

Case 1: Healthcare Coverage

What degree of coverage do migrant workers have ?

With regards to medical and dental health, Migrant workers are covered by 3 main laws.

Firstly, the **Employment of Foreign Manpower Regulation (EFM)** states that workers are entitled to mandatory medical insurance, which provides basic coverage for hospitalisation expenses, including non-work related injuries or illnesses (Xiu Yi,2023). For MI purchased before 1 July 2023, migrant workers are eligible to a claim limit of \$15,000 and \$60,000 for insurance purchased after this date. However, under the new insurance, claims above \$15,000 require a 25% co-payment from employers, which cost may be pass onto migrant workers (MOM,2023a). Migrant workers may be asked to co-pay under the following criterias. Firstly, the co-payment amount cannot exceed 10% of a worker's monthly salary. Secondly, the duration of co-payment cannot exceed 6 months. Lastly, the co-payment option must be stated in the employment contract or received collective agreement (Xiu Yi, 2023).

The EFM also requires employers to bear medical expenses not covered by medical insurance or work injury compensation (Xiu Yi,2023). Some Migrant workers may be covered under the Primary Care plan should their employers choose to pay for these expense through this plan (MOM,2023b).

If a migrant worker suffers Long term medical care arising from non-work related ailment, they would be sent home to continue treatment at their own expense (Xiu Yi,2023). Cost of repatriation is borne by employers (Xiu Yi,2023). However, workers would not be sent home if there is an existing statutory claim with MOM (Xiu Yi,2023).

Secondly, under the **Work Injury Compensation Act (WICA)**, Migrant workers may file a claim if injured in a work accident or suffers a disease due to work (Xiu Yi,2023).

The WICA covers migrant workers of all nationalities under a contract or apprenticeship except independent contractors, domestic workers and uniformed personnel (Xiu Yi,2023). This act covers all employees doing manual work, regardless of salary level and non-manual workers, earning a salary of \$2,600 or less a month (MOM,2021b).

WICA has 3 Compensation benefits.

Firstly, Migrant workers could claim up to \$45,000 for their medical expenses claims with effect from 1 Jan 2020 (MOM,2022). However, workers cannot claim after one year from the date of accident (MOM,2022).

Secondly, for medical leave wages, it is segmented into 2 cases namely hospitalisation or light duties leave (MOM,2022). For hospitalisation leave, workers are given their Average Monthly Earning (AME) before the 60 days mark and two-thirds of AME thereafter (MOM,2022). For light duties, if their wages are less than two-thirds of AME, they would be compensated until two-third of their AME (MOM,2022).

Thirdly, Lump sum compensation is divided into 2 cases. Firstly, Permanent impairment (PI) the formula is [AME] x [Age multiplying factor] x [percentage permanent incapacity] (MOM,2022). The minimum payout is [\$97,000] x [%PI] and the maximum being [\$289,000] x [%PI] (MOM,2022). For death, the formula is [AME] x [Age multiplying factor]. The Minimum claim amount is \$76,000 and maximum being \$225,000. (MOM,2022).

Permanent Impairment			Death		
Amount payable = $\left[\text{Average Monthly Earnings} \right] \times \left[\text{Age Multiplying Factor} \right] \times \left[\% \text{ Permanent Incapacity}^1 \right]$			Amount payable to family members or dependants of the deceased employee = $\left[\text{Employee's Average Monthly Earnings} \right] \times \left[\text{Age Multiplying Factor} \right]$		
When did the accident happen?	Compensation Limits*		When did the accident happen?	Compensation Limits*	
	Minimum	Maximum		Minimum	Maximum
Before 1 Jan 2020	[\$88,000 x % PI]	[\$262,000 x % PI]	Before 1 Jan 2020	\$69,000	\$204,000
NEW! On and after 1 Jan 2020	[\$97,000 x % PI]	[\$289,000 x % PI]	NEW! On and after 1 Jan 2020	\$76,000	\$225,000

(MOM,2021a,p5)

The final act is the **Employment Act (EA)** whereby employers are required to provide paid sick leave, including dental leave, if the sick leave is certified by the company's doctor (Xiu Yi,2023). All contracted migrant workers are covered except Seamen, domestic, statutory board and government workers (MOM,2023c).

For those covered under the employment act stated above, they must notify (or attempt to) their employer within 48 hours of absence to qualify. Their sick leave also differs depending **on the duration they have served** (MOM,2023c). Is it illegal to double claim for both WICA & EA (MOM,2023c).

Regarding **mental health**, HealthServe has a mental health and counselling service team (HealthServe,2022). It provides a 24 hours crisis helpline , individual counselling service and large group psychoeducation workshops (HealthServe,2022).

What barriers do migrant workers face in accessing healthcare in general?

According to a study conducted from the perspective of doctors, the most cited barriers for migrant workers include language barriers, cost of healthcare and lastly doctors lacking knowledge in migrant health policies to properly advise them (Ang et al, 2020).

Language barriers exists because insurance information is unavailable in the worker's native language. According to a statistical report conducted in 2020, most migrant workers in Singapore speak Bengali, Hindi, Kannada, Malayali, Telegu and Burmese, however, most of our instructional manuals are predominantly written in English or chinese (Lim et al,2020). Language barrier is a barrier because it results in an information gap, and without knowing, workers usually avoid treatments to save money (Ang et al, 2020).

As stated above, workers are hesitant to spend on healthcare. One of the reason might be due to their financial insecurity as a result of being steeped in migration debt (Ang et al, 2020). To make matters worse, outpatient coverage is not clearly defined and insurance payouts might be violated in the case of catastrophic illness (Ang et al, 2020).

From a broader perspective on healthcare costs in Singapore, we can also examine the price difference paid by foreigners compared to local residents.

Research shows that the price for specialist outpatient doctor at the Singapore General hospital paid by foreigners is 2-3 times that of locals (Elwira,2019).

Subsidized Patients (Singapore Citizen)	Subsidized Patients (Permanent Resident)	Private Patient
Up to SGD 39	Up to SGD 59	SGD 114.49 to SGD 146.59 (depending on the type of specialist and experience)

(Elwira,2019)

This price difference becomes more apparent in hospitalisation bills

Treatment	Public Hospital (Subsidized)	Public Hospital (Unsubsidized)	Private Hospital
Emergency Expansion of Blocked Heart Vessels	5,872 – 8,694	16,053 – 25,863	37,075 – 49,230
Respiratory Infections or Inflammations with Complications	1,062 – 2,084	2,866 – 7,012	8,816 – 22,970
Head Injury	761 – 1,950	1,151 – 2,159	3,355 – 7,328
Brain Stroke with Complications	1,483 – 2,561	3,718 – 7,424	3,760 – 8,970
Kidney Failure with Complications	1,248 – 2,528	2,700 – 7,002	5,946 – 20,975
Source: MoH website . Last updated on October 20th, 2022			

(Elwira,2019)

Lastly, barriers exists because doctors lack the knowledge to advise migrant workers on their healthcare policies. While the studies showed that doctors are aware that Migrant workers have compulsory health insurance, a significant protion of doctors sampled struggled to answer more specific questions. For instance, only 49.6% of doctors knew that health insurance does not cover outpatient healthcare cost. A similar 41.7% of doctors sampled did not know any avenue where migrant workers can seek help if treated unjustly (Ang et al, 2020).

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