of co-insurance (capped at \$3,000 per policy year)	Covers 50% of deductible (up to \$1,750 per policy year) and 50% of co-insurance (capped at \$3,000 per policy year)	5% deductible amount + 50% PRUShield Co-insurance (capped at \$3,000 per policy year)	Covers 50% of deductible (up to \$1,750/policy year) and 50% of co-insurance (capped at \$3,000 per policy year)	
Co-payment (panel/extended panel)																				
Co-insurance /Co-payment (non-panel/non extended panel)	5%		5% with no cap	10% with no cap	5% with no cap	N.A.	N.A.	5% with no cap	10% with no cap	N.A.	5% with no cap	5% with no cap + \$1,500 per year	5% of the total Eligible Bills incurred under Non-Panel Provider or the Deductible incurred under the Main Plan (where applicable), whichever is higher (uncapped)	5% of total Eligible Bills incurred under Non-Panel Provider (uncapped)	Covers 95% of deductible amount and 50% of co-insurance (uncapped)	Covers 95% of deductible amount and 50% of co-insurance (uncapped)	Covers 50% of deductible (up to \$1,750/policy year) and 50% of co-insurance (uncapped)	5% deductible amount + 50% PRUShield Co-insurance (uncapped)	Covers 50% of deductible (up to \$1,750/policy year) and 50% of co-insurance (uncapped)	
Covers main plan deductibles	Yes	No (Singlelife Shield annual deductible applies)	Yes	Yes	Yes	No	No	Panel/Non-panel: Yes \$2,000 (i) If it is not the first claim; or (ii) when there is private hospital (admission/surgery) claim in the last 3 years	Gov/Restructured Hospital: Yes	No	Yes	Yes	Yes	Yes	Covers 95% of deductible amount that is above \$42,000, you pay \$42,000 and 5% of the remaining deductible amount	Not covered	95%	Not covered		
Annual rider deductibles	For Private Prime -A&E or Preferred medical providers: \$0 -Others: inpatient treatment: \$1,000 -Others: day surgery: \$5500 For Public Prime -\$0	Applies for all hospital types and ward classes, with reduction in deductible amount for certain ward classes & hospitals varies for panel/non-panel Singlelife Shield annual deductible is waived for major outpatient treatments (except continuation of autologous bone marrow transplant treatment for multiple myeloma)	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	
Extended panel and non-panel payment (ENP)	N.A.		Up to \$2,000 per policy year		N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	\$1,500 per policy year	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.		
Cancer Drug Treatment on CDL for one primary cancer (Multiple of MSHL monthly limit)	15x		Enhanced Preferred - 18x Enhanced Advantage - 18x Enhanced Basic - 10x		N.A.	2x	Raffles Shield Private - 18x Raffles Shield A - 18x - 18x Raffles Shield B - 10x Total coverage is capped at 238 MSHL Limit if Raffles Shield Private/A + RB plan is taken with Premier Rider and Cancer Guard Rider	N.A.	N.A.	16x	10x	Enhanced Care Plan A/B - 18x	15x		15x					
Cancer Drug Treatment not on CDL	\$15,000 per month, subject to co-insurance		Enhanced Preferred - \$15,000 per month (\$180,000 per year) Enhanced Advantage - \$7,000 per month (\$84,000 per year) Enhanced Basic - \$6,000 per month (\$72,000 per year) (Covers Drug Classes A, B, C, D and E)		\$5,000 annual limit (Covers Drug Classes A, B, C, D and E)	\$20,000 annual limit (Covers Drug Classes A, B, C, D and E)	Raffles Shield Private - \$250,000 year Raffles Shield A - \$250,000 year Raffles Shield B - \$200,000 year Raffles Shield C - \$100,000 year (Covers Drug Classes A, B, C, D and E)	N.A.	N.A.	\$200,000 per policy year (Covers Drug Classes A to C, D1-3 & E1-3)	\$50,000 per policy year (Covers Drug Classes A to C, D1-3 & E1-3)	\$30,000 per month (Covers Drug Classes A, B, C, D and E)	P Optimism - \$200,000 per policy year Basic A - \$175,000 per policy year Basic B - \$150,000 per policy year (Covers Drug Classes A, B, C, D and E)	P Signature - \$200,000 per policy year A - \$175,000 per policy year B - \$150,000 per policy year (Covers Drug Classes A, B, C, D and E)	\$150,000 per policy year (Covers Drug Classes A, B, C, D and E)					
Cancer Drug Services for one primary cancer (Multiple of MSHL yearly limit)	N.A.	N.A.	N.A.	N.A.	N.A.	2x	Raffles Shield Private - 15x Raffles Shield A - 18x - 15x Raffles Shield B - 10x Total coverage is capped at 208 MSHL Limit if Raffles Shield Private/A + RB plan is taken with Premier Rider and Cancer Guard Rider	N.A.	N.A.	10x	8x	Enhanced Care Plan A/B - 15x	15x		15x					
Cancer Drug Treatment on CDL for multiple primary cancers (Multiple of MSHL monthly limit)	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month		Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer		N.A.		Sum of the Highest Cancer Drug Treatment limit amongst the claimable treatments received for each primary cancer per month	N.A.	N.A.	The total of the highest Medishield Life limits from among the covered CDL treatments for each primary cancer in that month		Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month		Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month					
Cancer Drug Services for multiple primary cancer (Multiple of MSHL yearly limit)	N.A.	N.A.	N.A.	N.A.	N.A.		N.A.	N.A.	N.A.	10x	8x	15x	15x		10x					
Cancer Drug Treatment not on CDL for multiple primary cancers (Multiple of MSHL monthly limit)	N.A.	N.A.	Enhanced Preferred - \$15,000 x number of primary cancers Enhanced Advantage - \$7,000 x number of primary cancers Enhanced Basic - \$6,000 x number of primary cancers (Covers Drug Classes A, B, C, D and E)		N.A.		N.A.	N.A.	N.A.	\$200,000 per policy year (Covers Drug Classes A to C, D1-3 & E1-3)	\$50,000 per policy year (Covers Drug Classes A to C, D1-3 & E1-3)	\$30,000 per month (Covers Drug Classes A, B, C, D and E)	Basic A - \$175,000 per policy year Basic B - \$150,000 per policy year (Covers Drug Classes A, B, C, D and E)	P Signature - \$200,000 per policy year A - \$175,000 per policy year B - \$150,000 per policy year (Covers Drug Classes A, B, C, D and E)	\$150,000 per policy year (Covers Drug Classes A, B, C, D and E)					
Other Features	Mental wellness benefit (\$100 per visit, maximum 1k per policy year, subjected to co-insurance) No claims discount (20% rider premium discount upon renewal if total claims/less Medishield Life) during the assessment period is equal to \$0		- Extra Bed Benefit (refunds up to \$80 for each day the parent or guardian stays, up to 10 days for each stay) - Walker of Premium (Premiums are also covered under Walker of Premium in Raffles Shield)		- Walker of Premium for Insured (Premiums are also covered under Walker of Premium in Raffles Shield) - Immediate Family Accommodation - Post-Hospitalization Follow Up Traditional Chinese Medicine (TCM) - Post-Hospitalization Alternative Medicine Benefit for Cancer and Stroke - Emergency Outpatient due to Accident - Ambulance Services		- Immediate Family Member Accommodation Benefit - Post-Hospitalization Alternative Medicine Benefit for Cancer and Stroke - Post-Hospitalization Home Nursing Benefit - Traditional Chinese Medicine (TCM) for Cancer Treatment at Raffles Medical Group (RMG) - Psychology Counselling due to Cancer	- Home Palliative Benefit - Early Detection Screening Benefit - Optional: Emergency and Outpatient Care Booster	- Home Palliative Benefit - Optional: Emergency and Outpatient Care Booster	- Immediate Family Member Accommodation Benefit - Post-Hospitalization Alternative Medicine Benefit for Cancer and Stroke - Post-Hospitalization Home Nursing Benefit - Emergency Outpatient Treatment due to Accident Benefit - Ambulance Service Benefit	- Immediate Family Member Accommodation Benefit - Post-Hospitalization Alternative Medicine Benefit for Cancer and Stroke - Post-Hospitalization Home Nursing Benefit - Emergency Outpatient Treatment due to Accident Benefit - Ambulance Service Benefit	Subjected to Co-insurance and Co-payment Cap, but not subject to Deductible Planned Overseas Medical Treatment Emergency Outpatient Treatment due to Accident Coverage for Fractures, Dislocations and Sports Injuries (Outpatient Benefit) Coverage for Dengue, Fever, Hand, Foot & Mouth Disease, Food Poisoning (Outpatient Benefit) Cancer drug treatment on the Cancer Drug List (CDL) (Outpatient Benefit) Benefits subject to Co-insurance but not subject to Deductible and Co-payment Cap Cancer drug treatment not on the CDL Not subjected to Deductible, Co-insurance and Co-payment Cap Ambulance Charges/ Taxi Charges Traditional Chinese Medicine (TCM) Accommodation Charges for Immediate Family	- Additional Cancer Support - Emergency/Accidental Outpatient Treatment - Home Health Care Benefit - Post Hospital Follow-up Traditional Chinese Medicine Treatment - Medical Aids - Companion Accommodation - Optional: GREAT TotalCare Plus Essential	- Accident and Emergency Fees - Special appliances and Prosthesis (except for PRUExtra Preferred CoPay) - Outpatient Psychiatric Treatment (Postpartum) (for PRUExtra Premier CoPay/PRUExtra Plus CoPay) - Autism Test (for PRUExtra Premier CoPay/PRUExtra Plus CoPay) - Recurrent Miscarriage (Cost of Investigation) (for PRUExtra Premier CoPay/PRUExtra Plus CoPay) - Immediate Family Member's Accommodation with Child (for PRUExtra Premier CoPay/PRUExtra Plus CoPay) - Post-Hospitalization Follow-up TCM (for PRUExtra Premier CoPay/PRUExtra Plus CoPay) - Emergency Outpatient Treatment due to an Accident (for PRUExtra Premier CoPay/PRUExtra Plus CoPay) - Disability Waiver Benefit (for PRUExtra Premier CoPay/PRUExtra Preferred CoPay)						

Disclaimer: Premiums indicated below are the new riders after the implementation of the new MOH guidelines. Some of the riders offer a much cheaper option as coverage and features differs from the other insurers.

Private Hospitals (rider premium comparison inclusive of 9% GST)

Main Plan	Singapore Life Singlife Shield Plan 1			Income Enhanced IncomeShield Preferred			AIA HealthShield Gold Max A			HSBC Life Shield Plan A	Great Eastern GREAT SupremeHealth P Plus			Prudential PRUShield Premier						
Rider	Health Plus Private Lite (With No Claims Discount)	Health Plus Private Prime (With No Claims Discount)	Health Plus Private Prime (With No Claims Discount)	Classic Care Rider	Deluxe Care Rider	Key Rider	Premier Rider	Cancer Guard Rider	Max VitalHealth A (without emergency and outpatient care booster)	Max VitalHealth A Value (without emergency and outpatient care booster)	AIA Max A Cancer Care Booster	Enhanced Care	Great TotalCare P Optimum	GREAT TotalCare P Signature	PRUExtra Premier CoPay	PRUExtra Premier CoPay (With 20% PRUWell Reward)	PRUExtra Preferred CoPay	PRUExtra Preferred CoPay (With 20% PRUWell Reward)	PRUExtra Premier Lite CoPay	
Age Next Birthday																				
1	\$ 248	\$ 198	\$ 873	\$ 698	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 382	\$ 1,257	\$ 910	\$ 728	\$ 664	\$ 531	\$ 319
2	\$ 253	\$ 202	\$ 876	\$ 701	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 376	\$ 1,257	\$ 907	\$ 726	\$ 660	\$ 528	\$ 319
3	\$ 260	\$ 208	\$ 878	\$ 702	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 371	\$ 1,244	\$ 901	\$ 721	\$ 657	\$ 526	\$ 319
4	\$ 263	\$ 210	\$ 879	\$ 703	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 368	\$ 1,244	\$ 886	\$ 709	\$ 650	\$ 520	\$ 319
5	\$ 269	\$ 215	\$ 880	\$ 704	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 363	\$ 1,203	\$ 871	\$ 697	\$ 635	\$ 508	\$ 319
6	\$ 278	\$ 222	\$ 883	\$ 706	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 357	\$ 1,195	\$ 844	\$ 675	\$ 614	\$ 491	\$ 320
7	\$ 280	\$ 224	\$ 885	\$ 708	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 351	\$ 1,188	\$ 815	\$ 593	\$ 611	\$ 474	\$ 320
8	\$ 286	\$ 229	\$ 886	\$ 709	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 330	\$ 1,148	\$ 787	\$ 573	\$ 630	\$ 458	\$ 320
9	\$ 291	\$ 233	\$ 888	\$ 710	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 325	\$ 1,102	\$ 757	\$ 606	\$ 551	\$ 441	\$ 320
10	\$ 298	\$ 238	\$ 890	\$ 712	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 324	\$ 1,061	\$ 729	\$ 583	\$ 531	\$ 425	\$ 320
11	\$ 304	\$ 243	\$ 891	\$ 713	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 306	\$ 1,010	\$ 694	\$ 555	\$ 506	\$ 405	\$ 320
12	\$ 309	\$ 247	\$ 894	\$ 715	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 306	\$ 1,015	\$ 697	\$ 558	\$ 508	\$ 406	\$ 320
13	\$ 315	\$ 252	\$ 895	\$ 719	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 308	\$ 1,017	\$ 698	\$ 558	\$ 510	\$ 408	\$ 322
14	\$ 320	\$ 256	\$ 898	\$ 718	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 306	\$ 1,017	\$ 700	\$ 560	\$ 511	\$ 409	\$ 322
15	\$ 325	\$ 260	\$ 899	\$ 719	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 346	\$ 28	\$ 813	\$ 306	\$ 1,017	\$ 701	\$ 561	\$ 512	\$ 410	\$ 322
16	\$ 330	\$ 264	\$ 905	\$ 724	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 315	\$ 28	\$ 813	\$ 306	\$ 1,025	\$ 704	\$ 563	\$ 513	\$ 410	\$ 322
17	\$ 334	\$ 267	\$ 906	\$ 725	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 315	\$ 28	\$ 813	\$ 308	\$ 1,025	\$ 709	\$ 567	\$ 515	\$ 412	\$ 323
18	\$ 341	\$ 273	\$ 911	\$ 729	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 315	\$ 28	\$ 813	\$ 312	\$ 1,025	\$ 714	\$ 571	\$ 517	\$ 414	\$ 323
19	\$ 344	\$ 275	\$ 914	\$ 731	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 315	\$ 28	\$ 813	\$ 312	\$ 1,025	\$ 718	\$ 574	\$ 520	\$ 418	\$ 324
20	\$ 349	\$ 279	\$ 916	\$ 736	\$ 348	\$ 739	\$ 274	\$ 82	\$ 99	\$ 861	\$ 315	\$ 28	\$ 813	\$ 312	\$ 1,025	\$ 720	\$ 576	\$ 522	\$ 418	\$ 324
21	\$ 400	\$ 320	\$ 973	\$ 778	\$ 342	\$ 823	\$ 335	\$ 87	\$ 99	\$ 861	\$ 315	\$ 28	\$ 869	\$ 321	\$ 1,131	\$ 776	\$ 621	\$ 565	\$ 452	\$ 324
22	\$ 424	\$ 339	\$ 979	\$ 783	\$ 342	\$ 823	\$ 335	\$ 87	\$ 99	\$ 861	\$ 315	\$ 28	\$ 869	\$ 321	\$ 1,133	\$ 778	\$ 622	\$ 565	\$ 452	\$ 324
23	\$ 451	\$ 361	\$ 988	\$ 790	\$ 342	\$ 823	\$ 335	\$ 87	\$ 99	\$ 861	\$ 315	\$ 28	\$ 869	\$ 321	\$ 1,136	\$ 781	\$ 625	\$ 568	\$ 454	\$ 327
24	\$ 466	\$ 373	\$ 993	\$ 794	\$ 342	\$ 823	\$ 335	\$ 87	\$ 99	\$ 861	\$ 315	\$ 28	\$ 869	\$ 321	\$ 1,136	\$ 787	\$ 630	\$ 569	\$ 455	\$ 327
25	\$ 469	\$ 375	\$ 1,002	\$ 801	\$ 342	\$ 823	\$ 335	\$ 87	\$ 99	\$ 861	\$ 315	\$ 28	\$ 869	\$ 322	\$ 1,136	\$ 790	\$ 632	\$ 570	\$ 456	\$ 327
26	\$ 474	\$ 379	\$ 1,002	\$ 802	\$ 342	\$ 823	\$ 335	\$ 87	\$ 99	\$ 861	\$ 315	\$ 28	\$ 874	\$ 321	\$ 1,136	\$ 791	\$ 632	\$ 571	\$ 457	\$ 327
27	\$ 474	\$ 379	\$ 1,004	\$ 803	\$ 376	\$ 875	\$ 335	\$ 94	\$ 99	\$ 861	\$ 315	\$ 37	\$ 878	\$ 336	\$ 1,141	\$ 792	\$ 634	\$ 577	\$ 462	\$ 331
28	\$ 476	\$ 381	\$ 1,008	\$ 806	\$ 376	\$ 875	\$ 335	\$ 94	\$ 99	\$ 861	\$ 315	\$ 37	\$ 878	\$ 345	\$ 1,142	\$ 805	\$ 644	\$ 585	\$ 468	\$ 332
29	\$ 478	\$ 382	\$ 1,009	\$ 807	\$ 376	\$ 875	\$ 335	\$ 94	\$ 99	\$ 861	\$ 315	\$ 37	\$ 878	\$ 345	\$ 1,144	\$ 815	\$ 652	\$ 593	\$ 474	\$ 333
30	\$ 481	\$ 385	\$ 1,011	\$ 809	\$ 376	\$ 875	\$ 335	\$ 94	\$ 99	\$ 861	\$ 315	\$ 37	\$ 878	\$ 362	\$ 1,152	\$ 824	\$ 659	\$ 603	\$ 482	\$ 334
31	\$ 554	\$ 444	\$ 1,163	\$ 930	\$ 394	\$ 976	\$ 348	\$ 104	\$ 99	\$ 955	\$ 351	\$ 45	\$ 1,100	\$ 371	\$ 1,180	\$ 872	\$ 709	\$ 686	\$ 539	\$ 348
32	\$ 554	\$ 445	\$ 1,176	\$ 941	\$ 394	\$ 976	\$ 348	\$ 104	\$ 99	\$ 955	\$ 351	\$ 45	\$ 1,100	\$ 371	\$ 1,178	\$ 846	\$ 686	\$ 517	\$ 337	\$ 337
33	\$ 557	\$ 446	\$ 1,188	\$ 950	\$ 394	\$ 976	\$ 348	\$ 104	\$ 99	\$ 955	\$ 351	\$ 45	\$ 1,100	\$ 389	\$ 1,193	\$ 898	\$ 718	\$ 655	\$ 524	\$ 359
34	\$ 561	\$ 449	\$ 1,201	\$ 961	\$ 394	\$ 976	\$ 348	\$ 104	\$ 99	\$ 955	\$ 351	\$ 45	\$ 1,100	\$ 400	\$ 1,210	\$ 910	\$ 728	\$ 664	\$ 531	\$ 351
35	\$ 564	\$ 451	\$ 1,213	\$ 970	\$ 394	\$ 976	\$ 348	\$ 104	\$ 99	\$ 955	\$ 351	\$ 45	\$ 1,100	\$ 410	\$ 1,226	\$ 920	\$ 736	\$ 671	\$ 537	\$ 362
36	\$ 565	\$ 452	\$ 1,225	\$ 980	\$ 446	\$ 1,028	\$ 354	\$ 112	\$ 99	\$ 955	\$ 351	\$ 45	\$ 1,116	\$ 430	\$ 1,291	\$ 928	\$ 742	\$ 681	\$ 545	\$ 373
37	\$ 569	\$ 455	\$ 1,238	\$ 990	\$ 446	\$ 1,028	\$ 354	\$ 112	\$ 99	\$ 955	\$ 351	\$ 50	\$ 1,116	\$ 449	\$ 1,307	\$ 940	\$ 752	\$ 690	\$ 552	\$ 391
38	\$ 571	\$ 457	\$ 1,250	\$ 1,002	\$ 446	\$ 1,028	\$ 354	\$ 112	\$ 99	\$ 955	\$ 351	\$ 50	\$ 1,116	\$ 459	\$ 1,316	\$ 953	\$ 759	\$ 699	\$ 559	\$ 391
39	\$ 572	\$ 458	\$ 1,256	\$ 1,005	\$ 446	\$ 1,028	\$ 354	\$ 112	\$ 99	\$ 955	\$ 351	\$ 50	\$ 1,116	\$ 476	\$ 1,343	\$ 966	\$ 757	\$ 709	\$ 567	\$ 413
40	\$ 575	\$ 460	\$ 1,261	\$ 1,009	\$ 446	\$ 1,028	\$ 354	\$ 112	\$ 99	\$ 955	\$ 351	\$ 50	\$ 1,116	\$ 494	\$ 1,359	\$ 978	\$ 782	\$ 717	\$ 574	\$ 420
41	\$ 659	\$ 527	\$ 1,749	\$ 1,399	\$ 585	\$ 1,490	\$ 360	\$ 139	\$ 313	\$ 1,180	\$ 435	\$ 112	\$ 1,504	\$ 510	\$ 1,793	\$ 1,024	\$ 824	\$ 945	\$ 756	\$ 448
42	\$ 689	\$ 551	\$ 1,790	\$ 1,432	\$ 585	\$ 1,490	\$ 360	\$ 139	\$ 313	\$ 1,180	\$ 435	\$ 112	\$ 1,504	\$ 532	\$ 1,818	\$ 1,298	\$ 1,038	\$ 958	\$ 766	\$ 464
43	\$ 695	\$ 556	\$ 1,831	\$ 1,465	\$ 585	\$ 1,490	\$ 360	\$ 139	\$ 313	\$ 1,180	\$ 435	\$ 112	\$ 1,504	\$ 557	\$ 1,995	\$ 1,429	\$ 1,143	\$ 1,050	\$ 840	\$ 479
44	\$ 701	\$ 560	\$ 1,872	\$ 1,498	\$ 585	\$ 1,490	\$ 360	\$ 139	\$ 313	\$ 1,180	\$ 435	\$ 112	\$ 1,504	\$ 580	\$ 2,024	\$ 1,472	\$ 1,181	\$ 1,072	\$ 861	\$ 484
45	\$ 705	\$ 564	\$ 1,914	\$ 1,531	\$ 585	\$ 1,490	\$ 360	\$ 139	\$ 313	\$ 1,180	\$ 435	\$ 112	\$ 1,504	\$ 607	\$ 2,052	\$ 1,472	\$ 1,178	\$ 1,085	\$ 868	\$ 510
46	\$ 709	\$ 567	\$ 1,955	\$ 1,564	\$ 584	\$ 1,626	\$ 467	\$ 177	\$ 422	\$ 1,332	\$ 546	\$ 122	\$ 1,834	\$ 694	\$ 2,171	\$ 1,500	\$ 1,200	\$ 1,089	\$ 871	\$ 536
47	\$ 710	\$ 568	\$ 1,996	\$ 1,597	\$ 874	\$ 1,626	\$ 467	\$ 177	\$ 422	\$ 1,332	\$ 546	\$ 122	\$ 1,834	\$ 713	\$ 2,171	\$ 1,506	\$ 1,205	\$ 1,093	\$ 874	\$ 541
48	\$ 713	\$ 570	\$ 2,039	\$ 1,631	\$ 874	\$ 1,626	\$ 467	\$ 177	\$ 422	\$ 1,332	\$ 546	\$ 122	\$ 1,834	\$ 732	\$ 2,171	\$ 1,512	\$ 1,210	\$ 1,096	\$ 877	\$ 545
49	\$ 714	\$ 571	\$ 2,078	\$ 1,662	\$ 874	\$ 1,626	\$ 467	\$ 177	\$ 422	\$ 1,332	\$ 546	\$ 122	\$ 1,834	\$ 766	\$ 2,171	\$ 1,514	\$ 1,211	\$ 1,100	\$ 880	\$ 548
50	\$ 718	\$ 574	\$ 2,139	\$ 1,709	\$ 1,626	\$ 1,626	\$ 467	\$ 177	\$ 422	\$ 1,332	\$ 546	\$ 122	\$ 1,834	\$ 784	\$ 2,171	\$ 1,517	\$ 1,214	\$ 1,104	\$ 884	\$ 549
51	\$ 851	\$ 681	\$ 2,850	\$ 2,280	\$ 1,381	\$ 2,629	\$ 565	\$ 203	\$ 611	\$ 1,895	\$ 700	\$ 173	\$ 2,232	\$ 844	\$ 2,850	\$ 1,944	\$ 1,555	\$ 1,415	\$ 1,132	\$ 692
52	\$ 870	\$ 696	\$ 2,938	\$ 2,350	\$ 1,381	\$ 2,629	\$ 565	\$ 203	\$ 611	\$ 1,895	\$ 700	\$ 173	\$ 2,232	\$ 890	\$ 2,867	\$ 1,956	\$ 1,565	\$ 1,424	\$ 1,139	\$ 723
53	\$ 891	\$ 713	\$ 2,954	\$ 2,363	\$ 1,381	\$ 2,629	\$ 565	\$ 203	\$ 611	\$ 1,895	\$ 700	\$ 173	\$ 2,232	\$ 944	\$ 2,931	\$ 2,001	\$ 1,601	\$ 1,456	\$ 1,165	\$ 758
54	\$ 910	\$ 728	\$ 2,965	\$ 2,372	\$ 1,381	\$ 2,629	\$ 565	\$ 203	\$ 611	\$ 1,895	\$ 700	\$ 173	\$ 2,232	\$ 999	\$ 3,152	\$ 2,170	\$ 1,720	\$ 1,566	\$ 1,253	\$ 761
55	\$ 930	\$ 744	\$ 3,253	\$ 2,602	\$ 1,381	\$ 2,629	\$ 565	\$ 203	\$ 611	\$ 1,895	\$ 700	\$ 173	\$ 2,232	\$ 1,059	\$ 3,230	\$ 2,202	\$ 1,762	\$ 1,605	\$ 1,284	\$ 767
56	\$ 934	\$ 749	\$ 3,296	\$ 2,645	\$ 1,381	\$ 2,629	\$ 565	\$ 203	\$ 611	\$ 1,895	\$ 700	\$ 173	\$ 2,232	\$ 1,119	\$ 3,309	\$ 2,234	\$ 1,784	\$ 1,627	\$ 1,306	\$ 771
57	\$ 1,050	\$ 840	\$ 4,188	\$ 3,350	\$ 1,643	\$ 3,572	\$ 1,002	\$ 231	\$ 856	\$ 2,440	\$ 975	\$ 220	\$ 3,281	\$ 1,188	\$ 3,943	\$ 2,689	\$ 2,151	\$ 1,957	\$ 1,566	\$ 891
58	\$ 1,124	\$ 899	\$ 4,306	\$ 3,445	\$ 1,643	\$ 3,572	\$ 1,002	\$ 231	\$ 856	\$ 2,440	\$ 975	\$ 220	\$ 3,281	\$ 1,263	\$ 3,956	\$ 2,697	\$ 2,158	\$ 1,963	\$ 1,570	\$ 926
59	\$ 1,199	\$ 959	\$ 4,335	\$ 3,468	\$ 1,643	\$ 3,572	\$ 1,002	\$ 231	\$ 856	\$ 2,440	\$ 975	\$ 220	\$ 3,281	\$ 1,338	\$ 4,364	\$ 2,973	\$ 2,378	\$ 2,165	\$	

Class A (rider premium comparison inclusive of 9% GST)

Main Plan		Singapore Life Single Shield Plan 2				Income Enhanced IncomeShield Advantage		Raffles Shield A (with Raffles Hospital Option)				Raffles Shield A				AIA HealthShield Gold Max B		HSBC Life Shield Plan B		Great Eastern GREAT SupremeHealth A		Prudential PRUShield Plus	
Rider	Health Plus Public Lite	Health Plus Public Lite (With No Claims Discount)	Health Plus Public Prime	Health Plus Public Prime (With No Claims Discount)	Classic Care Rider	Deluxe Care Rider	Key Rider	Premier Rider	Cancer Guard Rider	Key Rider	Premier Rider	Cancer Guard Rider	Key Rider	Premier Rider	Cancer Guard Rider	Max VitalHealth B	Enhanced Care	Great TotalCare Basic A	GREAT TotalCare A	PRUExtra Plus CoPay	PRUExtra Plus Life CoPay		
Age Next Birthday																							
1	\$ 56	\$ 45	\$ 251	\$ 201	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
2	\$ 58	\$ 46	\$ 253	\$ 202	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
3	\$ 59	\$ 47	\$ 254	\$ 203	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
4	\$ 60	\$ 48	\$ 255	\$ 204	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
5	\$ 61	\$ 49	\$ 256	\$ 205	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
6	\$ 63	\$ 50	\$ 258	\$ 206	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
7	\$ 64	\$ 51	\$ 259	\$ 207	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
8	\$ 65	\$ 52	\$ 260	\$ 208	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
9	\$ 66	\$ 53	\$ 261	\$ 209	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
10	\$ 68	\$ 54	\$ 263	\$ 210	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
11	\$ 69	\$ 55	\$ 264	\$ 211	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
12	\$ 70	\$ 56	\$ 266	\$ 214	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
13	\$ 71	\$ 57	\$ 269	\$ 215	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
14	\$ 73	\$ 58	\$ 271	\$ 217	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
15	\$ 74	\$ 59	\$ 273	\$ 218	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
16	\$ 75	\$ 60	\$ 274	\$ 219	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
17	\$ 76	\$ 61	\$ 276	\$ 221	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
18	\$ 78	\$ 62	\$ 278	\$ 222	\$ 108	\$ 239	\$ 227	\$ 63	\$ 80	\$ 125	\$ 57	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
19	\$ 79	\$ 63	\$ 280	\$ 224	\$ 112	\$ 237	\$ 247	\$ 71	\$ 80	\$ 145	\$ 64	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
20	\$ 80	\$ 64	\$ 284	\$ 227	\$ 112	\$ 237	\$ 247	\$ 71	\$ 80	\$ 145	\$ 64	\$ 53	\$ 198	\$ 397	\$ 59	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
21	\$ 81	\$ 65	\$ 313	\$ 250	\$ 112	\$ 261	\$ 255	\$ 74	\$ 80	\$ 151	\$ 67	\$ 53	\$ 216	\$ 242	\$ 57	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
22	\$ 83	\$ 66	\$ 315	\$ 252	\$ 112	\$ 261	\$ 255	\$ 74	\$ 80	\$ 151	\$ 67	\$ 53	\$ 216	\$ 242	\$ 57	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
23	\$ 84	\$ 67	\$ 316	\$ 253	\$ 112	\$ 261	\$ 255	\$ 74	\$ 80	\$ 151	\$ 67	\$ 53	\$ 216	\$ 242	\$ 57	\$ 198	\$ 397	\$ 59	\$ 215	\$ 258	\$ 153		
24	\$ 84	\$ 67	\$ 320	\$ 256	\$ 112	\$ 261	\$ 255	\$ 74	\$ 80	\$ 151	\$ 67	\$ 53	\$ 216	\$ 242	\$ 58	\$ 150	\$ 264	\$ 158					
25	\$ 86	\$ 69	\$ 321	\$ 257	\$ 112	\$ 261	\$ 255	\$ 74	\$ 80	\$ 151	\$ 67	\$ 53	\$ 216	\$ 242	\$ 61	\$ 151	\$ 264	\$ 158					
26	\$ 88	\$ 70	\$ 323	\$ 258	\$ 112	\$ 261	\$ 261	\$ 77	\$ 80	\$ 151	\$ 70	\$ 53	\$ 216	\$ 242	\$ 59	\$ 155	\$ 264	\$ 158					
27	\$ 89	\$ 71	\$ 326	\$ 261	\$ 112	\$ 261	\$ 261	\$ 77	\$ 80	\$ 151	\$ 70	\$ 53	\$ 216	\$ 242	\$ 60	\$ 160	\$ 264	\$ 158					
28	\$ 89	\$ 71	\$ 328	\$ 262	\$ 112	\$ 261	\$ 261	\$ 77	\$ 80	\$ 151	\$ 70	\$ 53	\$ 216	\$ 242	\$ 63	\$ 165	\$ 264	\$ 158					
29	\$ 91	\$ 73	\$ 330	\$ 264	\$ 112	\$ 261	\$ 261	\$ 77	\$ 80	\$ 151	\$ 70	\$ 53	\$ 216	\$ 242	\$ 65	\$ 171	\$ 264	\$ 158					
30	\$ 91	\$ 73	\$ 331	\$ 265	\$ 112	\$ 261	\$ 261	\$ 77	\$ 80	\$ 151	\$ 70	\$ 53	\$ 216	\$ 242	\$ 67	\$ 176	\$ 264	\$ 158					
31	\$ 105	\$ 84	\$ 339	\$ 271	\$ 120	\$ 276	\$ 298	\$ 93	\$ 80	\$ 162	\$ 84	\$ 53	\$ 238	\$ 249	\$ 70	\$ 182	\$ 289	\$ 173					
32	\$ 106	\$ 85	\$ 340	\$ 272	\$ 120	\$ 276	\$ 298	\$ 93	\$ 80	\$ 162	\$ 84	\$ 53	\$ 238	\$ 249	\$ 72	\$ 188	\$ 289	\$ 173					
33	\$ 108	\$ 86	\$ 345	\$ 276	\$ 120	\$ 276	\$ 298	\$ 93	\$ 80	\$ 162	\$ 84	\$ 53	\$ 238	\$ 249	\$ 75	\$ 197	\$ 289	\$ 173					
34	\$ 109	\$ 87	\$ 346	\$ 277	\$ 120	\$ 276	\$ 298	\$ 93	\$ 80	\$ 162	\$ 84	\$ 53	\$ 238	\$ 249	\$ 78	\$ 207	\$ 289	\$ 173					
35	\$ 110	\$ 88	\$ 350	\$ 280	\$ 120	\$ 276	\$ 298	\$ 93	\$ 80	\$ 162	\$ 84	\$ 53	\$ 238	\$ 249	\$ 83	\$ 215	\$ 289	\$ 173					
36	\$ 111	\$ 89	\$ 354	\$ 283	\$ 131	\$ 276	\$ 327	\$ 111	\$ 80	\$ 162	\$ 102	\$ 53	\$ 238	\$ 255	\$ 87	\$ 224	\$ 289	\$ 173					
37	\$ 113	\$ 90	\$ 359	\$ 287	\$ 131	\$ 276	\$ 327	\$ 111	\$ 80	\$ 162	\$ 102	\$ 53	\$ 238	\$ 255	\$ 90	\$ 234	\$ 289	\$ 173					
38	\$ 114	\$ 91	\$ 360	\$ 288	\$ 131	\$ 276	\$ 327	\$ 111	\$ 80	\$ 162	\$ 102	\$ 53	\$ 238	\$ 255	\$ 92	\$ 239	\$ 289	\$ 173					
39	\$ 115	\$ 92	\$ 365	\$ 292	\$ 131	\$ 276	\$ 327	\$ 111	\$ 80	\$ 162	\$ 102	\$ 53	\$ 238	\$ 255	\$ 91	\$ 236	\$ 289	\$ 173					
40	\$ 116	\$ 93	\$ 366	\$ 293	\$ 131	\$ 276	\$ 327	\$ 111	\$ 80	\$ 162	\$ 102	\$ 53	\$ 238	\$ 255	\$ 92	\$ 238	\$ 289	\$ 173					
41	\$ 170	\$ 136	\$ 490	\$ 392	\$ 200	\$ 303	\$ 344	\$ 129	\$ 240	\$ 177	\$ 117	\$ 129	\$ 339	\$ 298	\$ 108	\$ 360	\$ 360	\$ 217					
42	\$ 174	\$ 139	\$ 501	\$ 401	\$ 200	\$ 303	\$ 341	\$ 129	\$ 240	\$ 177	\$ 117	\$ 129	\$ 339	\$ 298	\$ 112	\$ 360	\$ 360	\$ 217					
43	\$ 175	\$ 140	\$ 505	\$ 404	\$ 200	\$ 303	\$ 344	\$ 129	\$ 240	\$ 177	\$ 117	\$ 129	\$ 339	\$ 298	\$ 117	\$ 360	\$ 360	\$ 217					
44	\$ 176	\$ 141	\$ 506	\$ 405	\$ 200	\$ 303	\$ 344	\$ 129	\$ 240	\$ 177	\$ 117	\$ 129	\$ 339	\$ 298	\$ 119	\$ 360	\$ 360	\$ 217					
45	\$ 184	\$ 147	\$ 524	\$ 419	\$ 200	\$ 303	\$ 344	\$ 129	\$ 240	\$ 177	\$ 117	\$ 129	\$ 339	\$ 298	\$ 127	\$ 360	\$ 360	\$ 217					
46	\$ 186	\$ 149	\$ 526	\$ 429	\$ 216	\$ 458	\$ 450	\$ 160	\$ 324	\$ 240	\$ 145	\$ 173	\$ 339	\$ 360	\$ 133	\$ 360	\$ 360	\$ 217					
47	\$ 190	\$ 152	\$ 544	\$ 435	\$ 216	\$ 458	\$ 450	\$ 160	\$ 324	\$ 240	\$ 145	\$ 173	\$ 339	\$ 360	\$ 140	\$ 360	\$ 360	\$ 217					
48	\$ 194	\$ 155	\$ 549	\$ 439	\$ 216	\$ 458	\$ 450	\$ 160	\$ 324	\$ 240	\$ 145	\$ 173	\$ 339	\$ 360	\$ 147	\$ 360	\$ 360	\$ 217					
49	\$ 195	\$ 156	\$ 555	\$ 444	\$ 216	\$ 458	\$ 450	\$ 160	\$ 324	\$ 240	\$ 145	\$ 173	\$ 339	\$ 360	\$ 154	\$ 360	\$ 360	\$ 217					
50	\$ 198	\$ 158	\$ 561	\$ 449	\$ 216	\$ 458	\$ 450	\$ 160	\$ 324	\$ 240	\$ 145	\$ 173	\$ 339	\$ 360	\$ 155	\$ 360	\$ 360						

Class B1 (rider premium comparison inclusive of 9% GST)

Main Plan	Singapore Life Singlife Shield Plan 3				Income Enhanced IncomeShield Basic		Raffles Shield B			AIA HealthShield Gold Max B Lite	HSBC Life Shield Plan Standard	Great Eastern GREAT SupremeHealth B Plus	
Rider	Health Plus Public Lite	Health Plus Public Lite (With No Claims Discount)	Health Plus Public Prime	Health Plus Public Prime (With No Claims Discount)	Classic Care Rider	Deluxe Care Rider	Key Rider	Premier Rider	Cancer Guard Rider	Max VitalHealth B Lite	Enhanced Care	Great TotalCare Basic B	GREAT TotalCare B
Age Next Birthday													
1	\$ 34	\$ 27	\$ 199	\$ 159	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 208	\$ 49	\$ 148
2	\$ 35	\$ 28	\$ 200	\$ 160	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 208	\$ 49	\$ 148
3	\$ 36	\$ 29	\$ 201	\$ 161	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 208	\$ 49	\$ 148
4	\$ 38	\$ 30	\$ 203	\$ 162	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 156	\$ 49	\$ 126
5	\$ 39	\$ 31	\$ 204	\$ 163	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 156	\$ 47	\$ 124
6	\$ 40	\$ 32	\$ 205	\$ 164	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 156	\$ 47	\$ 123
7	\$ 43	\$ 34	\$ 206	\$ 165	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 156	\$ 47	\$ 102
8	\$ 44	\$ 35	\$ 207	\$ 166	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 156	\$ 47	\$ 101
9	\$ 45	\$ 36	\$ 209	\$ 167	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 156	\$ 46	\$ 100
10	\$ 48	\$ 38	\$ 210	\$ 168	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 156	\$ 46	\$ 100
11	\$ 49	\$ 39	\$ 211	\$ 169	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 46	\$ 99
12	\$ 50	\$ 40	\$ 213	\$ 170	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 45	\$ 98
13	\$ 52	\$ 42	\$ 214	\$ 171	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 45	\$ 98
14	\$ 54	\$ 43	\$ 215	\$ 172	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 45	\$ 98
15	\$ 55	\$ 44	\$ 216	\$ 173	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 45	\$ 98
16	\$ 56	\$ 45	\$ 218	\$ 174	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 45	\$ 98
17	\$ 58	\$ 46	\$ 219	\$ 175	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 45	\$ 98
18	\$ 59	\$ 47	\$ 220	\$ 176	\$ 86	\$ 140	\$ 77	\$ 48	\$ 41	\$ 128	\$ 153	\$ 46	\$ 99
19	\$ 59	\$ 47	\$ 223	\$ 178	\$ 94	\$ 156	\$ 84	\$ 48	\$ 41	\$ 128	\$ 153	\$ 46	\$ 100
20	\$ 59	\$ 47	\$ 224	\$ 179	\$ 94	\$ 156	\$ 84	\$ 48	\$ 41	\$ 128	\$ 153	\$ 47	\$ 101
21	\$ 63	\$ 50	\$ 225	\$ 180	\$ 94	\$ 156	\$ 91	\$ 59	\$ 41	\$ 147	\$ 153	\$ 47	\$ 102



**Integrated Shield Plan Rider
Benefit Schedule (PIAS)**

Shield Rider (PIAS)			
Singlife Health Plus Benefits Schedule			
	Attached to Singlife Shield Plan 1	Attached to Singlife Shield Plan 2	Attached to Singlife Shield Plan 3
Hospital Ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) of standard ward of a restructured hospital
Singlife Health Plus Private Lite / Singlife Health Plus Public Lite Benefits			
(a) Co-insurance benefit	5% of claimable amount after policyholder pays Singlife Shield annual deductible		
(b) Maximum co-insurance (payable by policyholder)	\$3,000 per policy year (Preferred medical providers) \$12,750 per policy year (Others)		
(c) Outpatient Cancer Drug Treatment on the Cancer Drug List	Cancer Drug Treatment on the Cancer Drug List for one primary cancer (each month): 15x MSHL Limit Cancer Drug Treatment on the Cancer Drug List for multiple primary cancer: Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month		
(d) Outpatient cancer drugs benefit (Non-CDL)	\$15,000 per month, subject to co-insurance		
(e) Critical Illness-related benefits			
- Critical illness benefit	Only \$10,000 per lifetime (only applies if the life assured has crossed his first birthday and is not older than 65 years old age next birthday)		
- Additional Critical Illness benefit for kidney failure if kidney dialysis is received at:			
Panel private dialysis centre	\$1,000 per lifetime	N.A.	
Restructured hospital	\$3,000 per lifetime	\$2,000 per lifetime	
Subsidised centre			
(f) Hospital related benefits			
- Ward downgrade benefit	Covers 50% of Singlife Shield annual deductible (Ward downgrade benefit is excluded if the policyholder has an Option B-II or Option C-II policy)		
- Ambulance fees or transport to hospital	\$80 per injury or illness		
- Accomodation charges for parent/guardian of child life assured	\$80 per day up to 10 days		
- Post hospital follow up TCM treatment	\$50 per visit up to 180 days after discharge (for inpatient admission due to an accident)		
(e) Free cover for children	Yes	N.A.	
(f) Accidental cover for child benefit	\$1,000 per lifetime		
Mental wellness benefit (Not Applicable for Deductible Cover option)	S\$100 per visit, maximum S\$1,000 per policy year, subject to co-insurance		
No claims discount	20% of Singlife Health Plus premiums - total claim amount that paid during the assessment period under Singlife Shield and Singlife Health Plus policies (excluding the claim amount paid by MediShield Life) is equal S\$0		
Singlife Health Plus Deductible Cover Benefits (only available for existing Deductible Cover policies that are renewed. To avoid doubt, this benefit is only available for Singlife Health Plus (previously know as MyShield Plus) policies effected from 1 July 2013)			
Deductible benefit	Covers 90% of Singlife Shield annual deductible.		
Singlife Health Plus Private Prime / Singlife Health Plus Public Prime Benefits			
All benefits under Singlife Health Plus Private/Public Lite according to the life assured's plan excluding free cover for child(ren) and ward downgrade benefit	Covered		
Outpatient cancer drugs benefit (Non-CDL)	S\$30,000 per policy year, subject to co-insurance (Outpatient cancer drug treatments (Non-CDL) are excluded from the maximum co-insurance)		
Preferred rate for children	Yes	N.A.	
Deductible benefit	Covers Singlife Shield Plan annual deductibles		
	Private Prime - Preferred medical providers - \$0, - Others: \$1,000(Inpatient) - Others: \$500 (Day surgery)		
	Public Prime - \$0		

Singlife Health Plus Private Lite/Public Lite (applies on or after 1 April 2022)	
Singlife Shield annual deductible for life assured age 80 years and below next birthday	
Inpatient	
Class C ward	\$1,500
Class B2 / B2 + ward	\$2,000
Class B1 ward	\$2,500
Class A ward / Private hospital	\$3,500
Hospital outside Singapore	\$3,500
Subsidised short stay ward or day surgery	\$1,500
Unsubsidised short stay ward or day surgery	\$2,000
Singlife Shield annual deductible for life assured age 81 years and above next birthday	
Inpatient	
Class C ward	\$2,250
Class B2 / B2 + ward	\$3,000
Class B1 ward	\$3,750
Class A ward / Private hospital	\$5,250

Income Classic Care Rider		
Benefits	Panel	Extended panel
Deductibles and co-insurance	Does not apply	
Co-payment	10% of benefits due under your policy	
Co-payment limit (each policy year)	up to \$3,000	
Extended panel and non-panel payment (ENP)	Does not apply	
Cancer Drug Treatment on the Cancer Drug List for one primary cancer (each month)	Enhanced Preferred - 18x MSHL Limit Enhanced Advantage - 18x MSHL Limit Enhanced Basic - 10x MSHL Limit	
Cancer Drug Treatment on the Cancer Drug List for multiple primary cancer (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments	
Cancer Drug Treatment NOT on the Cancer Drug List for one primary cancer (each month)	Enhanced Preferred - \$15,000 Enhanced Advantage - \$7,000 Enhanced Basic - \$6,000	
Cancer Drug Treatment NOT on the Cancer Drug List for multiple primary cancer (each month)	Enhanced Preferred - \$15,000 x number of primary cancers Enhanced Advantage - \$7,000 x number of primary cancers Enhanced Basic - \$6,000 x number of primary cancers	
Treatment on CDL, not provided by panel or extended panel	10% of the benefits due under the rider	
Treatment on CDL, provided by panel or extended panel	10% of the benefits due under the rider, up to a co-payment limit of \$500	
Non-CDL treatment	20% of the benefits due under the rider	
Extra bed benefit	Refund up to \$80 per day (up to 10 days for each hospital stay) if the parent/guardian stays in the hospital	
Income Deluxe Care Rider		
Benefits	Panel	Extended panel
Deductibles and co-insurance	Does not apply	
Co-payment	5% of benefits due under your policy	
Co-payment limit (each policy year)	up to \$3,000	
Extended panel and non-panel payment (ENP)	Does not apply	Up to \$2,000
Cancer Drug Treatment on the Cancer Drug List for one primary cancer (each month)	Enhanced Preferred - 18x MSHL Limit Enhanced Advantage - 18x MSHL Limit Enhanced Basic - 10x MSHL Limit	
Cancer Drug Treatment on the Cancer Drug List for multiple primary cancer (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments	
Cancer Drug Treatment NOT on the Cancer Drug List for one primary cancer (each month)	Enhanced Preferred - \$15,000 Enhanced Advantage - \$7,000 Enhanced Basic - \$6,000	

Cancer Drug Treatment NOT on the Cancer Drug List for multiple primary cancer (each month)	Enhanced Preferred - \$15,000 x number of primary cancer Enhanced Advantage - \$7,000 x number of primary cancer Enhanced Basic - \$6,000 x number of primary cancer
Treatment on CDL, not provided by panel or extended panel	5% of the benefits due under the rider
Treatment on CDL, provided by panel or extended panel	5% of the benefits due under the rider, up to a co-payment limit of \$1,000 per day
Non-CDL treatment	10% of the benefits due under the rider
Extra bed benefit	Refund up to \$80 per day (up to 10 days for each hospital stay) if the parent/guardian stays in the hospital

RHI Key Rider			
Benefits	Raffles Shield Private	Raffles Shield A	Raffles Shield B
Reduced Co-payment	<p>Replaces deductible and co-insurance under customer's policy with a co-payment of 5% for every claim.</p> <p>Co-payment capped at \$3,000 / policy year for treatment by panel or GRH specialists, or pre-authorised treatments, no cap on co-payment for treatment by non-panel or non-GRH specialists</p>		



**Integrated Shield Plan Rider
Benefit Schedule (Not offered
in PIAS)**

Shield Rider (FYI)						
AIA Max VitalHealth						
Plan Type	A		A Value	Plan Type	B	B Lite
Hospital Ward Entitlement	Private Hospital (Standard Room and below)		Private Hospital (Standard Room and below)	Hospital Ward Entitlement	Public Hospital (A class ward and below)	Public Hospital (B1 Class ward and below)
If admitted to and / or treated by Restructured Hospitals			If admitted to and / or treated by AIA Preferred Providers			
Deductible	Covers: a) the Deductible and Co-insurance incurred under AIA HealthShield Gold Max Series Policy; and b) the Co-insurance incurred under Cancer Drug Treatment on the Cancer Drug List (CDL) and Cancer Drug Services, if Insured is covered under both AIA Max VitalHealth A and AIA Max A Cancer Care Booster, subject to a Co-payment of 5% for every claim. The Co-payment of 5% for every claim is capped at 3,000 per Policy Year.		Deductible	Covers: (a) the Deductible and Co-insurance as incurred under AIA HealthShield Gold Max, and/or (b) the Co-insurance incurred under (i) Cancer Drug Treatment on CDL and (ii) Cancer Drug Services, subject to 5% co-payment per claim on the eligible medical bill, cap at 3,000 per policy year.		
Co-insurance			Co-insurance			
If admitted to / treated in private Hospital:			If admitted to and/or treated by non-AIA Preferred Providers			
Deductible	With Deductible Waiver Pass For the first private hospital claim (including subsequent claims occurring in the same policy year as the first private hospital claim) or when there is no private hospital claim (admission or day surgery) in the last 3 consecutive policy years: Covers: (a) the Deductible and Co-insurance as incurred under AIA HealthShield Gold Max, and/or (b) the Co-insurance incurred under AIA Max A Cancer Care Booster's (i) Cancer Drug Treatment on CDL and (ii) Cancer Drug Services, subject to 5% co-payment. Without Deductible Waiver Pass Other than the above: Covers: (a) the Deductible in excess of 2,000 and Co-insurance incurred under AIA HealthShield Gold Max, and (b) the Co-insurance incurred under AIA Max A Cancer Care Booster's (i) Cancer Drug Treatment on CDL and (ii) Cancer Drug Services, subject to 5% co-payment. The 5% co-payment per claim on the eligible medical bill will be capped at 3,000 per policy year if the admission / treatment is by AIA Preferred Providers / non-AIA Preferred Providers with pre-authorisation / for Emergency Confinement		Deductible	Covers: (a) the Deductible and Co-insurance as incurred under AIA HealthShield Gold Max, and/or (b) the Co-insurance incurred under (i) Cancer Drug Treatment on CDL and (ii) Cancer Drug Services, subject to 5% co-payment per claim on eligible medical bill. The 5% co-payment per claim on eligible medical bills will be capped at 3,000 per policy year if the treatment is pre-authorised by AIA or for Emergency Confinement.		
Co-insurance			Co-insurance			
Extended Benefits						
Immediate Family Member Accomodation Benefit (upon physician's or specilist's advice in writing)	Standard charges for an additional bed	Standard charges incurred for an additional bed up to \$70 per day	Immediate Family Member Accomodation Benefit (upon physician's or specilist's advice in writing)	Standard charges for an additional bed (up to 70 per day)	Standard charges for an additional bed (up to 50 per day)	
Post Hospitalisation Alternative Medicine Benefit for Cancer and Stroke (within 100 days after confinement)	\$5,000 per policy year	3,000 per Policy Year	Post Hospitalisation Alternative Medicine Benefit for Cancer and Stroke (within 100 days after confinement)	\$3,000 per policy year	\$1,000 per policy year	
Post Hospitalisation Home Nursing Benefit (within 26 weeks after confinement)	\$500 per day (limited to \$5,000 per policy year)	300 per day (Limited to 3,000 per Policy Year)	Post Hospitalisation Home Nursing Benefit (within 26 weeks after confinement)	\$300 per day \$3,000 per policy year	\$200 per day \$2,000 per policy year	
Early detection Screening Benefit	Colonoscopy for age 50 and above (once every 10 years) Mammogram for women age 40-69 (once every 2 years)	Not applicable	Emergency Outpatient treatment due to accident benefit	\$1,000 per policy year (less 5% of the charges incurred per claim)	\$800 per policy year (less 5% of the charges incurred per claim)	
Personal Medical Case Management (Teladoc)	Yes	Yes	Ambulance Service Benefit (due to an emergency condition)	\$150 per confinement / per emergency outpatient treatment	\$100 per confinement / per emergency outpatient treatment	
Home Palliative Benefit	\$15,000 per month (Limited to \$45,000 per lifetime)	\$15,000 per month (Limited to \$45,000 per lifetime)	Personal Medical Case Management (Teladoc)	Yes	Not Applicable	
Optional:Emergency and Outpatient Care Booster			Outpatient Cancer Benefits			
Emergency Outpatient treatment due to accident benefit	\$2,000 per policy year (less 5% of the charges incurred per claim)		(i) Cancer Drug Treatments on the Cancer Drug List for one primary cancer (on top of the limit provided under AIA HealthShield Gold Max Series)	10x MediShield Life limit per month on top of the limit provided under AIA HealthShield Gold Max Series (Less 10% Co-insurance for every claim)		
Post A&E treatment (within 30 days from Emergency Outpatient treatment due to accident)			(ii) Cancer Drug Services for one primary cancer (on top of the limit provided under AIA HealthShield Gold Max Series)	8x MediShield Life limit per policy tear (Less 10% Co-insurance for every claim)		
Ambulance Service Benefit (due to an emergency condition)	\$250 per confinement / per emergency outpatient treatment		(i) Cancer Drug Treatments on the Cancer Drug List for multiple primary cancer (on top of the limit provided under AIA HealthShield Gold Max Series)	The total of the highest MediShield Life limits from among the covered CDL treatment for each primary cancer in that month, less 10% co-insurance for every claim		
Outpatient treatment for hand, food and mouth disease (HFMD) and dengue fever	\$300 per policy year (less 5% of the charges incurred per claim)		(ii) Cancer Drug Services for multiple primary cancer (on top of the limit provided under AIA HealthShield Gold Max Series)	8x MediShield Life limit per policy tear (Less 10% Co-insurance for every claim)		
Emergency Medical Evacuation & repatriation	\$50,000 per policy year (less 5% of the charges incurred per claim)		(iii) Cancer Drug Treatment (non-CDL)	50,000 per policy year (Less 10% Co-insurance for every claim)		
Emergency International Medical Assistance	call (65) 6338 6200 for assistance					

HSBC Life Shield			
Benefit Parameters	HSBC Life Enhanced Care		
	Plan A	Plan B	Standard Plan
Benefits subject to Co-insurance and Co-payment Cap, but not subject to Deductible			
Planned overseas medical treatment	up to \$50,000 per policy year, subject to a waiting period of 90 days	up to \$50,000 per policy year, subject to a waiting period of 90 days	up to \$25,000 per policy year, subject to a waiting period of 90 days
Emergency outpatient treatment due to accident	up to \$3,000 per policy year	up to \$1,500 per policy year	up to \$750 per policy year
Coverage for fractures, dislocations and sports injuries (outpatient benefit)	up to \$600 per policy year	up to \$300 per policy year	up to \$150 per policy year
Coverage for dengue, hand foot mouth, food poisoning (outpatient benefit)	up to \$300 per policy year	up to \$150 per policy year	up to \$75 per policy year
Cancer drug treatment on the Cancer Drug List for one primary cancer	18X MSHL Limit per month	18X MSHL Limit per month	Not applicable
Cancer drug services for one primary cancer	15X MSHL Limit per policy year	15X MSHL Limit per policy year	Not applicable
Cancer drug treatment on the Cancer Drug List for multiple primary cancer	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month		Not applicable
Cancer drug services for multiple primary cancer	15X MSHL Limit per policy year	15X MSHL Limit per policy year	Not applicable
Cancer drug treatment not on the CDL (Outpatient benefit)	\$30,000 per month		Not applicable
Benefits subject to Co-insurance but not subject to Deductible and Co-payment cap			
Benefits not subject to deductible, Co-insurance and Copayment Cap			
Ambulance Charges/Taxi Charges	up to \$200 per hospitalisation	up to \$100 per hospitalisation	up to \$50 per hospitalisation
Traditional Chinese Medicine (TCM)	\$50 per visit, up to \$6,500 per policy year (within 365 days post hospitalisation)	\$50 per visit, up to \$3,500 per policy year (within 365 days post hospitalisation)	\$50 per visit, up to \$1,500 per policy year (within 365 days post hospitalisation)
Accommodation Charges for Immediate Family	\$60 per day, up to 12 days per hospitalisation	\$60 per day, up to 12 days per hospitalisation	\$30 per day, up to 12 days per hospitalisation
Deductible per policy year (for all ages as of age next birthday)			
Class C in Restructured Hospital	\$0	\$0	\$0
Class B2/B2+ in Restructured Hospital	\$0	\$0	\$0
Class B1 in Restructured Hospital	\$0	\$0	\$0
Class A in Restructured Hospital	\$0	\$0	\$0
Private Hospital (treated by HSBC Life Panel of Specialists during Hospitalisation or day surgery)	\$0	\$0	\$0
Private Hospital (not treated by HSBC Life Panel of specialists during hospitalisation/day surgery)	\$1,500	\$1,500	\$1,500
Subsidised Day surgical procedure/Short stay wards	\$0	\$0	\$0
Unsubsidised Day surgical procedure in Restructured	\$0	\$0	\$0
Unsubsidised Day surgical Procedure in Private Hospital (Treated by HSBC Life of Specialists during hospitalisation or day surgery)	\$0	\$0	\$0
Unsubsidised Day surgical Procedure in Private Hospital (not treated by HSBC Life Panel of Specialists during hospitalisation or day surgery)	\$1,500	\$1,500	\$1,500
Unsubsidised short stay wards in restructured hospital	\$0	\$0	\$0
Co-insurance			
Inpatient and outpatient treatments	5%	5%	5%
Co-payment cap per policy year			
All ward classes, day surgical and short stay ward			
Private Hospital (not treated by HSBC Life Panel of specialists during hospitalisation/day surgery)	Not applicable	Not applicable	Not applicable
Private Hospital (treated by HSBC Life Panel of Specialists during Hospitalisation or day surgery)	\$3,000	\$3,000	\$3,000
Restructured hospital / community hospital	\$3,000	\$3,000	\$3,000
Outpatient treatments			
Not treated by HSBC Life Panel of specialists	Not applicable	Not applicable	Not applicable
Treated by HSBC Life Panel of specialists or in restructured hospital/community hospital	\$3,000	\$3,000	\$3,000

Shield Rider (FYI)							
Great Eastern GREAT TotalCare							
Plan Type		Basic B	Basic A	P Optimum	B	A	P Signature
Deductible incurred under the Life Assured's corresponding GREAT SupremeHealth plan	At Restructured Hospital	N.A.		Covers 95% of Deductible			
	At Panel Provider	N.A.			Covers 95% of Deductible		
	At Non-Panel Provider	N.A.			Covers 95% of Deductible		N.A.
Co-insurance incurred under the Life Assured's corresponding GREAT SupremeHealth plan		Covers 50% of Co-insurance					
Loss Limit (per Period of Insurance), applicable to amount of Deductible, Co-insurance and copayment incurred	At Restructured Hospital	\$3,500		\$3,000	\$3,000		
	At Panel Provider			\$6,500			
Special Benefits							
Benefit limit							
Outpatient Cancer Drug Treatment on the Cancer Drug List for one primary cancer (per month)		15X of MediShield Life limit (Subject to Co-payment to be borne by the policyholder)					
Outpatient Cancer Drug Treatment on the Cancer Drug List for multiple primary cancer (per month)		Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer					
Outpatient Cancer Drug Treatment not on the Cancer Drug List for Drug Classes (A to E)		\$150,000	\$175,000	\$200,000	\$150,000	\$175,000	\$200,000
Outpatient Cancer Drug Services for one primary cancer		15X of MediShield Life limit (Subject to Co-payment to be borne by the policyholder)					
Outpatient Cancer Drug Services for multiple primary cancer		15X of MediShield Life limit (Subject to Co-payment to be borne by the policyholder)					

Additional Cancer Support (per Period of Insurance)	\$10,000					
	Subject to Co-payment to be borne by the policyholder					
Emergency Accidental Outpatient treatment (per course of treatment)	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
	Subject to Co-payment to be borne by the policyholder					
Ambulance services (per course of treatment)	\$100	\$150	\$250	\$100	\$150	\$250
Home health care benefit (within 180 days from hospital discharge) (per period of insurance)	\$6,000 (\$200 per day)	\$8,000 (\$200 per day)	\$10,000 (\$200 per day)	\$6,000 (\$200 per day)	\$8,000 (\$200 per day)	\$10,000 (\$200 per day)
medicine treatment (within 180 days from	\$4,000	\$5,000	\$6,000	\$4,000	\$5,000	\$6,000
Medical Aids (per period of insurance)	\$1,500	\$2,000	\$3,000	\$1,500	\$2,000	\$3,000
Companion accommodation benefit (up to 10 days per hospitalization)	\$40 per day	\$60 per day	\$80 per day	\$40 per day	\$60 per day	\$80 per day
Limits on benefit payable						
Annual benefit limit	\$150,000	\$200,000	\$400,000	\$150,000	\$200,000	\$400,000
Lifetime benefit limit	Unlimited					

	Prudential PRUShield Premier			Prudential PRUShield Plus	
Plan	PRUExtra Premier CoPay	PRUExtra Preferred CoPay	PRUExtra Premier Lite CoPay	PRUExtra Plus CoPay	PRUExtra Plus Lite CoPay
Hospital/Ward types	All Singapore Private and Restructured Hospitals	All Singapore Private and Restructured Hospitals under Panel and Non-panel providers	All Singapore Private and Restructured Hospitals	All Singapore Restructured Hospitals (up to Class A Ward)	
PRUShield's deductible amount for claims under panel providers (Per policy year)	Covers 95% of deductible amount, customer pays the remaining 5%		Covers 50% of deductible amount (subject to a maximum of S\$1,750 per policy year), customer pays the remaining 50%	Covers 95% of Deductible amount. Customer will cover the remaining 5%	Covers 50% of Deductible amount. Customer will cover the remaining 50%, subject to a maximum of \$1,750 per policy year
PRUShield's deductible amount for claims not under panel providers (Per policy year)	Covers 95% of deductible amount that is above S\$2,000, customer pays S\$2,000 and 5% of the remaining deductible amount		Deductible amount is not covered, customer pays the full 100%	Covers 95% of Deductible amount. Customer will cover the remaining 5%	Deductible amount is not covered, Customer pays the full 100%
PRUShield's Co-insurance: 10%	Covers 50% of co-insurance amount, Customer pay the remaining 50%				
Stop-Less (per policy year)	S\$3,000 for Panel providers, Extended Panel (EP) specialist, and in emergency cases				
Claims-Based Pricing Approach	Yes			No	
PRUPanel Connect Exclusive V	Yes			No	
Cancer Drug Treatment for one primary cancer (on the CDL)	15x of MediShield Life limit				
Cancer Drug Treatment for one primary cancer (not on the CDL)	S\$150,000/year				
Cancer Drug Services for one primary cancer	15x of MediShield Life limit				
Cancer Drug Treatment for multiple primary cancer (on the CDL)	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month				
Cancer Drug Treatment for multiple primary cancer (not on the CDL)	S\$150,000/year				
Cancer Drug Services for multiple primary cancer	10x of MediShield Life limit				

Outpatient Psychiatric Treatment (Postpartum)	\$800 per policy year	NA		\$600 per policy year	NA
Autism Test	\$800 per lifetime			\$600 per lifetime	
Recurrent Miscarriage^ (Cost of Investigation)	\$800 per lifetime			\$600 per lifetime	
Accident and Emergency Ambulance Fee	\$250 per injury or illness			\$150 per injury or illness	
Immediate Family Member's accomodation with child	\$80 per day	NA		\$60 per day	NA
Post Hospitalisation Follow up	\$6,000 per policy year			\$3,000 per policy year	
Emergency Outpatient due to	\$3,000 per policy year			\$2,000 per policy year	
Special Appliances and Prostheses	\$3,000 per policy year			\$2,000 per policy year	
Disability Waiver Benefit	Waives 36 months of future premiums if the life assured is diagnosed to be Total and Permanently Disabled before age 70		NA	NA	