



MediLock

A Complete Benefits Solution for SMEs

Why Medilock?

People Solutions | Singapore - Medilock | Lockton



Competitive Rates

- Fixed premium rates till 31 December 2026
- Renewal premiums are not based on an individual company's claim experience



Easy Application

- No hard copy submissions required
- No medical questionnaire required



Guaranteed Acceptance

- No underwriting for medical cover
- No medical underwriting required for sum assured of \$400K for Group Term Life (GTL) and \$200K for Group Living Assurance (GLA)



Go Cashless and Digital

- Cashless claims experience at:
 - Panel General Practitioners (GP), Panel Specialist (SP) and Dental clinics
- Pre-authorisation of hospitalisation bills, which are cashless upon admission (up to benefit limit)
- Paperless and seamless claims submissions via mobile app



Worldwide Coverage

- 24-hour worldwide protection against the costs of hospitalisation (arising from illnesses and accidents)



GST Payable

- Goods and Services Tax (GST) will be covered for all eligible medical claims



Voluntary Options Available

- Allow employees to select levels of cover based on their needs, subject to minimum headcount



Mental Wellness

- Inpatient and outpatient mental cover available through Medilock

Lockton

Lockton is the world's largest privately owned insurance broker. Our unwavering commitment to remain independent gives us the freedom to do what's best for clients over corporate shareholders. Unconstrained by the rigidity commonly associated with our industry, we aren't driven by the quarterly pressure from the financial markets. Our independence means that we are free to act in the best interest of clients, creating a different dynamic, that is only focused on your success.

Visit global.lockton.com for more information.

Lockton People Solutions

Businesses reach their full potential when their people reach theirs. That's why employers need solutions that balance talent attraction and retention, competitiveness and relevance, and cost sustainability. We work with clients to improve their employee experience and drive engagement, understanding, satisfaction, and productivity. We do this by offering a full suite of employee benefits advisory services, including broking, consulting, technology, and administration. We strive to be a trusted business partner to our clients regardless of their size, industry, and complexity.

AIA – The Leading Employee Benefits Provider

AIA Singapore is part of the AIA Group, which today is the largest life insurance company in the world. As a market leader in employee benefits, with more than 50 years of experience in helping employers meet the expectations of their employees, covering more than 1.3 million insured members supported by over 300 staff to assist with your needs, we offer innovative solutions that can address your employees' needs at any stage of their life journey, while delivering a fulfilling customer experience – enabling them to live healthier, longer, better lives.

For more information about MediLock or Lockton's services, please reach out to us:

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Group Term Life

Provide 24-hour worldwide coverage against Death or Total & Permanent Disability (TPD) to any cause, including illness and accident.

Eligibility

- All Full-time employees who are aged from 16 to 70 last birthday.
- Coverage can be renewed up to age 74 last birthday.
- Insured aged between 70 to 74 inclusive are covered for death only.

Underwriting Age

- No-Evidence Limit (NEL) for Compulsory is S\$400,000 up to age 64 last birthday.
- Voluntary is NIL.

Coverage

- Death due to any causes (illness and accident)
- Total & Permanent Disability (TPD) as a result of illness or accident
- Terminal Illness
- Repatriation expenses of mortal remains of up to S\$75,000 and provides coverage for death occurring outside of the country of regular employment
- Extended Death & TPD - Provides coverage against death or TPD of an insured whose employment has been terminated on medical grounds
- Family Income - Provides additional 12% of the total sum assured against death and TPD, including voluntary plan (if applicable)

Personal Accident

Provides 24-hour worldwide coverage against Death or Permanent Disability resulting from accident.

Eligibility

- All Full-time employees who are aged over 16 and below 70.
- Coverage can be renewed up to age 74 last birthday.

Coverage

- Death due to any causes (illness and accident)
- Total & Permanent Disability (TPD) due to accident
- Major burns

Extension

- Strike, riot, civil commotion and terrorism.
- Hijack, murder and assault.
- Drowning and suffocation.
- Exposure and disappearance.
- Motor-cycling.
- Unscheduled flight (excluding whilst onboard military aviation).
- Accidental miscarriage
- Peace-time reservist training
- Compassionate Death Allowance benefit
- Children Education Fund
- Ambulance fees benefit
- Mobility Aid Extension or Home Rehabilitation Renovation Expenses
- Simple and Other Fracture
- Accident Hospital Recuperation Benefit
- Accidental Death due to Common Carrier benefit
- Comatose State due to common
- Automatic Increase in Benefits
- Accidental Death due to Natural Catastrophe
- Visitors Benefit
- Scarring of Face benefit
- HIV due to Blood Transfusion
- Major Head Trauma

Critical Illness

Pays upon diagnosis of one of 37 critical illnesses such as Cancer, Stroke and Heart Disease, certified by a Registered Medical Practitioner.

Eligibility

- All Full-time employees who are aged over 16 and below 70 last birthday.
- Coverage can be renewed up to age 74 last birthday.

Underwriting Age

- No-Evidence Limit (NEL) for Compulsory Only is S\$200,000 up to age 64 last birthday.
- Voluntary is NIL.

Coverage

Choose between Acceleration or Additional Basis:

- Acceleration Basis
 - Should an Insured Person be diagnosed as having 1 of the 37 Critical Illnesses, a pre-agreed percentage of the Term Life's sum assured will be paid. The Term Life sum assured will then be reduced accordingly. When Death or Total Permanent Disablement occurs, the reduced Term Life sum assured will be payable. The acceleration rates up to 100% of the Term Life's sum assured.
- Additional Basis
 - Should an Insured Person be diagnosed as having 1 of the 37 Critical Illnesses, the full sum assured for Critical Illness insurance becomes payable. This payout will not reduce the Term Life sum assured.

Disability Income

Provides continuation of income in the event of a “Disability” while under the care of a medical practitioner, as a result of a sickness or an accident.

Eligibility

- All Full-time employees who are aged over 16 and below 64 last birthday.
- Coverage can be renewed up to age 64 last birthday.

Coverage

- Long Term Disability
 - Provides continuation of income in the event of a “Disability” while under the care of a medical practitioner, as a result of a sickness or an accident
- Total Disability
 - The inability to engage in his own occupation during and immediately after the Deductible Period with benefits payable up to a maximum of 24 months; and
 - The inability to engage in any other occupation to which he is reasonably suited after 24 months of benefits have been paid.
- Partial Disability
 - The ability to perform one or more, but not all of the material and substantial duties of his own occupation on a full-time basis; or
 - The ability to perform all of the material and substantial duties of his own occupation on a part-time basis.
- 3-Month Survivor Lump Sum Benefit
 - Provides a lump sum benefit to the eligible survivor in the event of death

Hospital & Surgical (GHS)

1/2

Covers eligible expenses in connection with a hospital confinement or surgery, which results directly from a sickness or an injury.

Coverage

BENEFITS PER DISABILITY IN S\$ FOR EACH INSURED MEMBER		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
INPATIENT BENEFITS (S\$)		Per Policy Year	Per Disability			
1a. Daily Room & Board (Maximum 120 days) - Accomodation charges during a Hospital confinement		1 Bed Pte	1 Bed Pte	2 Bed Pte	4 Bed Pte	4 Bed Restructured
1b. Intensive Care Unit (Maximum 30 days part of R&B) - ICU charges during a Hospital confinement		As Charged subject to \$270,000 per policy year	As Charged subject to \$100,000 per disability	As Charged subject to \$50,000 per disability	As Charged subject to \$25,000 per disability	As Charged subject to \$15,000 per disability
1c. High Dependency Ward (Maximum 30 days part of R&B) - HDW charges during a Hospital confinement						
2. Hospital Miscellaneous Services - Expenses incurred during a Hospital confinement excluding accomodation , surgeon's & in hospital doctor's attendance fee						
3. Surgical Fee - Surgeon's fee of more than S\$1500 will be subjected to surgical schedule for admission in private hospitals (Not Applicable to Plan 1)						
4. Daily In-Hospital Doctors' Visit (Maximum 120 days) - Doctor's attendance fee during Hospital confinement		Applicable to 1b to 6	Applicable to 1b to 6	Applicable to 1b to 6	Applicable to 1b to 6	Applicable to 1b to 6
- Miscarriage		As per disability & includes ectopic pregnancy				
OUTPATIENT BENEFITS (S\$)						
5. Emergency Outpatient Treatment due to an accident - Outpatient expenses and emergency dental treatment incurred within 31 days of accident provided treatment is sought within 24 hours of accident		As Charged part of the Maximum limit per policy year	As Charged part of the Maximum limit per disability	As Charged part of the Maximum limit per disability	As Charged part of the Maximum limit per disability	As Charged part of the Maximum limit per disability
6. Pre - & Post - Hospitalisation Specialists' Consultation & Diagnostic X-ray & Lab. Fees - Post-Hospitalisation- Include Traditional Chinese Medicine (TCM), Chiropractic (with referral) ▪ Expenses incurred 90 days prior to admission & 90 days after discharge.						
EXTENDED HOSPITAL & SURGICAL BENEFITS						
7. Overseas Hospitalisation due to Accident - Maximum per disability, items 1 to 6 only - This benefit applies to Insured Members who reside and work in Singapore. Coverage shall apply to travel within 180 days of departure from Singapore.		100% of GHS Benefits	150% of GHS Benefits			
DEATH BENEFITS (S\$)						
8. Natural / Accidental Death		\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000

^ GHS Plan 1's Emergency Medical Evacuation benefit options are given as follow – S\$1,000,000 (default), S\$500,000, S\$200,000. Refer to GHS rates table.

*Premiums are subjected to prevailing Goods & Services Tax (GST) with exception to GTL.

Hospital & Surgical (GHS)

2/2

Covers eligible expenses in connection with a hospital confinement or surgery, which results directly from a sickness or an injury.

Coverage

BENEFITS PER DISABILITY IN S\$ FOR EACH INSURED MEMBER		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
OTHER BENEFIT		Per Policy Year	Per Disability			
9a. Outpatient Kidney Dialysis - Maximum per policy year		\$ 75,000	\$ 20,000	\$ 15,000	\$ 10,000	\$ 10,000
9b. Outpatient Cancer Treatment - Maximum per policy year						
10. Medical Report Fee - Per disability		\$ 100	\$ 100	\$ 100	\$ 100	\$ 100
11. Surgical Implant / Prosthesis - Per policy year		\$ 5,000	\$ 3,000	\$ 2,000	\$ 1,000	\$ 1,000
12. Emergency Outpatient Dental Treatment		\$ 5,000	\$ 1,000	\$ 750	\$ 500	\$ 500
13. Dread Disease Recuperation Benefit - Multiple Sclerosis, Heart Attach, Cancer & Stroke / - Waiting period of 90 days		\$ 10,000	NA	NA	NA	NA
14. Parental Accomodation - Up to 60 days per year for child below 12 years		As Charged part of the Maximum limit per policy year	NA	NA	NA	NA
15. Home Nursing - Up to 26 weeks						
16. Emergency Medical Evacuation - Per policy year		\$ 1,000,000	NA	NA	NA	NA
17. Repatriation of Mortal Remains or Local Burial		\$ 50,000	NA	NA	NA	NA
18. Hospital Daily Cash Benefit For Admission to Govt/ Restructured Hospital						
B1 Ward		\$ 100	\$ 100	\$ 100	-	-
B2 / B2+ Ward		\$ 200	\$ 200	\$ 200	\$ 150	\$ 150
C Ward		\$ 300	\$ 300	\$ 300	\$ 200	\$ 200

^ GHS Plan 1's Emergency Medical Evacuation benefit options are given as follow – S\$1,000, 000 (default), S\$500,000, S\$200,000. Refer to GHS rates table.

*Premiums are subjected to prevailing Goods & Services Tax (GST) with exception to GTL.

Hospital & Surgical – Foreign Workers Plan

(Applicable for S Pass and Work Permit holders only)

Coverage

BENEFITS PER POLICY YEAR IN S\$ FOR EACH INSURED MEMBER		Plan 6
INPATIENT BENEFITS (GOVERNMENT / RESTRUCTURED HOSPITALS)		
1a. Daily Room & Board (Maximum 120 days) - Accomodation charges during a Hospital confinement	4 Bed Restructured	
1b. Intensive Care Unit (Maximum 30 days part of R&B) - ICU charges during a Hospital confinement	\$60,000 per policy year (co-insurance of 25% is applicable for any claim amount exceeding \$15,000)	
1c. Community Hospital (Maximum 60 days)		
2. Hospital Miscellaneous Services (including implants) - Expenses incurred during a Hospital confinement excluding accomodation, surgeon's & in hospital doctor's attendance fee		
3. Surgical Fee		
4. Daily In-Hospital Doctors' Visit (Maximum 120 days) - Doctor's attendance fee during Hospital confinement		
OUTPATIENT BENEFITS (S\$)		
5. Pre - & Post - Hospitalisation Specialists' Consultation & Diagnostic X-ray & Lab. Fees - Expenses incurred 90 days prior to admission & 90 days after discharge	As charged Part of the Maximum limit per policy year	
6. Emergency Outpatient Treatment due to an accident - Outpatient expenses incurred within 31 days of accident, provided treatment is sought within 24 hours of accident	\$ 500	
DEATH BENEFIT		
7. Natural/ Accidental Death	\$ 3,000	
OTHER BENEFIT		
8. Outpatient Kidney Dialysis - Maximum per policy year	\$ 5,000	
9. Outpatient Cancer Treatment - Maximum per policy year		
10. Medical Report Fee - Per disability	\$ 100	
11. Surgical Implant/ Prosthesis - Per policy year	\$ 1,000	
12. Emergency Outpatient Dental Treatment - Per policy year	\$ 500	
OTHER BENEFITS		
Pro-ration factor below shall apply if a member is admitted to a higher class of ward, a private or overseas hospital.		
Type of Ward / Hospital		Pro-ration Factor
Class A Ward in a Singapore Government/ Restructured Hospital		65%
Any Private Hospitals in Singapore		50%
Any Overseas Hospitals		50%

Major Medical

Covers eligible expenses in excess of the benefits payable under the Hospital & Surgical insurance policy for each disability, subject to a maximum limit.

Coverage

FOR INPATIENT BENEFITS ONLY						
BENEFITS PER DISABILITY IN S\$ FOR EACH INSURED MEMBER		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
1.	Daily Room & Board	As per basic H&S				
2.	In-Hospital Benefit - Eligible expenses per basic GHS provided	\$ 100,000	\$ 75,000	\$ 50,000	\$ 25,000	\$ 20,000
3.	Deductible	Basic H&S				
4.	Parental Accomodation - Maximum per day, up to 120 days per disability	\$ 100 per day	\$ 100 per day	\$ 100 per day	\$ 100 per day	\$ 100 per day
5.	Home Nursing (up to 30 days per disability) (By registered nurse immediately following hospitalisation and on the recommendation of the attending physician)	\$ 100 per day	\$ 100 per day	\$ 100 per day	\$ 100 per day	\$ 100 per day
6.	Co-insurance	80% / 20%				
7.	Overall maximum benefit payable per disability	\$ 100,000	\$ 75,000	\$ 50,000	\$ 25,000	\$ 20,000

Outpatient Clinical (Alliance)

Covers General Practitioner (GP) consultation, medication, basic x-ray, and laboratory tests at AIA Panel and Government Polyclinics.

Coverage

AIA PANEL		Plan 1	Plan 2	Plan 3	Plan 4
1.	Visits at AIA appointed General Practitioners - Upon presentation of eCard	As charged Cashless			
AIA PANEL (TRADITIONAL CHINESE MEDICINE-TCM PRACTITIONERS)					
2.	Visits at AIA appointed TCM clinics - Upon presentation of eCard - Six (6) visits per policy year	As charged Cashless (Consultation only)			
AIA WHITECOAT TELECONSULTATION					
3.	Via whitecoat mobile application - Unlimited visit per year	As charged Cashless			
AIA NON PANEL (GENERAL PRACTITIONERS)					
4.	Polyclinics - Unlimited visit per year	As charged Reimbursement			
5.	Visits at General Practitioners not appointed by AIA (Non-panel) - Unlimited visit per year	\$ 50 per visit	\$ 30 per visit	NA	\$ 70 per visit
6.	Overseas General Practitioners (Exclude Johor State Clinics) - Unlimited visit per year	\$ 120 per visit	\$ 120 per visit	\$ 120 per visit	\$ 120 per visit
7.	For visits to Johor State Clinics - Unlimited visit per year	\$ 120 per visit	\$ 120 per visit	\$ 120 per visit	\$ 120 per visit
8.	A&E Dept of Singapore Hospitals - A&E Dept in Private Hospital - A&E Dept in Restructured Hospital, reimbursement up to	\$ 120 per visit As charged	\$ 120 per visit As charged	\$ 120 per visit As charged	\$ 120 per visit As charged

Outpatient Specialist

Covers Specialist (SP) consultation, medication, Diagnostic x-ray and laboratory tests (including MRI and CT scan), recommended by a Registered Medical Practitioner

Coverage

BENEFIT PER POLICY YEAR (\$\$)		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
1.	Panel Specialist's Consultation & Basic X-Ray & Lab Test (with referral letter)	As charged Cashless				
2.	Government Specialist's Consultation & Basic X-Ray & Lab Test (with referral letter)	As charged Reimbursement				
3.	Non-Panel Specialist's Consultation & Standard Diagnostic X-Ray and Laboratory Tests (with referral letter)	\$ 1,500	\$ 1,000	NA	\$ 2,000	\$ 1,200
3a.	Specialist's Consultation (without referral letter)	\$ 30 per visit	\$ 30 per visit	NA	\$ 30 per visit	\$ 30 per visit
3b.	Paediatrician Direct Access (without referral letter) - Referral letter is waived for child up to age 7 last birthday (Combined benefits 3, 3a, 3b are subject to the overall plan limit)	As charged	As charged	NA	As charged	As charged
4.	Specialised Test (incl MRI, CT, PET) (with referral letter)	\$ 1,500	\$ 1,000	\$ 1,000	\$ 2,000	\$ 1,200
5.	Outpatient Physiotherapy/ Chiropractic (with referral letter)	\$ 1,000	\$ 500	\$ 500	\$ 1,000	\$ 750
6.	Traditional Chinese Medicine (TCM) - up to 6 visits per year	\$ 50 per visit	\$ 50 per visit	\$ 50 per visit	\$ 50 per visit	\$ 50 per visit
7.	WhiteCoat Paediatric - Referral letter is waived for child up to age 7 last birthday - Up to 6 visits per year - *Applicable to policy with child(ren) dependent	As charged Cashless	As charged Cashless	As charged Cashless	As charged Cashless	As charged Cashless

Dental

1/2

Covers eligible expenses in connection with dental treatments in accordance to the limits of compensation set out in the Benefits Schedule, depending on whether it is from panel or non-panel dental clinic.

Coverage

BENEFITS / PROCEDURES	Plan 1	Plan 2	Plan 3	Plan 4 (Dental PPO)	
MAXIMUM LIMIT PER YEAR	\$ 1,000	\$ 600	\$ 300	As charged	Reimbursement subject to respective limit
	Reimbursement			Cashless	
EXAMINATION Dental Checkup				Cashless	\$ 15.00
MEDICINE & MISCELLANEOUS TREATMENT Analgesics, antibiotics, sterilization and disposables				Cashless	\$ 15.00
X-RAY Intraoral Bitewing Panorex				Cashless Cashless Cashless	\$ 12.00 \$ 12.00 \$ 32.00
TEST & LABORATORY Biopsy and examination of issue				Cashless	\$ 48.00
PROPHYLAXIS Prophylaxis (cleaning, polishing and scaling) Routine Complex	As charged up to annual limit	As charged up to annual limit	As charged up to annual limit	Cashless Cashless	\$ 40.00 \$ 60.00
FILING (SILVER) - FOR POSTERIOR TEETH ONLY Amalgam - one surface Amalgam - two surface Amalgam - three or more surface Reinforced Pin				Cashless Cashless Cashless Cashless	\$ 16.00 \$ 24.00 \$ 32.00 \$ 9.00
FILING (TOOTH - COLOURED MATERIAL) One surface Two surface Three surface				Cashless Cashless Cashless	\$ 30.00 \$ 40.00 \$ 50.00
PULPOTOMY Pulpotomy Pulp Cap				Cashless Cashless	\$ 40.00 \$ 20.00

Dental

2/2

Covers eligible expenses in connection with dental treatments in accordance to the limits of compensation set out in the Benefits Schedule, depending on whether it is from panel or non-panel dental clinic.

Coverage

BENEFITS / PROCEDURES	Plan 1	Plan 2	Plan 3	Plan 4 (Dental PPO)	
	Reimbursement			Cashless	Reimbursement
ROOT CANAL TREATMENT					
Single root canal filing				Cashless	\$ 150.00
Double root canal filing				Cashless	\$ 220.00
Three or more canals				Cashless	\$ 350.00
EXTRACTIONS					
Routine (Simple) - each tooth				Cashless	\$ 30.00
SURGERY EXTRACTIONS					
Erupted Tooth or root				Cashless	\$ 120.00
Soft tissue impaction				Cashless	\$ 160.00
Part bony impaction				Cashless	\$ 250.00
Completely bony impaction				Cashless	\$ 320.00
ALVEOPLASTY					
Per quadrant, in connection with extractions	As charged up to annual limit	As charged up to annual limit	As charged up to annual limit	Cashless	\$ 30.00
Per quadrant, not in connection with extractions				Cashless	\$ 42.00
For a complete Alveoplasty involving more than one quadrant				Cashless	\$ 160.00
EXCISION OF TUMOR					
Excision of tumor				Cashless	\$ 76.00
FRACTURE OF JAW					
Simple				Cashless	\$ 500.00
Compound				Cashless	\$ 600.00
REPAIR OF PROSTHETIC APPLIANCE					
Repair of broken complete or partial denture				Cashless	\$ 20.00
Repair of denture and replace broken tooth				Cashless	\$ 40.00
Adding tooth to partial denture to replace extracted tooth				Cashless	\$ 27.00
Add tooth to partial denture plus clasp				Cashless	\$ 54.00
SPACE MAINTAINERS					
Fixed band type (uni or bilateral)				Cashless	\$ 135.00
Removal in acrylic (uni or bilateral)				Cashless	\$ 67.00

Maternity

Covers eligible expenses in connection with a pregnancy childbirth or miscarriage or any complications resulting from the same, subject to 10 months waiting period from commencement of cover.

Coverage

SCHEDULE OF MATERNITY BENEFITS	Plan 1	Plan 2	Plan 3
Normal Delivery or Caesarean Section	\$ 3,000	\$ 5,000	\$ 8,000
Childbirth involving Caesarean Section or Abdominal Operation for Extra Uterine Pregnancy	\$ 5,000	\$ 8,000	\$ 10,000

Mental Well-being

Covers eligible expenses in connection with a hospital confinement or surgery for psychiatric care and treatment only, which results directly from a sickness or injury

Coverage

BENEFITS PER POLICY YEAR (S\$)	Plan 1	Plan 2
1. Hospital Confinement Mental Care		
1a. In-Hospital Benefit for Psychiatric Care and Treatment only	\$ 10,000	\$ 5,000
1b. Pre- & Post-Hospitalization Consultation with Psychiatrist or Psychologist - Expenses incurred 90 days prior to admission & 90 days after discharge.		
2. Outpatient Mental Care		
2a. Panel Specialist Consultation (via WhiteCoat app)	\$ 5,000	\$ 5,000
2b. Non Panel Consultation - Limited to 6 visits per policy year	\$200 per visit	\$200 per visit

Rates

Term Life (GTL)

	Core/ Buy down	Buy up
Age Bands	GTL with FIB	GTL with FIB
39 and below	0.38	0.50
40 - 44	0.43	0.58
45 - 49	0.75	0.98
50- 54	1.75	2.28
55 - 59	3.50	4.55
60 - 64	7.18	9.35
65 - 69	12.18	15.85
70 - 74*	18.28	23.78

* renewable age

Personal Accident

Age Bands	GADD (Compulsory Basis)	GADD (Voluntary Basis)
39 and below	0.14	0.21
40 - 44		
45 - 49		
50- 54		
55 - 59		
60 - 64		
65 - 69		
70 - 74*		

* renewable age

*Premium rate is determined based on the demographics of insured members.

Rates

Critical Illness

I. Acceleration Basis

	Core/ Buy down	Buy up
Age Bands	GCI (Accelerated)	GCI (Accelerated)
39 and below	0.75	0.98
40 - 44	1.43	1.88
45 - 49	2.18	2.85
50- 54	4.10	5.35
55 - 59	6.68	8.70
60 - 64	9.38	12.20
65 - 69	13.48	17.53
70 - 74*	26.96	35.06

* renewable age

II. Additional Basis

	Core/ Buy down	Buy up
Age Bands	GCI (Accelerated)	GCI (Accelerated)
39 and below	1.18	1.55
40 - 44	1.73	2.25
45 - 49	2.63	3.43
50- 54	4.43	5.78
55 - 59	7.83	10.18
60 - 64	12.53	16.30
65 - 69	21.00	27.30
70 - 74*	42.00	54.60

* renewable age

Rates

Disability Income

Core Plan

Age Bands	GDI - 5 years with 0% escalation	GDI - up to 64 ALB with 0% escalation	GDI - 5 years with 3% escalation	GDI - up to 64 ALB with 3% escalation
39 and below	2.80	4.08	3.04	5.12
40 - 44	4.16	6.64	4.48	8.32
45 - 49	6.96	11.52	7.44	14.40
50 - 54	11.92	19.44	12.64	24.32
55 - 59	21.84	23.52	23.20	29.44
60 - 64	10.56	10.56	11.20	13.20
65 - 69	NA	NA	NA	NA
70 - 74*	NA	NA	NA	NA

* renewable age

Voluntary Plan

Age Bands	GDI - 5 years with 0% escalation	GDI - up to 64 ALB with 0% escalation	GDI - 5 years with 3% escalation	GDI - up to 64 ALB with 3% escalation
39 and below	3.78	5.51	4.10	6.91
40 - 44	5.62	8.96	6.05	11.23
45 - 49	9.40	15.55	10.04	19.44
50 - 54	16.09	26.24	17.06	32.83
55 - 59	29.48	31.75	31.32	39.74
60 - 64	14.26	14.26	15.12	17.82
65 - 69	NA	NA	NA	NA
70 - 74*	NA	NA	NA	NA

* renewable age

Rates

Hospital & Surgical (GHS)

Emergency Medical Evacuation: S\$1,000,000

Annual Premium Rates (S\$)		Plan 1 (If medical evacuation is \$1mil)	Plan 2	Plan 3	Plan 4	Plan 5
A.	Per Insured (Compulsory) - Employee	\$ 809	\$ 447	\$ 432	\$ 417	\$ 192
B.	Per Insured (Compulsory) - Spouse / Child	\$ 809	\$ 447	\$ 432	\$ 417	\$ 192
A.	Per Insured (Voluntary) - Employee	\$ 931	\$ 514	\$ 497	\$ 479	\$ 221
B.	Per Insured (Voluntary) - Spouse / Child	\$ 931	\$ 514	\$ 497	\$ 479	\$ 221

Hospital & Surgical (GHS) - Foreign Workers Plan

(Applicable for S Pass and Work Permit holders only)

Annual Premium Rate (S\$)		Plan 6
A.	Per Insured - Employee	\$ 165

Major Medical

Annual Premium Rates (S\$)		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
A.	Per Insured (Compulsory) - Employee	\$ 133	\$ 117	\$ 99	\$ 79	\$ 72
B.	Per Insured (Compulsory) - Spouse / Child	\$ 133	\$ 117	\$ 99	\$ 79	\$ 72
A.	Per Insured (Voluntary) - Employee	\$ 153	\$ 134	\$ 114	\$ 91	\$ 82
B.	Per Insured (Voluntary) - Spouse / Child	\$ 153	\$ 134	\$ 114	\$ 91	\$ 82

*Premium rate is determined based on the demographics of insured members.

*Premiums are subjected to prevailing Goods & Services Tax (GST) with exception to GTL.

Outpatient Clinical (Alliance Panel)

Annual Premium Rates (S\$)		Plan 1	Plan 2	Plan 3	Plan 4
A.	Per Insured (Compulsory) - Employee	\$ 299	\$ 258	\$ 226	\$ 335
B.	Per Insured (Compulsory) - Spouse / Child	\$ 299	\$ 258	\$ 226	\$ 335
A.	Per Insured (Voluntary) - Employee	\$ 344	\$ 296	\$ 260	\$ 385
B.	Per Insured (Voluntary) - Spouse / Child	\$ 344	\$ 296	\$ 260	\$ 385

Outpatient Specialist

Annual Premium Rates (S\$)		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
A.	Per Insured (Compulsory) - Employee	\$ 367	\$ 330	\$ 257	\$ 393	\$ 356
B.	Per Insured (Compulsory) - Spouse / Child	\$ 367	\$ 330	\$ 257	\$ 393	\$ 356
A.	Per Insured (Voluntary) - Employee	\$ 422	\$ 379	\$ 295	\$ 451	\$ 410
B.	Per Insured (Voluntary) - Spouse / Child	\$ 422	\$ 379	\$ 295	\$ 451	\$ 410

Dental

Annual Premium Rates (S\$)		Plan 1	Plan 2	Plan 3	Plan 4
A.	Per Insured (Compulsory) - Employee	\$ 510	\$ 357	\$ 204	\$ 265
B.	Per Insured (Compulsory) - Spouse / Child	\$ 510	\$ 357	\$ 204	\$ 265
A.	Per Insured (Voluntary) - Employee	\$ 612	\$ 428	\$ 245	\$ 318
B.	Per Insured (Voluntary) - Spouse / Child	\$ 612	\$ 428	\$ 245	\$ 318

Maternity

Annual Premium Rates (S\$)		Plan 1	Plan 2	Plan 3
A.	Per Insured (Compulsory) - Employee	\$ 545	\$ 909	\$ 1,455
B.	Per Insured (Compulsory) - Spouse	\$ 545	\$ 909	\$ 1,455
A.	Per Insured (Voluntary) - Employee	\$ 681	\$ 1,136	\$ 1,819
B.	Per Insured (Voluntary) - Spouse	\$ 681	\$ 1,136	\$ 1,819

Mental Well-being

Annual Premium Rates (S\$)		Plan 1	Plan 2
A.	Per Insured (Compulsory) - Employee	\$ 135	\$ 129
B.	Per Insured (Compulsory) - Spouse / Child	\$ 135	\$ 129
A.	Per Insured (Voluntary) - Employee	\$ 162	\$ 154
B.	Per Insured (Voluntary) - Spouse / Child	\$ 162	\$ 154

*Premiums are subjected to prevailing Goods & Services Tax (GST) with exception to GTL.