



MediShieldLife

The logo features the word "MediShieldLife" in a bold, sans-serif font. The letters "MediShield" are in a grey-blue color, while "Life" is in green. A green curved line arches over the "i" in "MediShield" and the "L" in "Life".

Better Protection. For All. For Life.



MINISTRY OF HEALTH
SINGAPORE

The MediShield Life Scheme is administered by the Central Provident Fund (CPF) Board on behalf of the Ministry of Health (MOH) under the provisions of the MediShield Life Scheme Act 2015, (Act 4 of 2015) and the Regulations made under the Act (and any amendments made to them from time to time). The CPF Board may also impose such terms and conditions for the administration of the scheme as provided for in the legislation and may vary terms and conditions, at any time at its discretion.

This information booklet contains a summary of the key features of the MediShield Life Scheme (previously known as the MediShield Scheme). The information reflected in this booklet is correct as at the time of publication on 1 April 2024. For the provisions in the MediShield Life Scheme Act and Regulations, please refer to sso.agc.gov.sg. For more information and any changes thereafter on the MediShield Life scheme, please refer to the MediShield Life website at medishieldlife.sg.

For queries or clarifications about MediShield Life, please call our hotline at 1800 – 222 - 3399 or write to us at medishieldlife.sg/writetous.

如欲提出咨询, 请拨电 1800 - 222 - 3399 或通过网站 medishieldlife.sg/writetous 提出咨询。

Untuk pertanyaan, sila hubungi talian 1800 - 222 - 3399 atau tulis kepada medishieldlife.sg/writetous.

உங்களுடைய உடல்நலத்திற்கு உரிய நலன்கள் பற்றி குறிப்பிட்ட கேள்விகள் இருந்தால் மத்திய சேமநிதிக் கழகத்தை அணுகலாம். விசாரிப்புகளுக்குத் தயவுக் கூர்ந்து 1800 - 222 - 3399 எனும் எண்ணை அழையுங்கள் அல்லது medishieldlife.sg/writetous இணையத் தளம் மூலம் உங்கள் கேள்விகளை பதிவு செய்யலாம்.

Information Booklet on MediShield Life

1. Introduction to MediShield Life	4
2. Benefits under MediShield Life	4
3. Coverage and premium payment	7
3.1 What is a MediShield Life policy year?	
3.2 How much is the MediShield Life premium?	
3.3 Who needs to pay Additional Premiums?	
3.4 What are premium rebates?	
4. Government subsidies and premium support	11
4.1 Who is eligible for Premium Subsidies?	
4.2 Who is eligible for Pioneer Generation Subsidies?	
4.3 Who is eligible for Merdeka Generation Subsidies?	
4.4 Who is eligible for Additional Premium Support?	
5. Examples of MediShield Life premiums computation	15
6. Making a claim under MediShield Life	16
6.1 What is the pro-ration factor?	
6.2 What is the deductible?	
6.3 What is co-insurance?	
6.4 How are claims computed?	
7. Exclusions under the MediShield Life Scheme	25
8. Additional private insurance coverage	26
8.1 What is an Integrated Shield Plan?	
8.2 What is Additional Withdrawal Limit?	

1. Introduction to MediShield Life

MediShield Life is an individual basic medical insurance scheme that protects all Singapore Citizens and Permanent Residents against large medical bills for life, regardless of age or health condition.

The Government provides various premium subsidies and support measures to ensure that MediShield Life premiums remain affordable. No one will lose MediShield Life coverage because he cannot afford to pay his insurance premiums.

2. Benefits under MediShield Life

MediShield Life covers expenses incurred for hospitalisations and selected approved outpatient treatments, such as kidney dialysis, cancer drug treatment and radiotherapy for cancer.

The benefits under MediShield Life are shown in Table A. They are designed to cover subsidised bills incurred for hospitalisations in Class B2/C wards and subsidised outpatient/day surgery treatments in public hospitals. Patients who seek non-subsidised treatments in Class A/B1/B2+ wards in public hospitals or private hospitals will also be able to benefit from MediShield Life. However, as such non-subsidised bills are much higher, MediShield Life will cover a smaller portion of the bill.

Table A: MediShield Life benefits
(Applicable for admissions or treatments received on or after 1 April 2024)

Inpatient/day surgery	Claim limits		
Daily Ward and Treatment Charges ¹			
- Normal ward ²	\$800 per day*		
- Intensive care unit ward	\$2,200 per day*		
* An additional claim limit of \$200 per day applies for the first two inpatient ² days			
- Psychiatric (up to 60 days per policy year)	\$160 per day		
- Community hospital (Rehabilitative) ³	\$350 per day		
- Community hospital (Sub-acute) ³	\$430 per day		
- Inpatient palliative care service (General)	\$460 per day		
- Inpatient palliative care service (Specialised)	\$500 per day		
Surgical procedures	A	B	C
- Table 1 A/B/C (less complex procedures)	\$240	\$340	\$340
- Table 2 A/B/C	\$580	\$760	\$760
- Table 3 A/B/C	\$1,060	\$1,160	\$1,280
- Table 4 A/B/C	\$1,540	\$1,580	\$1,640
- Table 5 A/B/C	\$1,800	\$2,180	\$2,180
- Table 6 A/B/C	\$2,360	\$2,360	\$2,360
- Table 7 A/B/C (more complex procedures)	\$2,600	\$2,600	\$2,600
Implants	\$7,000 per treatment		
Radiosurgery, including proton beam therapy – Category 4 ⁴	\$10,000 per treatment course		
Continuation of autologous bone marrow transplant treatment for multiple myeloma	\$6,000 per treatment		

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

² Includes eligible Mobile Inpatient Care @ Home stays

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

⁴ Refer to the MOH [website](#) for the approved indications for use of Proton Beam Therapy.

Table A: MediShield Life benefits (continued)
(Applicable for admissions or treatments received on or after 1 April 2024)

Outpatient treatment

Patients receiving treatment for one primary cancer

- Cancer drug treatment	\$200 - \$9,600 per month, depending on cancer drug treatment ⁵
- Cancer drug services	\$3,600 per year

Patients receiving treatment for multiple primary cancers⁶

- Cancer drug treatment	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month
- Cancer drug services	\$7,200 per year

Radiotherapy for cancer

- External (except Hemi-body)	\$300 per treatment
- Brachytherapy	\$500 per treatment
- Hemi-body	\$900 per treatment
- Stereotactic	\$1,800 per treatment
- Proton beam therapy – Category 1 ⁴	\$300 per treatment
- Proton beam therapy – Category 2 ⁴	\$500 per treatment
- Proton beam therapy – Category 3 ⁴	\$1,800 per treatment

Kidney dialysis \$1,100 per month

Immunosuppressants for organ transplant \$550 per month

Erythropoietin for chronic kidney failure \$200 per month

Long-term parenteral nutrition \$1,700 per month

Maximum claim limit

Per policy year	\$150,000
Lifetime	No Limit

⁴ Refer to the MOH [website](#) for the approved indications for use of Proton Beam Therapy.

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

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

3. Coverage and premium payment

Newborns who are Singapore Citizens are covered from birth under MediShield Life following birth registration. Permanent Residents are covered from the day they attain permanent residency.

3.1 What is a MediShield Life policy year?

A MediShield Life policy year refers to the 12-month period from the date the cover starts or is renewed. For example, for a cover that starts on 1 November 2015, the policy year of the cover is from 1 November 2015 to 31 October 2016.

MediShield Life cover automatically renews on the anniversary of each policy year. Using the same example, the cover will be renewed for another policy year on 1 November 2016.

3.2 How much is the MediShield Life premium?

MediShield Life premiums increase with age. The premium is payable once a year and is based on your Age Next Birthday on the policy start/renewal date. For example, if the insured member's date of birth is 10 October 1990 and his policy is renewed on 1 November 2015, his Age Next Birthday on 1 November 2015 is 26 years old.

Any applicable subsidies are automatically applied to the premium before premium payment.

Premiums (before subsidies) for the different age groups are shown in Table B.

Table B: Premiums (before subsidies)
(Applicable for policy start/renewal date on or after 1 Jan 2024)

Age Next Birthday	Annual Premiums (Inclusive of 9% GST)	Age Next Birthday	Annual Premiums (Inclusive of 9% GST)
1 – 20	\$147.71	74 – 75	\$1,344.67
21 – 30	\$254.67	76 – 78	\$1,558.60
31 – 40	\$397.29	79 – 80	\$1,619.72
41 – 50	\$534.81	81 – 83	\$1,706.31
51 – 60	\$814.95	84 – 85	\$1,971.17
61 – 65	\$1,039.07	86 – 88	\$2,062.85
66 – 70	\$1,120.56	89 – 90	\$2,062.85
71 – 73	\$1,217.34	>90	\$2,093.41

The annual premiums can be fully paid using MediSave. You can pay your premium from your MediSave, or your family members (i.e. spouse, parents, children, grandchildren or siblings) may pay your premium using their MediSave.

Premiums (after any applicable subsidies) are automatically deducted from your (or your payer's) MediSave each year. If there is insufficient balance in the MediSave account to pay the premiums, you (or your payer) will be informed to top up your (or your payer's) MediSave or arrange a family member to help pay the premiums. For more details, please visit cpf.gov.sg/MSLTopUp.

3.3 Who needs to pay Additional Premiums?

Under MediShield Life, those with pre-existing medical conditions can enjoy coverage for their conditions. Only those with serious pre-existing medical conditions need to pay a nominal Additional Premium of 30% for 10 years, in addition to the standard MediShield Life premiums.

A pre-existing condition is a medical condition or illness that an individual already has before he is covered under an insurance plan. If the medical condition developed after the start of an insurance cover, it is not considered a pre-existing condition.

Examples of serious pre-existing conditions for which you may have to pay Additional Premiums include cancer, kidney failure, stroke and heart diseases.

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

Those with serious pre-existing conditions will be informed to pay Additional Premiums. Any applicable MediShield Life premium subsidies will also apply to the Additional Premiums.

3.4 What are premium rebates?

Under MediShield Life, members pay premiums ahead during their working ages, and in return enjoy premium rebates during their older ages. This helps to distribute premiums more evenly throughout one's life and moderate the premium increases during the older ages when one becomes less economically active.

The premium rebates you receive depend on how long you have been insured under the scheme. The earlier you join the scheme, the higher the premium rebates you will receive.

Table C: Premium Rebate Table (for those born in or after 1950)¹

Entry Age (as of next birthday)	Premium Rebate Amount per year, by Age Band (\$)							
	66 – 70	71 – 73	74 – 75	76 – 78	79 – 80	81 – 83	84 – 85	86 – 90
30 and Below	51	112	193	273	329	462	507	564
31 – 40	43	84	145	205	247	347	380	423
41 – 50	38	56	97	137	165	231	253	282
51 – 60	32	32	48	68	82	116	127	141
61 – 70	N.A.	13	35	53	67	75	81	95

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

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

4. Government subsidies and premium support

The Government provides various premium subsidies and support measures to help Singapore Citizens and Permanent Residents with their MediShield Life premiums. There is no need to apply for the subsidies. Existing information in Government databases will be used to determine your eligibility for the subsidies.

4.1 Who is eligible for Premium Subsidies?

Premium Subsidies are provided to low- to middle-income Singapore Citizens and Permanent Residents with a household monthly income per person of \$2,800 and below and living in residences with an Annual Value of \$25,000 and below. Individuals who own more than one property are not eligible for Premium Subsidies. Permanent Residents receive half of the applicable subsidy rates for Singapore Citizens.

Table D: Premium Subsidies

(For those living in residences with Annual Value of \$21,000 or less)

Age Next Birthday	Subsidy Rates for Singapore Citizens based on Household Monthly Income Per Person		
	Lower-Income \$0 - \$1,200	Lower-Middle-Income \$1,201 - \$2,000	Upper-Middle-Income \$2,001 - \$2,800
1 – 40	25%	20%	15%
41 – 60	30%	25%	20%
61 – 75	35%	30%	25%
76 – 85	40%	35%	30%
86 – 90	45%	40%	35%
>90	50%	45%	40%

Note: Those living in residences with an Annual Value of between \$21,001 and \$25,000 will receive 10 percentage points less than the subsidy rates shown above. Those living in residences with an Annual Value of above \$25,000 will not receive these subsidies.

$$\text{Household Monthly Income Per Person} = \frac{\text{Total Gross Household Monthly Income}}{\text{No. of Family Members in the Household}}$$

4.2 Who is eligible for Pioneer Generation Subsidies?

Pioneers¹ receive special Pioneer Generation Subsidies ranging from 40% to 60% of their premiums, regardless of their household income and Annual Value of their residences.

Pioneers also receive annual MediSave top-ups of \$250 to \$900 depending on birth cohorts, which can be used to pay MediShield Life premiums. Older Pioneer Generation Seniors who have serious pre-existing conditions will also receive additional MediSave top-ups of \$50 to \$200 annually from 2021 to 2025, which can be used to pay for their MediShield Life premiums.

Table E: Pioneer Generation Subsidies

Age Next Birthday	Pioneer Generation Subsidies as Percentage of Premiums
66 – 70	40%
71 – 80	44% - 54%
81 – 90	54% - 59%
>90	60%

¹ Pioneers are Singapore Citizens born on or before 31 December 1949 and had obtained Singapore citizenship on or before 31 December 1986.

4.3 Who is eligible for Merdeka Generation Subsidies?

Merdeka Generation seniors¹ receive additional Merdeka Generation Subsidies of 5% of their premiums, increasing to 10% after they turn 75 years of age, regardless of their household income and Annual Value of their residences. This is on top of the above premium subsidies that the seniors may receive. Merdeka Generation seniors also receive annual MediSave top-ups of \$200 from 2019 to 2023, which can be used to pay MediShield Life premiums.

**Table F: Merdeka Generation Subsidies
(Applicable for policy start/renewal date on or after 1 Jul 2019)**

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

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

4.4 Who is eligible for Additional Premium Support?

Additional Premium Support provides financial assistance to members who are unable to afford their premiums after premium subsidies and MediSave use, and have limited family support.

Members who are unable to afford their premiums will be invited to apply for Additional Premium Support, and the Government will help them with the process if they are unable to do so themselves. No one will lose MediShield Life coverage due to financial difficulties.

5. Examples of MediShield Life premiums computation

Insured A

Age Next Birthday: 41

Standard MediShield Life premium ¹	\$534.81
Add: Additional Premium at 30% of Standard MediShield Life premium ²	\$160.44
Premium before Subsidies	\$695.25
Less: Premium Subsidies at 30.0% ⁴	-\$208.58
LESS: Total Government Subsidies	-\$208.58
Net Premium Payable with MediSave (Inclusive of GST)	\$486.67



Insured B

Age Next Birthday: 70

Standard MediShield Life premium ¹	\$1,120.56
Less: Premium Rebate ³	-\$32.00
Premium before Subsidies	\$1,088.56
Less: Premium Subsidies at 35.0% ⁴	-\$381.00
Less: Merdeka Generation Subsidies at 5% ⁶	-\$54.43
LESS: Total Government Subsidies	-\$435.43
Net Premium Payable with MediSave (Inclusive of GST)	\$653.13



Insured C

Age Next Birthday: 75

Standard MediShield Life premium ¹	\$1,344.67
Premium before Subsidies	\$1,344.67
Less: Pioneer Generation Subsidies at 49.00% ⁵	-\$658.89
LESS: Total Government Subsidies	-\$658.89
Net Premium Payable with MediSave (Inclusive of GST)	\$685.78

¹ Refer to Table B.

² Refer to Section 3.3.

³ Refer to Table C.

⁴ Refer to Table D.

⁵ Refer to Table E.

⁶ Refer to Table F.

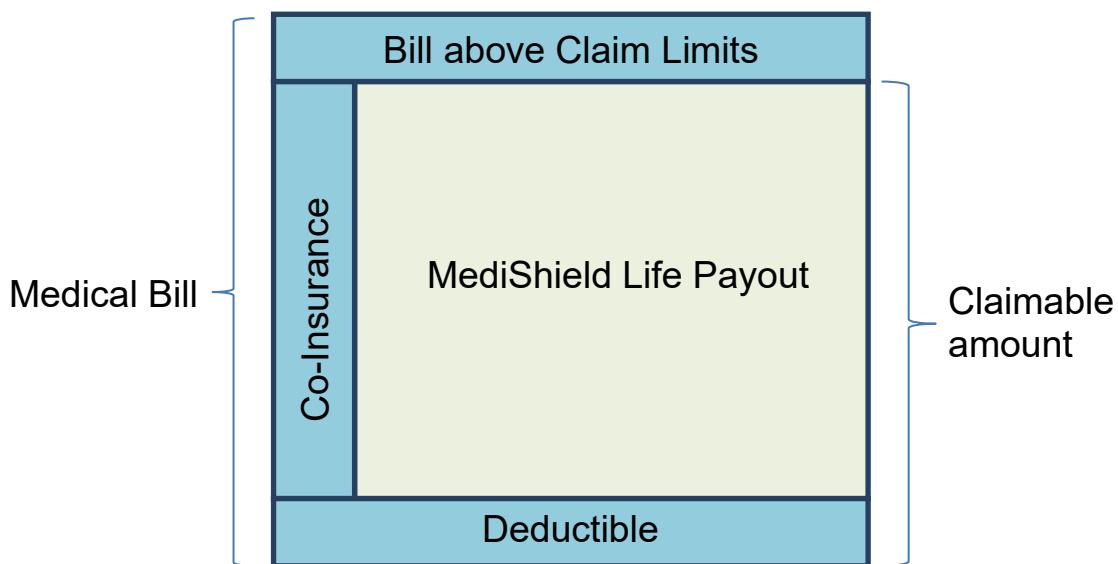
6. Making a claim under MediShield Life

To claim from MediShield Life, you just need to inform the hospital or medical institution where you are receiving treatment and they will submit the claim on your behalf.

Payment from MediShield Life will be made directly to the hospital or medical institution once it has been processed.

The claimable amount under MediShield Life is determined by adjusting the bill based on the pro-ration factor (explained in section 6.1) and applying the claim limits in Table A.

For inpatient treatments and day surgeries, the MediShield Life payout is computed by applying the deductible (explained in section 6.2) and co-insurance (explained in section 6.3) to the claimable amount. The deductible and co-insurance, as well as the bill above the claim limits, can be paid using MediSave and/or cash.



For outpatient treatments, MediShield Life will pay up to the claim limit or 90% of the pro-rated bill, whichever is lower. The remaining amount of the bill can be paid using MediSave and/or cash.

6.1 What is the pro-ration factor?

MediShield Life benefits are designed to cover subsidised bills incurred by Singapore Citizens at public hospitals. Hence, non-subsidised bills are pro-rated before the claims under MediShield Life are computed. Similarly, Permanent Residents who receive less subsidies than Singapore Citizens at public hospitals will also have their bills pro-rated before claims under MediShield Life are computed. The applicable pro-ration factors are shown in Table H.

**Table H: Pro-ration Factors for MediShield Life Claim
(Applicable for admissions or treatments received on or after 1 March 2021)**

Ward Class / Subsidy Status	Singapore Citizen	Permanent Resident
Class C	100%	44%
Class B2	100%	58%
Class B2+	70%	47%
Class B1	43%	38%
Class A	35%	35%
Private hospital	25%	25%
Community hospital (subsidised)	100%	50%
Community hospital (non-subsidised)	50%	50%
Inpatient palliative care service (subsidised)	100%	50%
Inpatient palliative care service (non-subsidised)	50%	50%
Short stay ward (subsidised)	100%	58%
Short stay ward (non-subsidised)	35%	35%
Day surgery (subsidised)	100%	58%
Day surgery (public hospital non-subsidised)	35%	35%
Day surgery (private hospital)	25%	25%
Outpatient treatment (subsidised) ¹	100%	67%
Outpatient treatment (non-subsidised) ^{1, 2}	50%	50%

¹ Continuation of autologous bone marrow transplant for multiple myeloma will follow the outpatient pro-ration factors.

² Non-subsidised bills for outpatient cancer treatments and home parenteral nutrition will be pro-rated. Bills for dialysis-related treatments and immunosuppressants will not be pro-rated.

6.2 What is the deductible?

The deductible is the fixed amount that you need to pay before MediShield Life payout starts. You only have to pay this once in any insurance policy year you are hospitalised. The deductible ranges from \$1,500 to \$3,000 of the claimable amount, depending on your age and choice of ward class as shown in Table I.

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 March 2021)

Ward class / treatment	80 and below	81 and above
Class C ¹	\$1,500	\$2,000
Class B2 and above ¹ (including stay in private hospitals)	\$2,000	\$3,000
Day surgery	\$1,500	\$2,000
Outpatient treatments	Not Applicable	

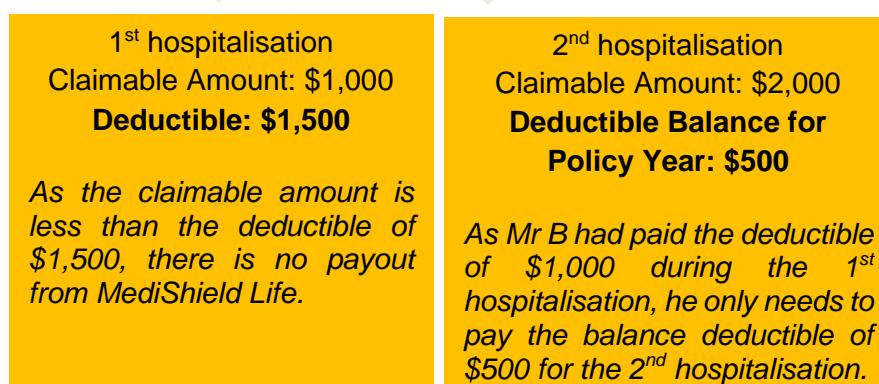
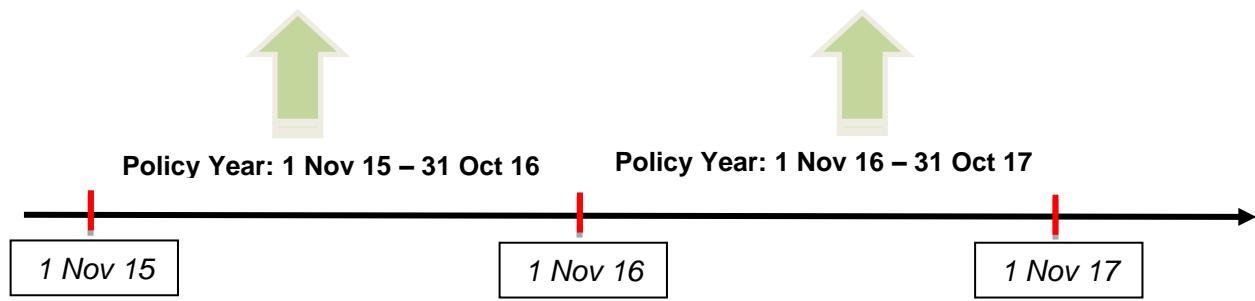
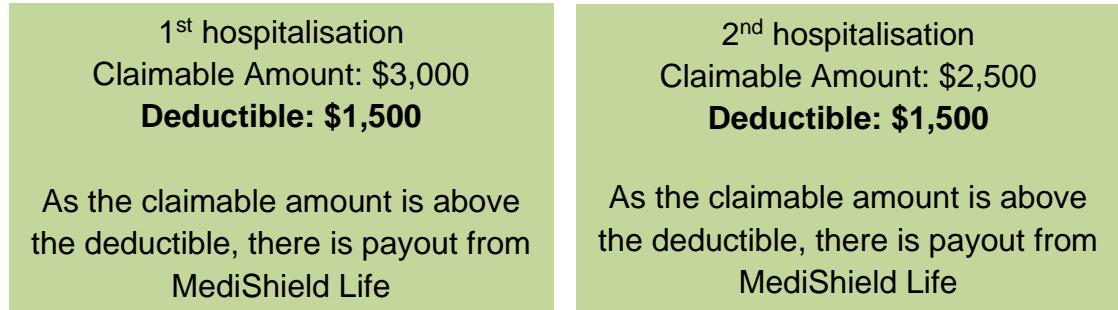
¹ Subsidised patients will follow the deductible for Class C and non-subsidised patients will follow the deductible for Class B2 for Community Hospital, Inpatient Palliative Care Service, Short Stay Wards and Continuation of Autologous Bone Marrow Transplant for Multiple Myeloma.

Illustration of how the deductible works

(The examples are based on assumptions that the members are below 80 years old and stay in a Class C ward.
The deductible is \$1,500 per policy year.)

Scenario A:

Mr. A is hospitalised once in each policy year.



Scenario B:

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

6.3 What is co-insurance?

Co-insurance is the percentage of the claimable amount that you need to pay. Table J gives the breakdown of the co-insurance percentage that starts at 10% and goes lower as the claimable amount increases.

Table J: Co-insurance

Inpatient/day surgery
Claimable amount accumulated within a policy year

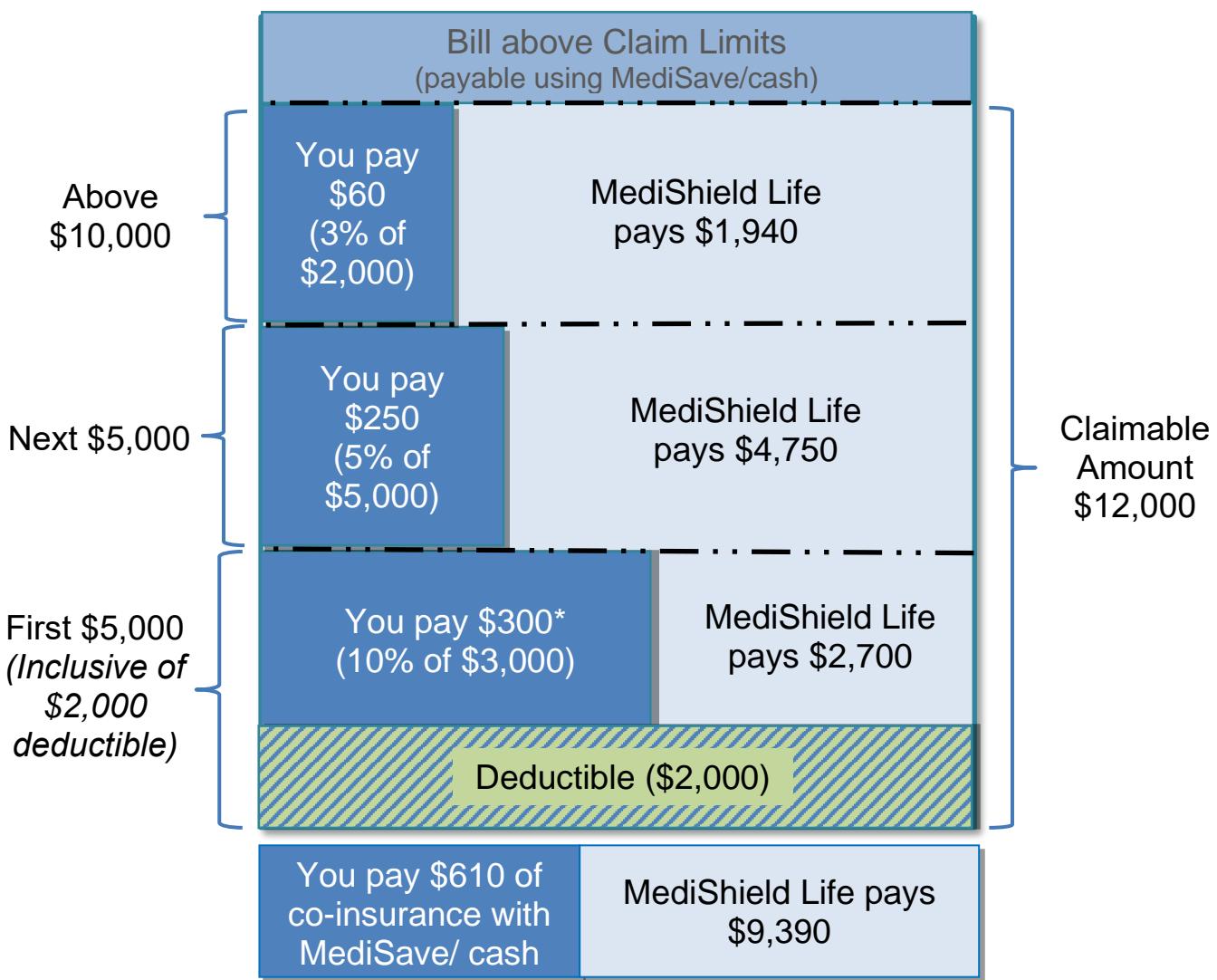
First \$5,000 ¹	10%
Next \$5,000	5%
Above \$10,000	3%

Outpatient treatment	10%
----------------------	-----

¹ Inclusive of deductible

Illustration of how co-insurance works

(The example is based on a claimable amount of \$12,000 and deductible of \$2,000.)



* If a deductible is payable, the co-insurance of 10% is applied on the amount above the deductible. In this case, as the deductible is \$2,000, the co-insurance for the first \$5,000 will be 10% of the remaining \$3,000 which is \$300.

6.4 How are claims computed?

Example 1: Claim computation for a Singapore Citizen aged 35 who stays in a Class C ward

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

Procedure performed: Stomach operation

	Hospital bill ¹	MediShield Life claim computation
Daily ward & treatment charges (2 days normal ward + 8 days ICU)	\$8,600	\$8,600 ²
Surgical procedure (Table 6B)	\$1,250	\$1,250 ³
Total	\$9,850	\$9,850
Less deductible ⁴	-	(\$1,500)
Claimable amount (less deductible)	-	\$8,350
Less co-insurance	-	(\$592.50) ⁵
MediShield Life pays	-	\$7,757.50 (79%)
MediSave and/or cash	-	\$2,092.50 (21%)

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

² Lower of the claim limit for Daily Ward & Treatment Charges, [(\$800 x 2 days) + (\$2,200 x 8 days)+(\$200 x 2 days)] = \$19,600, or 100% of charges incurred of \$8,600. Therefore, the claimable amount is \$8,600.

³ Lower of the claim limit in Table A for surgical procedure, \$2,360 (Table 6B), or 100% of charges incurred of \$1,250. Therefore, the claimable amount is \$1,250.

⁴ The insured member is below 80 years old, subject to deductible of \$1,500 for Class C ward.

⁵ Co-insurance = (\$3,500 x 10%) + (\$4,850 x 5%) = \$592.50.

Example 2: Claim computation for a Singapore Citizen aged 60 who stays in a Class A ward

Length of stay: 18 days

Procedure performed: Hip replacement

Pro-ration factor based on ward class: 35%

	Hospital bill	35% of Hospital bill ¹ (refer to Table H)	MediShield Life claim computation
Daily ward & treatment charges (18 days normal ward)	\$12,000	\$4,200 (\$12,000 x 35%)	\$4,200 ²
Surgical procedure (Table 5C)	\$8,500	\$2,975 (\$8,500 x 35%)	\$2,180 ³
Implant	\$4,000	\$1,400 (\$4,000 x 35%)	\$1,400 ⁴
Total	\$24,500	\$8,575	\$7,780
Less deductible ⁵	-	-	(\$2,000)
Claimable amount (less deductible)	-	-	\$5,780
Less co-insurance	-	-	(\$439) ⁶
MediShield Life pays	-	-	\$5,341 (22%)
MediSave and/or cash	-	-	\$19,159 (78%)

¹ As the insured member stayed in Class A ward, the MediShield Life claim is computed based on 35% of the bill.

² Lower of the claim limit in Table A for Daily Ward & Treatment Charges, (\$800 x 18 days) + (\$200 x 2 days) = \$14,800, or 35% of charges incurred of \$12,000 = \$4,200. Therefore, the claimable amount is \$4,200.

³ Lower of the claim limit in Table A for surgical procedure, \$2,180 (Table 5C), or 35% of charges incurred of \$8,500 = \$2,975. Therefore, the claimable amount is \$2,180.

⁴ Lower of the claim limit in Table A for implant, \$7,000, or 35% of charges incurred of \$4,000 = \$1,400. Therefore, the claimable amount is \$1,400.

⁵ The insured member is below 80 years old, subject to deductible of \$2,000 for Class A ward.

⁶ Co-insurance = (\$3,000 x 10%) + (\$2,780 x 5%) = \$439.

Example 3: Claim computation for a Permanent Resident aged 40 who stays in a Class B2 ward

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

Procedure performed: Pancreas operation

Pro-ration factor based on citizenship status: 58%

	Hospital bill	58% of Hospital bill ¹ (refer to Table H)	MediShield Life claim computation
Daily ward & treatment charges (52 days + 2 days ICU)	\$21,340	\$12,377.20 (\$21,340 x 58%)	\$12,377.20 ²
Surgical procedure (Table 6B)	\$1,350	\$783 (\$1,350 x 58%)	\$783 ³
Total	\$22,690	\$13,160.20	\$13,160.20
Less deductible ⁴	-	-	(\$2,000)
Claimable amount (less deductible)	-	-	\$11,160.20
Less co-insurance	-	-	(\$644.81) ⁵
MediShield Life pays	-	-	\$10,515.39 (46%)
MediSave and/or cash	-	-	\$12,174.61 (54%)

¹ As the insured member is a Permanent Resident who stayed in Class B2 ward, the MediShield Life claim is computed based on 58% of the bill.

² Lower of the claim limit in Table A for Daily Ward & Treatment Charges [(\$800 x 52 days) + (\$2,200 x 2 days) + (\$200 x 2 days)] = \$46,400 or 58% of charges incurred of \$21,340 = \$12,377.20. Therefore, the claimable amount is \$12,377.20.

³ Lower of the claim limit in Table A for surgical procedure, \$2,360 (Table 6B), or 58% of charges incurred of \$1,350 = \$783. Therefore, the claimable amount is \$783.

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

⁵ Co-insurance = (\$3,000 x 10%) + (\$5,000 x 5%) + (\$3,160.20 x 3%) = \$644.81.

7. Exclusions under the MediShield Life Scheme

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

- Ambulance fees
- Cosmetic surgery
- Dental work (except due to accidental injuries)
- Vaccination
- Infertility, sub-fertility, assisted conception or any contraceptive operation, including related complications
- Sex change operations, including their related complications
- Maternity charges (including Caesarean operations) or abortions, including related complications, except treatments for serious complications related to pregnancy and childbirth
- Treatment of injuries arising from the insured's criminal act
- Treatment of injuries arising directly or indirectly from nuclear fallout, war and related risk
- Treatment of injuries arising from direct participation in civil commotion, riot or strike
- Expenses incurred after the 7th calendar day from being certified to be medically fit for discharge from inpatient treatment and assessed to have a feasible discharge option by a medical practitioner
- Surgical interventions, including related complications, for the following rare congenital conditions which are severe and fatal by nature: Trisomy 13, Bilateral Renal Agenesis, Bart's Hydrops and Anecephaly
- Optional items which are outside the scope of medical treatment
- Overseas medical treatment
- Private nursing charges
- Purchase of kidney dialysis machines, iron-lung and other special appliances
- Treatment which has received reimbursement from Workmen's Compensation and other forms of insurance coverage

8. Additional private insurance coverage

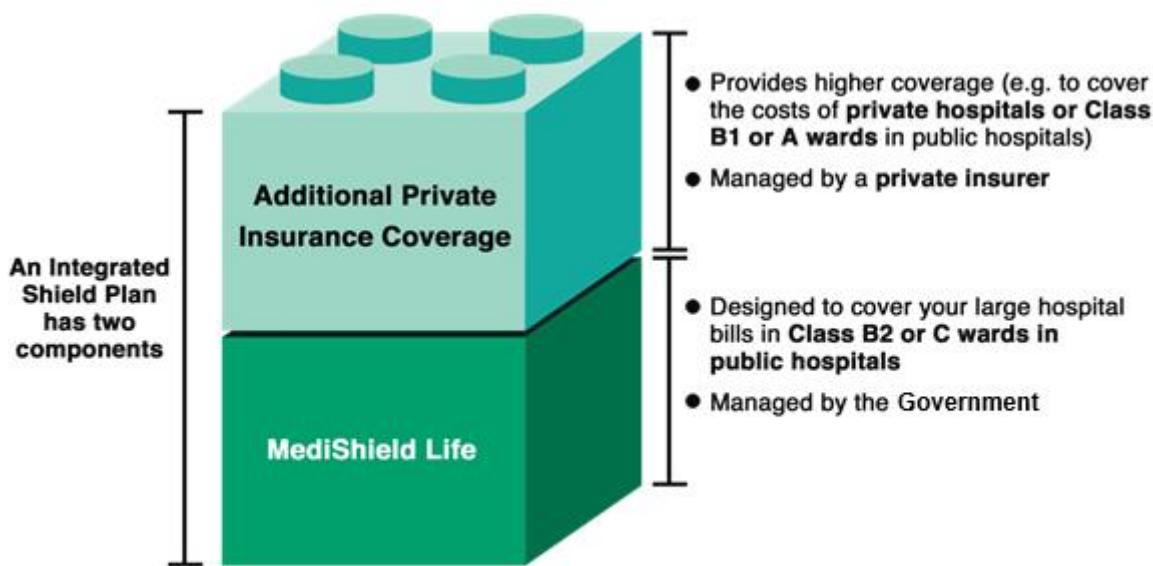
MediShield Life is designed to cover subsidised bills in public hospitals. Hence, if you intend to seek non-subsidised treatments in public hospitals or private hospitals, you may consider buying additional private insurance coverage in the form of an Integrated Shield Plan (IP).

8.1 What is an Integrated Shield Plan?

An IP is made up of a MediShield Life component that is a national medical insurance scheme by the Government and an additional private insurance coverage component provided by a private insurer.

IP premiums are higher than MediShield Life premiums. Before you take up an IP cover, do consider if you can afford your IP premiums in the long term, especially since premiums increase with age.

Do speak with your financial planner or approach any of the participating insurers for more information on IPs. Please visit the [MOH website](#) for the list of participating insurers.



*Diagram is not drawn to scale

8.2 What is Additional Withdrawal Limit?

If you buy an IP cover, you will be able to use MediSave to pay the premium for the additional private insurance coverage component up to the Additional Withdrawal Limits (AWLs).

Please refer to Table K on the AWLs for IP covers.

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

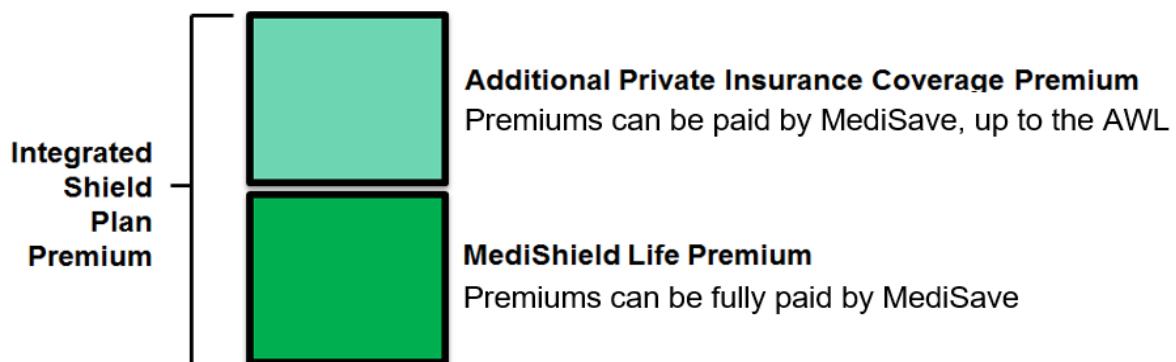


Table K: AWLs for IP Policyholders

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