

LHO/RB/INSHRB/247

11 Jun 2020

00000108\_E\_29

HALOMOAN KASIM  
BLK 320B #08-110  
ANCHORVALE DRIVE  
SINGAPORE 542320



#### Bill Summary

Amount to be deducted from CPF Medisave Account	\$199.00
Please pay in cash	\$0.00
Premium Due Date	N.A.
Please maintain sufficient funds in your Medisave Account.	

### IncomeShield - Notice of payment (renewal)

**Name of insured:** RYAN KASIM

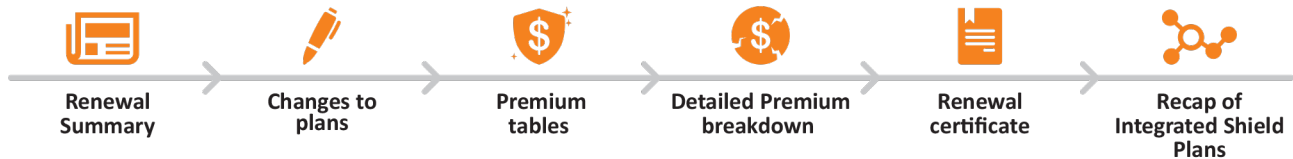
**Policy number:** 92809630

**Period of insurance:** 03 Aug 2020 to 02 Aug 2021

Dear Policyholder,

Thank you for insuring with Income. We wish to inform you that the premium of your IncomeShield policy indicated below is due.

As such, we are writing to inform you about the details. For your easy reference, we have presented the relevant information in the following sections of the letter.



### Renewal Summary

The following table provides a summary of the IncomeShield policy which is due for renewal.

Plan Type	Exclusion*	Premium before subsidies	Government subsidies	Payable by Medisave	Payable by Cash
		(A)	(B)	(C1)	(A)-(B)-(C1)
MediShield Life	N	\$130.00	\$0.00	\$130.00	\$0.00
Enhanced Advantage	N	\$69.00	N.A.	\$69.00	\$0.00
Additional private insurance coverage					
<b>Total</b>		<b>\$199.00</b>	<b>\$0.00</b>	<b>\$199.00</b>	<b>\$0.00</b>

\* These refer to exclusions known to Income as of 06 Jun 2020.

#### Medisave

The MediSave deduction will only be processed when the cash premium (if any) under Additional private insurance coverage is received by Income.

We would like to inform you that any payment received after 06 Jun 2020 will not be reflected here. Please ignore this notice if you have since made the payment.



## Changes to plans

### Changes to plans

As part of our continuous effort to ensure that your policies continue to be relevant to your needs, we are pleased to inform you that benefits under your Enhanced IncomeShield plan will be enhanced upon the renewal of the policy in the following ways.

- Long-term parenteral nutrition
- Enhancement on pregnancy and delivery-related complications benefit (not applicable for Enhanced C plan)
- Extension of coverage for direct admission from Emergency Department to Community Hospital
- Autologous bone marrow transplant benefit for multiple myeloma
- Approved cell, tissue and gene therapy

The modified terms will take effect on your policy renewal date. We will regard the receipt of the renewal premium as your acceptance of the modified terms as indicated above, unless we have been otherwise, advised by you.

We have also enclosed the endorsements with this renewal notice to reflect the enhanced benefits. These endorsements form part of your policy contracts and should be kept securely for future reference.



## Premium tables

### Enhanced IncomeShield

#### Breakdown of standard premiums for Enhanced IncomeShield

The table below show the breakdown of premiums for a standard life under your plan type and apply to policies starting from 1 March 2018.

#### For insured person who is a Singapore Citizen or Singapore Permanent Resident

Age Next Birthday <sup>1</sup>	MediShield Life Premiums (Fully payable by Medisave) <sup>2</sup>	Additional Withdrawal Limits (AWLs)	Additional private insurance coverage	
			Enhanced IncomeShield Advantage	
			Premiums	Cash outlay <sup>3</sup>
1 to 18	\$130	\$300	\$69	-
19 to 20	\$130		\$87	-
21 to 30	\$195		\$71	-
31 to 35	\$310		\$104	-
36 to 40	\$310		\$128	-
41 to 45	\$435	\$600	\$212	-
46 to 50	\$435		\$224	-
51 to 55	\$630		\$343	-
56 to 60	\$630		\$379	-
61 to 65	\$755		\$603	\$3
66 to 70	\$815	\$900	\$912	\$312
71 to 73	\$885		\$1,299	\$399
74 to 75	\$975		\$1,544	\$644
76 to 78	\$1,130		\$1,877	\$977
79 to 80	\$1,175		\$2,169	\$1,269
81 to 83	\$1,250		\$2,242	\$1,342
84 to 85	\$1,430		\$2,561	\$1,661
86 to 88	\$1,500		\$2,849	\$1,949
89 to 90	\$1,500		\$3,152	\$2,252
91 to 93	\$1,530		\$3,487	\$2,587
94 to 95	\$1,530		\$3,878	\$2,978
96 to 98	\$1,530		\$4,249	\$3,349
99 to 100	\$1,530		\$4,609	\$3,709
Over 100	\$1,530		\$4,985	\$4,085

Premium rates are inclusive of 7% GST.

Yearly premiums are based on your age at next birthday, and will increase when you reach the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

<sup>1</sup> The last entry age is 75, based on insured's age next birthday.

<sup>2</sup> Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MediShield Life premium payable after accounting for these is fully payable by Medisave. You can refer to the next page for a detailed premium breakdown of your MediShield Life premiums.

<sup>3</sup> This refers to the cash outlay if you are paying by Medisave (assuming you have sufficient monies in your Medisave account). If you are not paying by Medisave, your total cash outlay will be equal to MediShield Life Premiums + Premiums for Additional private insurance coverage.

#### For insured person who is a foreigner

If you are paying for a foreigner whose plan does not have a MediShield Life portion, the foreigner's total premium will be equivalent to the Standard MediShield Life Premium + Premium for Additional private insurance coverage.

If you are paying by Medisave, the Total Medisave Withdrawal Limits for the foreigner's premium will be equivalent to the combined Standard MediShield Life Premium amount + Additional Withdrawal Limits that can be used for Singapore Citizens and Permanent Residents.

If you have any questions, please contact your insurance adviser, SHERLYN TAN QIAN WEN at 67881122. Alternatively, you can call our customer service officers at 6332 1133 or email us at [healthcare@income.com.sg](mailto:healthcare@income.com.sg).

Yours sincerely



Andrew Yeo  
Chief Executive





## Detailed Premium Breakdown

Name of Insured : RYAN KASIM	
Identity Number : T****801Z	
Age next birthday : 4	
Policy number : 92809630	
Period of Insurance : 03 Aug 2020 to 02 Aug 2021	
Description	Amount
<b>MediShield Life</b>	
Standard MediShield Life Premium	\$130.00
<b>MediShield Life Premium before Subsidies</b>	<b>\$130.00</b>
<b>Net MediShield Life Premium Payable (inclusive of GST)</b>	<b>\$130.00</b>
- Amount payable by Medisave	\$130.00
- Amount payable by Cash	\$0.00
<b>Additional Private Insurance Portion</b>	
Premium payable for Enhanced IncomeShield Advantage (additional private insurance coverage portion)	\$69.00
<b>Net Premium payable for Enhanced IncomeShield Advantage (additional private insurance coverage portion) (inclusive of GST)</b>	<b>\$69.00</b>
- Amount payable by Medisave	\$69.00
- Amount payable by Cash	\$0.00
Any amount payable by Medisave will only be requested from CPF Board upon receipt of full cash/GIRO/company/Credit Card premium payment.	



## Renewal Certificate

Dated at Singapore on 11 Jun 2020

### RENEWAL CERTIFICATE TO BE ATTACHED AS PART OF POLICY NO: 92809630

Subject to full payment of the Renewal Premium for the above Policy, Income will renew the above Policy for a further period of one year effective on 03 Aug 2020 for the Insured Person listed below.

GST Registration No: M90372806G

Policy No: 92809630						
Name of Policyholder: HALOMOAN KASIM				NRIC/FIN: S****718E		
Name of Insured Person: RYAN KASIM				NRIC/FIN: T****801Z		
Plan: Enhanced IncomeShield Advantage						
Policy Type	Integrated with MediShield Life	Entry Date	Renewal Date	Expiry Date	Pay Mode	Premium
ENHANCED ADVANTAGE	YES	03 Aug 2018	03 Aug 2020	02 Aug 2021	CPF	\$199.00
Total Annual Premium (including GST)						\$199.00
CPF premium will be deducted from the authorised Medisave account S****718E.						

Your main plan will be integrated with MediShield Life if the insured meets the eligibility conditions as stated in the Central Provident Fund Act (Chapter 36) and the MediShield Life Scheme Act (Act No. 4 of 2015), as amended, extended or re-enacted from time to time.

The above information is correct as of 06 Jun 2020. Any changes to your policy made on or after this date will not be reflected in this Renewal Certificate.

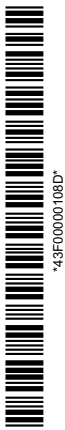
All other terms and conditions of the above Policy remain unchanged, except to the extent expressly amended or supplemented by this Renewal Certificate and any endorsement(s) attached to this Renewal Certificate.



Authorised Officer

### Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).



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## ENDORSEMENT E2005 TO BE ATTACHED TO AND FORMING PART OF THE POLICY 92809630

With effect from 03 Aug 2020, unless otherwise advised by **you** and subject to full payment of the premium for **your policy** as set out in the **renewal certificate** dated 11 Jun 2020, the following terms and conditions shall apply to **your policy**.

- i. The following new **schedule of benefits** shall replace and supersede the existing **schedule of benefits**:

### Schedule of benefits

Benefits	Enhanced Preferred	Enhanced Advantage	Enhanced Basic	Enhanced C
Ward entitlement	Standard room in private hospital or private medical institution	Restructured hospital for ward class A and below	Restructured hospital for ward class B1 and below	Restructured hospital for ward class B2 and below
Inpatient hospital treatment	Limits of compensation			
Room, board and medical-related services	As charged	As charged	As charged	As charged
Intensive care unit (ICU) and medical-related services				
Surgical benefits (including day surgery)				
Organ transplant benefit (including stem-cell transplant)				
Surgical implants				
Gamma knife and novalis radiosurgery				
Accident inpatient dental treatment				
Pre-hospitalisation treatment				
Post-hospitalisation treatment	As charged  For non-panel: up to 100 days after discharge  For Panel: up to 365 days after discharge	As charged  Up to 100 days after discharge		
Staying in a community hospital	As charged (up to 90 days for each admission)	As charged (up to 90 days for each admission)	As charged (up to 90 days for each admission)	As charged (up to 45 days for each admission)
Outpatient hospital treatment	Limits of compensation			
Stereotactic radiotherapy for cancer	As charged	As charged	As charged	As charged
Radiotherapy for cancer				
Chemotherapy for cancer				
Immunotherapy for cancer				
Renal dialysis				
Erythropoietin and other drugs approved under MediShield Life for chronic renal failure				
Cyclosporin or tacrolimus and other drugs approved under MediShield Life for organ transplant				
Long-term parenteral nutrition				

Benefits	Enhanced Preferred	Enhanced Advantage	Enhanced Basic	Enhanced C
<b>Special benefits</b>	<b>Limits on special benefits</b>			
Breast reconstruction after mastectomy	As charged	As charged	As charged	As charged
Congenital abnormalities benefit (with 12 months' waiting period)	As charged	As charged	As charged	Not covered
Pregnancy and delivery-related complications benefit (with 10 months' waiting period)				
Living organ donor (insured) transplant benefit – insured as the living donor donating an organ (each transplant with 24 months' waiting period for the person receiving the organ)	As charged, up to \$60,000	As charged, up to \$40,000	As charged, up to \$20,000	
Living organ donor (non-insured) transplant benefit (each transplant) – insured as the recipient of organ	As charged, up to \$60,000	Not covered	Not covered	
Cell, tissue and gene therapy benefit (each policy year)	As charged, up to \$250,000	As charged, up to \$250,000	As charged, up to \$150,000	As charged, up to \$150,000
Autologous bone marrow transplant treatment for multiple myeloma (each policy year)	As charged, up to \$25,000	As charged, up to \$25,000	As charged, up to \$10,000	As charged, up to \$10,000
Inpatient psychiatric treatment benefit (each policy year)	As charged, up to \$7,000	As charged, up to \$7,000	As charged, up to \$5,000	As charged, up to \$5,000
Prosthesis benefit (each policy year)	As charged, up to \$10,000	As charged, up to \$6,000	As charged, up to \$6,000	As charged, up to \$3,000
Emergency overseas treatment	As charged but limited to costs of Singapore private hospitals	As charged but limited to costs of ward class A in Singapore restructured hospitals	As charged but limited to costs of ward class B1 in Singapore restructured hospitals	As charged but limited to costs of ward class B2 in Singapore restructured hospitals
Final expenses benefit	\$5,000	\$5,000	\$3,000	\$1,500
<b>Pro-ration factor</b>				
Inpatient <ul style="list-style-type: none"> <li>- Restructured hospital               <ul style="list-style-type: none"> <li>- Ward class C, B2 or B2+</li> <li>- Ward class B1</li> <li>- Ward class A</li> </ul> </li> <li>- Private hospital or private medical institution or emergency overseas treatment</li> <li>- Community hospital               <ul style="list-style-type: none"> <li>- Ward class C, B2 or B2+</li> <li>- Ward class B1</li> <li>- Ward class A</li> </ul> </li> </ul>	Does not apply	Does not apply Does not apply Does not apply 65%	Does not apply Does not apply 85% 50%	Does not apply 40% 20% 15%
Day surgery or short-stay ward <ul style="list-style-type: none"> <li>- Restructured hospital subsidised</li> <li>- Restructured hospital non-subsidised</li> <li>- Private hospital or private medical institution or emergency overseas treatment</li> </ul>	Does not apply	Does not apply Does not apply 65%	Does not apply Does not apply 50%	Does not apply 20% 15%
Outpatient hospital treatment <ul style="list-style-type: none"> <li>- Restructured hospital subsidised</li> <li>- Restructured hospital non-subsidised</li> <li>- Private hospital or private medical institution</li> </ul>	Does not apply	Does not apply Does not apply 65%	Does not apply Does not apply 50%	Does not apply Does not apply 15%



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Benefits	Enhanced Preferred	Enhanced Advantage	Enhanced Basic	Enhanced C
<b>Deductible for each policy year for an insured aged 80 years or below next birthday</b>				
Inpatient				
- Restructured hospital				
- Ward class C	\$1,500	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500	\$2,000
- Ward class A	\$3,500	\$3,500	\$2,500	\$2,000
- Private hospital or private medical institution or emergency overseas treatment	\$3,500	\$3,500	\$2,500	\$2,000
- Community hospital				
- Ward class C	\$1,500	\$1,500	\$1,500	\$1,500
- Ward B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500	\$2,000
- Ward class A	\$3,500	\$3,500	\$2,500	\$2,000
Day surgery or short-stay ward				
- Subsidised	\$2,000	\$2,000	\$2,000	\$2,000
- Non-subsidised	\$3,500	\$3,500	\$2,500	\$2,000
<b>Deductible for each policy year for an insured aged over 80 years at next birthday</b>				
Inpatient				
- Restructured hospital				
- Ward class C	\$2,250	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750	\$3,000
- Ward class A	\$5,250	\$5,250	\$3,750	\$3,000
- Private hospital or private medical institution or emergency overseas treatment	\$5,250	\$5,250	\$3,750	\$3,000
- Community hospital				
- Ward class C	\$2,250	\$2,250	\$2,250	\$2,250
- Ward B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750	\$3,000
- Ward class A	\$5,250	\$5,250	\$3,750	\$3,000
Day surgery or short-stay ward				
- Subsidised	\$3,000	\$3,000	\$3,000	\$3,000
- Non-subsidised	\$5,250	\$5,250	\$3,750	\$3,000
<b>Co-insurance</b>	10%	10%	10%	10%
<b>Limit in each policy year</b>	\$1,500,000	\$500,000	\$250,000	\$150,000
<b>Limit in each lifetime</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Last entry age (age next birthday)</b>	75	75	75	75
<b>Maximum coverage age</b>	Lifetime	Lifetime	Lifetime	Lifetime

- ii. The following new “Your policy” clause shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

**“Your policy**

This is **your** Enhanced IncomeShield policy. It contains:

- these conditions;
- the **policy certificate**;
- the **schedule of benefits**; and
- the riders and endorsements (if this applies).

The full agreement between **us** and **you** is made up of these documents and:

- all statements to medical officers;
- declarations and questionnaires relating to **your** and the **insured’s** lifestyle, occupational or medical condition which **you** or the **insured** provided to **us** for **our** underwriting purposes; and
- written correspondence relating to **your policy** which **we** intend to be legally binding between **you** and **us**.

**We** refer to them all together as ‘**Your policy**’. Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together to avoid misunderstanding.



Words defined in the definitions section of these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

Enhanced IncomeShield is a medical insurance plan which covers **you** for costs associated with **staying in hospital** and having surgery. If **your policy** is integrated with **MediShield Life**, it adds to the **MediShield Life** tier operated by the **CPF Board** and provides extra **benefits** to meet the needs of those who would like more cover and medical insurance protection. **You** will find details of what **we** will cover set out in **your policy**."

- iii. The following new clause 1.1(h) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

**"1.1(h) Pre-hospitalisation treatment**

The cost of medical treatment received by the **insured** in the **policy year** for up to 100 days before the date they went into **hospital**.

If the inpatient hospital treatment is provided by **our panel** and paid for under the Enhanced IncomeShield Preferred plan, **we** will cover the cost of medical treatment the **insured** received in the **policy year** for up to 180 days before the date they went into **hospital**. To avoid doubt, if the **insured** is under the care of more than one **registered medical practitioner** or **specialist** for the **insured's stay in a hospital**, **we** will cover up to 180 days of pre-hospitalisation treatment only when the main (or primary) treating **registered medical practitioner** or **specialist** is part of **our panel**.

Pre-hospitalisation treatment includes **specialist** outpatient medical services and consultations, diagnostic and laboratory services, examinations and investigations ordered by a **registered medical practitioner**.

Pre-hospitalisation treatment must lead to the **insured** being admitted to a **hospital** for the same illness or injury for which they received medical treatment before their **stay in hospital**.

**We** do not cover pre-hospitalisation treatment if, under **your policy**, **we** do not pay for the inpatient hospital treatment received during the **stay in hospital**.

**We** do not cover pre-hospitalisation treatment which is given before inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a **short-stay ward**."

- iv. The following new clause 1.1(i) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

**"1.1(i) Post-hospitalisation treatment**

The cost of medical treatment received by the **insured** in the **policy year** for up to 100 days after the date they leave **hospital**.

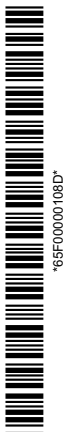
If the inpatient hospital treatment is provided by **our panel** and paid for under the Enhanced IncomeShield Preferred plan, **we** will cover the cost of medical treatment the **insured** received in the **policy year** for up to 365 days after the date they left **hospital**.

To avoid doubt, if the **insured** is under the care of more than one **registered medical practitioner** or **specialist** for the **insured's stay in a hospital**, **we** will cover up to 365 days of post-hospitalisation treatment only when the main (or primary) treating **registered medical practitioner** or **specialist** is part of **our panel**.

Post-hospitalisation treatment includes **specialist** outpatient medical services and consultations, medication, diagnostic and laboratory services, examinations and investigations ordered by a **registered medical practitioner**, which are carried out within the period that **we** cover post-hospitalisation treatment for.

Post-hospitalisation treatment must:

- have resulted directly from the condition for which the **stay in hospital** was needed; and



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- be recommended by the **registered medical practitioner** who treated the **insured** during the period they were in **hospital**.

**We** do not cover post-hospitalisation treatment if, under **your policy**, **we** do not pay for the inpatient hospital treatment received during the **stay in hospital**.

**We** do not cover post-hospitalisation treatment such as medication bought during a period of post-hospitalisation treatment but not used during that period.

**We** do not cover post-hospitalisation treatment which is given after inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a **short-stay ward**."

- v. The following new clause 1.1(j) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

**"1.1(j) Staying in a community hospital**

Charges the **insured** has to pay while **staying in a community hospital**, but only up to the maximum number of days for each stay as stated in the **schedule of benefits**.

To claim the inpatient hospital treatment benefit for a stay in a **community hospital**, the following conditions must all be met.

- The **insured** must have first had inpatient hospital treatment in a **restructured hospital** or **private hospital** or been referred from the emergency department of a **restructured hospital**.
- The attending **registered medical practitioner** in the **restructured hospital** or **private hospital** must have recommended in writing that the **insured** needs to be admitted to a **community hospital** for **necessary medical treatment**.
- After the **insured** is discharged from the **restructured hospital** or **private hospital**, they must be immediately admitted to a **community hospital** for a continuous period of time.
- The treatment must arise from the same injury, illness or disease that resulted in the inpatient hospital treatment."

- vi. The following new clause 1.2 shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

**"1.2 Outpatient hospital treatment**

The outpatient hospital treatment benefit pays for medical treatment of the **insured** set out below and depends on the limits in the **schedule of benefits** under the heading 'Outpatient hospital treatment'.

This benefit covers the following main outpatient hospital treatments received by the **insured** from a **hospital** or a licensed medical centre or clinic.

- Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer.
- Outpatient renal dialysis.
- Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved under **MediShield Life**.
- Parenteral bags (bags containing nutrients to be administered through tubing attached to a needle or catheter) and consumables (non-durable medical supplies) necessary for administering long-term parenteral nutrition that meets the **MediShield Life claimable criteria**. **We** will treat these claims as part of the outpatient hospital treatment under **your policy** and the same **limits of compensation** will apply.

Clauses a, b and c above include consultation fees, medicines, examinations and tests that are directly needed and ordered by the **registered medical practitioner**. **We** will pay these claims if the treatment is provided in the same month as the main outpatient hospital treatment, and the same **limits of compensation** will apply."

- vii. The following new clause 1.3(c) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

### **“1.3(c) Pregnancy and delivery-related complications benefit**

Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment for the following complications in pregnancy.

- Ectopic pregnancy – the condition in which a fertilised ovum implants outside the womb. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.
- Pre-eclampsia or eclampsia.
- Disseminated intravascular coagulation (DIC).
- Miscarriage – when the fetus of the **insured** dies as a result of a sudden unexpected and involuntary event which must not be due to a voluntary or malicious act.
- Ending a pregnancy if an obstetrician considers it necessary to save the life of the **insured**.
- Acute fatty liver diagnosed during pregnancy.
- Postpartum haemorrhage with hysterectomy done.
- Amniotic fluid embolism.
- Abruptio placentae (placenta abruption).
- Choriocarcinoma and Hydatidiform mole – a histologically confirmed choriocarcinoma or molar pregnancy.
- Placenta previa.
- Antepartum haemorrhage.

These pregnancy and delivery-related complications must have been first diagnosed by an obstetrician after 10 months from the **start date** or the last **reinstatement date** (if any), whichever is later.

Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment for the following complications if treatment is provided by **our preferred partners** in the areas of obstetrics and gynaecology.

To avoid doubt, if the **insured** is under the care of more than one **registered medical practitioner** or **specialist** for the complications, **we** will cover the complications only when the main (or primary) treating **registered medical practitioner** or **specialist** is part of **our preferred partners** in the areas of obstetrics and gynaecology.

- Haemorrhage during or after delivery
- Cervical incompetency (weakness or insufficiency)
- Accreta placenta (placenta attaches too deeply to the uterine wall)
- Placental insufficiency (failure of placenta to deliver an adequate supply of nutrients and oxygen to the fetus) and intrauterine growth restriction (unborn baby is smaller than expected for the gestational age)
- Gestational diabetes mellitus
- Obstetric cholestasis (liver disorder during pregnancy resulting in a build-up of bile)
- Twin to twin transfusion syndrome (disease of the placenta that affects identical twins, resulting in intrauterine blood transfusion from one twin to another)
- Infection of the amniotic sac and membranes
- Fourth-degree perineal laceration (tears that extend into the rectum)
- Uterine rupture
- Postpartum inversion of uterus (when the uterus turns inside out after childbirth)
- Obstetric injury or damage to pelvic organs
- Complications resulting from a hysterectomy carried out at the time of a caesarean section
- Retained placenta and membranes
- Abscess of the breast
- Stillbirth
- Death of the mother

The complications listed above must have been first diagnosed by an obstetrician or gynaecologist after 10 months from:

- 1 May 2020, which is the date on which this pregnancy and delivery-related complications benefit first became effective;
- the **start date**; or
- the last **reinstatement date** (if any);



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whichever is latest.”

- viii. The following new clause 1.3(e) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

**“1.3(e) Living organ donor (insured) transplant benefit**

The living organ donor transplant benefit pays for inpatient hospital treatment for the **insured** if they are a **living organ donor** of any **specified organ** and the following conditions are met.

- The transplant is approved under **HOTA** and carried out in a **hospital** in Singapore.
- The person receiving the **specified organ** must have been first diagnosed by a **registered medical practitioner**, and the symptoms of their organ failure must first appear, after 24 months from:
  - 1 September 2010, which is the date on which this living organ donor transplant benefit first became effective under **your policy**;
  - the **start date**; or
  - the last **reinstatement date** (if any);
 whichever is later; and
- the **reasonable expenses** are to treat the **insured** for the transplant and the treatment is, in the opinion of a **registered medical practitioner** or a **specialist** in that field of medicine, appropriate and necessary for the transplant.

When **we** pay for each transplant, **we** add together all **reasonable expenses** for the treatment (including pre-hospitalisation treatment, post-hospitalisation treatment and any post-surgery complications) and pay up to the limit for this benefit as set out in the **schedule of benefits**.

**We** will not pay for this benefit if the transplant is illegal or arises from any illegal transaction or practice.”

- ix. The following new clause 1.3(j) shall be inserted immediately after the existing clause 1.3(i) in your Enhanced IncomeShield policy:

**“1.3(j) Cell, tissue and gene therapy benefit**

This benefit pays for inpatient hospital treatment for cell, tissue and gene therapy provided to the **insured** if the following conditions are met.

- The cell, tissue and gene therapy is approved by **MOH** and Health Science Authority (HSA).
- The **registered medical practitioner** recommends in writing that the **insured** needs the cell, tissue and gene therapy for **necessary medical treatment**.

When **we** pay for the cell, tissue and gene therapy benefit, **we** add together all **reasonable expenses** for the cell, tissue and gene therapy treatment (including pre-hospitalisation treatment and post-hospitalisation treatment), and pay up to the limit for this benefit as set out in the **schedule of benefits**.”

- x. The following new clause 1.3(k) shall be inserted immediately after the new clause 1.3(j) in your Enhanced IncomeShield policy:

**“1.3(k) Autologous bone marrow transplant treatment for multiple myeloma**

This benefit pays for the autologous bone marrow transplant treatment for multiple myeloma (a form of white blood cell cancer) provided to the **insured** for the following stages of the treatment.

- Stem-cell mobilization (a process where drugs are used to move the stem cells into the bloodstream)
- Harvesting healthy stem cells
- Pre-transplant preparation
- Use of high dosage chemotherapeutic drugs to destroy cancerous cells
- Transplant of healthy stem cells
- Post-transplant monitoring

To avoid doubt, **we** do not cover pre-hospitalisation treatment before the autologous bone marrow transplant treatment for multiple myeloma, or post-hospitalisation treatment provided after it.”

- xi. The following new clause 4.12 shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

**"4.12 Fraud**

If a claim or any part of a claim is false or fraudulent, or if **you** use fraudulent methods or devices to gain any **benefit**, **we** can do any or all of the following.

- **We** may declare **your policy** invalid and **you** will lose all **benefits** under this policy. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will not refund your **premiums**.
- **We** may end **your policy**.
- **We** may refuse to renew **your policy**.
- **We** may add extra terms and conditions. If **you** disagree with the addition of extra terms and conditions, **you** can write to **us** to cancel this policy. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all **premiums** to **you**."

- xii. The following new clause 4.18(h) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

"Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, lactation complications, or any form of related **stay in hospital** or treatment (unless **we** cover this under pregnancy and delivery-related complications benefit)."

- xiii. The following new clause 4.18(l) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

"Treatment for injuries or illnesses resulting from attempted suicide and for self-inflicted injuries, whether the insured is sane or insane."

- xiv. The following new clause 4.18(m) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

"Drug or alcohol abuse or misuse, or any injury, illness or disease caused directly or indirectly by the abuse or misuse of alcohol, drugs or substance."

- xv. The following new clause 4.18(u) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

"Private nursing charges and home-based nursing services."

- xvi. The following new clause 4.18(w) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

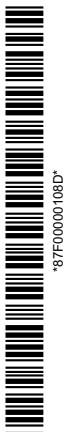
"Treatment of injuries arising from being directly or indirectly involved in civil commotion, riot, strike, terrorist activities, breaking or attempting to break the law, resisting arrest or any imprisonment."

- xvii. The following new clause 4.18(y) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

"Rest cures, hospice care, home or outpatient nursing, home visits or treatments, home rehabilitation or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation."

- xviii. The following new clause 4.18(z) shall replace and supersede its existing clause in your Enhanced IncomeShield policy:

"Alternative or complementary treatments, including traditional Chinese medicine (TCM), chiropractor, naturopath, acupuncturist, homeopath, osteopath, dietician or a stay in any health-care establishment for social or non-medical reasons."



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- xix. The following new clauses 4.18(aa) to 4(ae) shall be inserted immediately after clause 4.18(z) in your Enhanced IncomeShield policy:

“(aa) Treatment for illness or injury resulting from the **insured** taking part in any dangerous activities or sports as a professional or when an income could or would be earned from those activities or sports.

(ab) Treatment for obesity, weight loss, increasing weight, or any procedures relating to managing weight.

(ac) **Staying in a hospital** for the main purpose of diagnosis, an X-ray, CT scan or MRI scan, a medical check-up or health screening.

(ad) Non-medical items such as parking fees, hospital administration and registration fees, laundry, television rental, newspapers or fees for medical reports (including test results).

(ae) Genetic testing and preventive treatment or procedures (unless **we** cover it under cell, tissue and gene therapy benefit).”

- xx. The following new definition of “**Deductible**” shall replace and supersede its existing definition under clause 5 in your Enhanced IncomeShield policy:

“**Deductible** means the part of the **benefit you** are claiming that the **insured** must pay before **we** will pay any benefit. The **deductible** is shown in the **schedule of benefits**. The **deductible** does not apply to claims for outpatient hospital treatment benefit under section 1.2 (Outpatient hospital treatment) or section 1.3g (Prosthesis benefit).”

- xxi. The following new definition of “**Living organ donor**” shall replace and supersede its existing definition under clause 5 in your Enhanced IncomeShield policy:

“**Living organ donor** means a living person from whom a **specified organ** is removed and transplanted into another living person.”

- xxii. A new definition “**Medical institution**” shall be added immediately after the definition of “**MOH**” under clause 5 of your Enhanced IncomeShield policy:

“**Medical institution** means a licensed:

- private clinic;
  - medical centre;
  - diagnostic centre; or
  - dialysis centre
- in Singapore.”

- xxiii. A new definition “**MediShield Life claimable criteria**” shall be added immediately after the definition of “**MediShield Life**” under clause 5 of your Enhanced IncomeShield policy:

“**MediShield Life claimable criteria** means the list of criteria that long-term and home parenteral-nutrition patients must meet in order to qualify for **MediShield Life** cover. **You** can find the details at [www.moh.gov.sg](http://www.moh.gov.sg). **MOH** may update this list from time to time.”

- xxiv. The following new definition of “**Necessary medical treatment**” shall replace and supersede its existing definition under clause 5 in your Enhanced IncomeShield policy:

“**Necessary medical treatment** means reasonable and common treatment which, in the professional opinion of a **registered medical practitioner** or a **specialist** in the relevant field of medicine, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the illness or injury and reduces the negative effect of the illness or injury on the **insured’s** health.

The treatment:

- must be provided in line with generally accepted standards of good medical practice in Singapore, be consistent with current standards of professional medical care, have proven medical benefits, and

also be cost-effective and supported by the guidelines of **MOH** (where available) or official bodies such as Health Science Authority, the Allied Health Professions Council or the Agency for Care Effectiveness;

- must not be for the convenience of the **insured** or **registered medical practitioner** or **specialist** (for example, treatment that can reasonably be provided out of a hospital, but is provided as an inpatient treatment);
- must not be for investigation or research (for example, experimental or new physiotherapy, medical techniques or surgical techniques, medical devices not approved by the Institutional Review Board and the Health Sciences Authority, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or similar bodies); and
- must not be preventive, or for health screening or promoting good health (such as dietary replacement or supplement)."

xxv. A new definition "**Preferred partners**" shall be added immediately after the definition of "**Pre-existing illness, disease or condition**" under clause 5 of your Enhanced IncomeShield policy:

"**Preferred partners** mean a selected group of:

- **registered medical practitioners;**
- **specialists;**
- **hospitals; or**
- **medical institutions;**

on **our** approved list. **You** can find the approved list at [www.income.com.sg](http://www.income.com.sg). **We** may update this list from time to time."

xxvi. The following new definition of "**Private medical institution**" shall replace and supersede its existing definition under clause 5 in your Enhanced IncomeShield policy:

"**Private medical institution** means a licensed private:

- clinic;
- medical centre;
- diagnostic centre; or
- dialysis centre;

in Singapore."

xxvii. The following new definition of "**Registered medical practitioner**" shall replace and supersede its existing definition under clause 5 in your Enhanced IncomeShield Policy:

"**Registered medical practitioner** means a doctor who:

- is registered with the Singapore Medical Council (SMC);
- has a valid Practising Certificate (PC); and
- holds an MBBS/MD degree awarded by a recognized medical school in the first schedule and second schedule of the Medical Registration Act, Cap 174.

This cannot be **you**, the **insured** or **your** or the **insured's** parent, brother or sister, husband or wife, child or relative."

xxviii. The following new definition of "**Specialist**" shall replace and supersede its existing definition under clause 5 in your Enhanced IncomeShield Policy:

"**Specialist** means a **registered medical practitioner** who is:

- on the Register of Medical Practitioners;
- accredited by the Specialists Accreditation Board (SAB); and
- registered by the Singapore Medical Council (SMC) with recognized specialties and subspecialties."



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- xxix. Unless the terms and conditions of **your policy** are changed by this endorsement:
- All other terms and conditions of **your policy** will not change and will apply to this endorsement, if they are applicable; and
  - Words defined in the definitions sections of the conditions of **your policy**, if used in this endorsement, will have the same meanings.

If there is any inconsistency between the terms and conditions of this endorsement and **your policy**, the terms and conditions of this endorsement will apply.

Dated at Singapore on 11 Jun 2020.



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Authorised officer



## Summarised changes to Enhanced IncomeShield (For renewal from 1 May 2020)

Please refer to the type of plan you are currently insured under for the corresponding revisions.

Plan Type	New Benefits		Enhancements		
	Cell, tissue and gene therapy benefit	Autologous bone marrow transplant treatment for multiple myeloma	Staying in a community hospital	Outpatient hospital treatment	Pregnancy and delivery-related complications benefit
Enhanced Preferred	✓	✓	✓	✓	✓
Enhanced Advantage	✓	✓	✓	✓	✓
Enhanced Basic	✓	✓	✓	✓	✓
Enhanced C	✓	✓	✓	✓	–

## Changes in clauses and definitions

Note: The words in bold are defined in the definitions section of your policy.

Clause heading	Existing clause	Revised clause
Your policy	<p>This is <b>your</b> Enhanced IncomeShield policy. It contains:</p> <ul style="list-style-type: none"> <li>these conditions;</li> <li>the <b>policy certificate</b>;</li> <li>the <b>schedule of benefits</b>; and</li> <li>the riders and endorsements (if this applies).</li> </ul> <p>The full agreement between <b>us</b> and <b>you</b> is made up of these documents and:</p> <ul style="list-style-type: none"> <li>all statements to medical officers;</li> <li>declarations and questionnaires relating to <b>your</b> and the <b>insured's</b> lifestyle, occupational or medical condition which <b>you</b> or the <b>insured</b> provided to <b>us</b> for <b>our</b> underwriting purposes; and</li> <li>all written correspondence relating to <b>your policy</b> between <b>you</b> or the <b>insured</b> and <b>us</b>.</li> </ul> <p><b>We</b> refer to them all together as '<b>Your policy</b>'. Please examine them to make sure <b>you</b> have the protection <b>you</b> need. It is important that <b>you</b> read them together to avoid misunderstanding.</p> <p>Words defined in the definitions section of these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words</p>	<p>This is <b>your</b> Enhanced IncomeShield policy. It contains:</p> <ul style="list-style-type: none"> <li>these conditions;</li> <li>the <b>policy certificate</b>;</li> <li>the <b>schedule of benefits</b>; and</li> <li>the riders and endorsements (if this applies).</li> </ul> <p>The full agreement between <b>us</b> and <b>you</b> is made up of these documents and:</p> <ul style="list-style-type: none"> <li>all statements to medical officers;</li> <li>declarations and questionnaires relating to <b>your</b> and the <b>insured's</b> lifestyle, occupational or medical condition which <b>you</b> or the <b>insured</b> provided to <b>us</b> for <b>our</b> underwriting purposes; and</li> <li>written correspondence relating to <b>your policy</b> which <b>we</b> intend to be legally binding between <b>you</b> and <b>us</b>.</li> </ul> <p><b>We</b> refer to them all together as '<b>Your policy</b>'. Please examine them to make sure <b>you</b> have the protection <b>you</b> need. It is important that <b>you</b> read them together to avoid misunderstanding.</p> <p>Words defined in the definitions section of these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined</p>



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	<p>are used in any of the documents in <b>your policy</b> or any correspondence between <b>you</b> and <b>us</b>.</p> <p>Enhanced IncomeShield is a medical insurance plan which covers <b>you</b> for costs associated with <b>staying in hospital</b> and having surgery. If <b>your policy</b> is integrated with <b>MediShield Life</b>, it adds to the <b>MediShield Life</b> tier operated by the <b>CPF Board</b> and provides extra <b>benefits</b> to meet the needs of those who would like more cover and medical insurance protection. <b>You</b> will find details of what <b>we</b> will cover set out in <b>your policy</b>.</p>	<p>words are used in any of the documents in <b>your policy</b> or any correspondence between <b>you</b> and <b>us</b>.</p> <p>Enhanced IncomeShield is a medical insurance plan which covers <b>you</b> for costs associated with <b>staying in hospital</b> and having surgery. If <b>your policy</b> is integrated with <b>MediShield Life</b>, it adds to the <b>MediShield Life</b> tier operated by the <b>CPF Board</b> and provides extra <b>benefits</b> to meet the needs of those who would like more cover and medical insurance protection. <b>You</b> will find details of what <b>we</b> will cover set out in <b>your policy</b>.</p>
1.1(h) Pre-hospitalisation treatment	<p>The cost of medical treatment received by the <b>insured</b> in the <b>policy year</b> for up to 100 days before the date they went into <b>hospital</b>.</p> <p>If the inpatient hospital treatment is provided by <b>our panel</b> and paid for under the Enhanced IncomeShield Preferred plan, we will cover the cost of medical treatment the <b>insured</b> received in the <b>policy year</b> for up to 180 days before the date they went into <b>hospital</b>. To avoid doubt, if there is more than one treating <b>registered medical practitioner</b> or <b>specialist</b> for the <b>insured's stay in a hospital</b>, we will cover up to 180 days of pre-hospitalisation treatment only when the main (or primary) treating <b>registered medical practitioner</b> or <b>specialist</b> is part of <b>our panel</b>.</p> <p>Pre-hospitalisation treatment includes <b>specialist</b> outpatient medical services and consultations, diagnostic and laboratory services, examinations and investigations ordered by a <b>registered medical practitioner</b>.</p> <p>Pre-hospitalisation treatment must lead to the <b>insured</b> being admitted to a <b>hospital</b> for the same illness or injury for which they received medical treatment before their <b>stay in hospital</b>.</p> <p><b>We</b> do not cover pre-hospitalisation treatment if, under <b>your policy</b>, <b>we</b> do not</p>	<p>The cost of medical treatment received by the <b>insured</b> in the <b>policy year</b> for up to 100 days before the date they went into <b>hospital</b>.</p> <p>If the inpatient hospital treatment is provided by <b>our panel</b> and paid for under the Enhanced IncomeShield Preferred plan, <b>we</b> will cover the cost of medical treatment the <b>insured</b> received in the <b>policy year</b> for up to 180 days before the date they went into <b>hospital</b>. To avoid doubt, if the <b>insured</b> is under the care of more than one <b>registered medical practitioner</b> or <b>specialist</b> for the <b>insured's stay in a hospital</b>, <b>we</b> will cover up to 180 days of pre-hospitalisation treatment only when the main (or primary) treating <b>registered medical practitioner</b> or <b>specialist</b> is part of <b>our panel</b>.</p> <p>Pre-hospitalisation treatment includes <b>specialist</b> outpatient medical services and consultations, diagnostic and laboratory services, examinations and investigations ordered by a <b>registered medical practitioner</b>.</p> <p>Pre-hospitalisation treatment must lead to the <b>insured</b> being admitted to a <b>hospital</b> for the same illness or injury for which they received medical treatment before their <b>stay in hospital</b>.</p> <p><b>We</b> do not cover pre-hospitalisation treatment if, under <b>your policy</b>, <b>we</b> do not</p>

	<p>pay for the inpatient hospital treatment received during the <b>stay in hospital</b>.</p> <p><b>We</b> do not cover pre-hospitalisation treatment which is given before inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a <b>short-stay ward</b>.</p>	<p>pay for the inpatient hospital treatment received during the <b>stay in hospital</b>.</p> <p><b>We</b> do not cover pre-hospitalisation treatment which is given before inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a <b>short-stay ward</b>.</p>
1.1(i) Post-hospitalisation treatment	<p>The cost of medical treatment received by the <b>insured</b> in the <b>policy year</b> for up to 100 days after the date they leave <b>hospital</b>.</p> <p>If the inpatient hospital treatment is provided by <b>our panel</b> and paid for under the Enhanced IncomeShield Preferred plan, <b>we</b> will cover the cost of medical treatment the <b>insured</b> received in the <b>policy year</b> for up to 365 days after the date they left <b>hospital</b>.</p> <p>To avoid doubt, if there is more than one treating <b>registered medical practitioner</b> or <b>specialist</b> for the <b>insured's stay in a hospital</b>, we will cover up to 365 days of post-hospitalisation treatment only when the main (or primary) treating <b>registered medical practitioner</b> or <b>specialist</b> is part of <b>our panel</b>.</p> <p>Post-hospitalisation treatment includes <b>specialist</b> outpatient medical services and consultations, diagnostic and laboratory services, examinations and investigations ordered by a <b>registered medical practitioner</b>, which are carried out within the period that <b>we</b> cover post-hospitalisation treatment for.</p> <p>Post-hospitalisation treatment must:</p> <ul style="list-style-type: none"> <li>• have resulted directly from the condition for which the <b>stay in hospital</b> was needed; and</li> <li>• be recommended by the <b>registered medical practitioner</b> who treated the <b>insured</b> during the period they were in <b>hospital</b>.</li> </ul> <p><b>We</b> do not cover post-hospitalisation treatment if, under <b>your policy</b>, <b>we</b> do not pay for the inpatient hospital treatment received during the <b>stay in hospital</b>.</p>	<p>The cost of medical treatment received by the <b>insured</b> in the <b>policy year</b> for up to 100 days after the date they leave <b>hospital</b>.</p> <p>If the inpatient hospital treatment is provided by <b>our panel</b> and paid for under the Enhanced IncomeShield Preferred plan, <b>we</b> will cover the cost of medical treatment the <b>insured</b> received in the <b>policy year</b> for up to 365 days after the date they left <b>hospital</b>.</p> <p>To avoid doubt, if the <b>insured</b> is under the care of is more than one <b>registered medical practitioner</b> or <b>specialist</b> for the <b>insured's stay in a hospital</b>, <b>we</b> will cover up to 365 days of post-hospitalisation treatment only when the main (or primary) treating <b>registered medical practitioner</b> or <b>specialist</b> is part of <b>our panel</b>.</p> <p>Post-hospitalisation treatment includes <b>specialist</b> outpatient medical services and consultations, medication, diagnostic and laboratory services, examinations and investigations ordered by a <b>registered medical practitioner</b>, which are carried out within the period that <b>we</b> cover post-hospitalisation treatment for.</p> <p>Post-hospitalisation treatment must:</p> <ul style="list-style-type: none"> <li>• have resulted directly from the condition for which the <b>stay in hospital</b> was needed; and</li> <li>• be recommended by the <b>registered medical practitioner</b> who treated the <b>insured</b> during the period they were in <b>hospital</b>.</li> </ul> <p><b>We</b> do not cover post-hospitalisation treatment if, under <b>your policy</b>, <b>we</b> do not</p>



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	<p><b>We</b> do not cover post-hospitalisation treatment which is given after inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a <b>short-stay ward</b>.</p>	<p>pay for the inpatient hospital treatment received during the <b>stay in hospital</b>.</p> <p><b>We</b> do not cover post-hospitalisation treatment such as medication bought during a period of post-hospitalisation treatment but not used during that period.</p> <p><b>We</b> do not cover post-hospitalisation treatment which is given after inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a <b>short-stay ward</b>.</p>
1.1(j) Staying in a community hospital	<p>Charges the <b>insured</b> has to pay while <b>staying in a community hospital</b>, but only up to the maximum number of days for each stay as stated in the <b>schedule of benefits</b>.</p> <p>To claim the inpatient hospital treatment benefit for a stay in a <b>community hospital</b>, the following conditions must all be met.</p> <ul style="list-style-type: none"> <li>• The <b>insured</b> must have first had inpatient hospital treatment in a <b>restructured hospital</b> or <b>private hospital</b>.</li> <li>• After the <b>insured</b> is discharged from the <b>restructured hospital</b> or <b>private hospital</b>, they must be immediately admitted to a <b>community hospital</b> for a continuous period of time.</li> <li>• The attending <b>registered medical practitioner</b> in the <b>restructured hospital</b> or <b>private hospital</b> must have recommended in writing that the <b>insured</b> needs to be admitted to a <b>community hospital</b> for <b>necessary medical treatment</b>.</li> <li>• The treatment must arise from the same injury, illness or disease that resulted in the inpatient hospital treatment.</li> </ul>	<p>Charges the <b>insured</b> has to pay while <b>staying in a community hospital</b>, but only up to the maximum number of days for each stay as stated in the <b>schedule of benefits</b>.</p> <p>To claim the inpatient hospital treatment benefit for a stay in a <b>community hospital</b>, the following conditions must all be met.</p> <ul style="list-style-type: none"> <li>• The <b>insured</b> must have first had inpatient hospital treatment in a <b>restructured hospital</b> or <b>private hospital</b> or been referred from the emergency department of a <b>restructured hospital</b>.</li> <li>• The attending <b>registered medical practitioner</b> in the <b>restructured hospital</b> or <b>private hospital</b> must have recommended in writing that the <b>insured</b> needs to be admitted to a <b>community hospital</b> for <b>necessary medical treatment</b>.</li> <li>• After the <b>insured</b> is discharged from the <b>restructured hospital</b> or <b>private hospital</b>, they must be immediately admitted to a <b>community hospital</b> for a continuous period of time.</li> <li>• The treatment must arise from the same injury, illness or disease that resulted in the inpatient hospital treatment.</li> </ul>
1.2 Outpatient hospital treatment	<p>The outpatient hospital treatment benefit pays for medical treatment of the <b>insured</b> set out below and depends on the limits in the <b>schedule of benefits</b> under the heading 'Outpatient hospital treatment'.</p>	<p>The outpatient hospital treatment benefit pays for medical treatment of the <b>insured</b> set out below and depends on the limits in the <b>schedule of benefits</b> under the heading 'Outpatient hospital treatment'.</p>

	<p>Outpatient hospital treatment covers the following received by the <b>insured</b> from a <b>hospital</b> or a licensed medical centre or clinic.</p> <ul style="list-style-type: none"> <li>a Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer.</li> <li>b Outpatient renal dialysis.</li> <li>c Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved under <b>MediShield Life</b>.</li> <li>d Consultation fees, medicines, examinations and tests ordered by the attending <b>registered medical practitioner</b> and needed for stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy or outpatient renal dialysis medical treatment. <b>We</b> will treat these claims as part of the outpatient hospital treatment only if the consultation fees, medicines used or examinations and tests carried out are in the same month as the stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy or outpatient renal dialysis medical treatment, and the same <b>limits of compensation</b> will apply.</li> </ul>	<p>This benefit covers the following main outpatient hospital treatments received by the <b>insured</b> from a <b>hospital</b> or a licensed medical centre or clinic.</p> <ul style="list-style-type: none"> <li>a Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer.</li> <li>b Outpatient renal dialysis.</li> <li>c Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved under <b>MediShield Life</b>.</li> <li>d Parenteral bags (bags containing nutrients to be administered through tubing attached to a needle or catheter) and consumables (non-durable medical supplies) necessary for administering long-term parenteral nutrition that meets the <b>MediShield Life claimable criteria</b>. <b>We</b> will treat these claims as part of the outpatient hospital treatment under <b>your policy</b> and the same <b>limits of compensation</b> will apply.</li> </ul> <p>Clauses a, b and c above include consultation fees, medicines, examinations and tests that are directly needed and ordered by the <b>registered medical practitioner</b>. <b>We</b> will pay these claims if the treatment is provided in the same month as the main outpatient hospital treatment, and the same <b>limits of compensation</b> will apply.</p>
1.3(c) Pregnancy and delivery-related complications benefit^	<p>Pregnancy complications benefit pays for inpatient hospital treatment for the following complications in pregnancy.</p> <ul style="list-style-type: none"> <li>• Ectopic pregnancy – the condition in which a fertilised ovum implants outside the womb. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.</li> <li>• Pre-eclampsia or eclampsia.</li> <li>• Disseminated intravascular coagulation (DIC).</li> <li>• Miscarriage – when the fetus of the <b>insured</b> dies as a result of a sudden unexpected and involuntary event which must not be due to a voluntary or malicious act.</li> </ul>	<p>Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment for the following complications in pregnancy.</p> <ul style="list-style-type: none"> <li>• Ectopic pregnancy – the condition in which a fertilised ovum implants outside the womb. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.</li> <li>• Pre-eclampsia or eclampsia.</li> <li>• Disseminated intravascular coagulation (DIC).</li> <li>• Miscarriage – when the fetus of the <b>insured</b> dies as a result of a sudden unexpected and involuntary event</li> </ul>



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	<ul style="list-style-type: none"> <li>• Ending a pregnancy if an obstetrician considers it necessary to save the life of the <b>insured</b>.</li> <li>• Acute fatty liver diagnosed during pregnancy.</li> <li>• Postpartum haemorrhage with hysterectomy done.</li> <li>• Amniotic fluid embolism.</li> <li>• Abruptio placentae (placenta abruption).</li> <li>• Choriocarcinoma and Hydatidiform mole – a histologically confirmed choriocarcinoma or molar pregnancy.</li> <li>• Placenta previa.</li> <li>• Antepartum haemorrhage.</li> </ul> <p>Pregnancy complications must have been first diagnosed by an obstetrician after 10 months from:</p> <ul style="list-style-type: none"> <li>• 1 September 2008, which is the date on which this pregnancy complications benefit first became effective;</li> <li>• the <b>start date</b>; or</li> <li>• the last <b>reinstatement date</b> (if any); whichever is later.</li> </ul>	<p>which must not be due to a voluntary or malicious act.</p> <ul style="list-style-type: none"> <li>• Ending a pregnancy if an obstetrician considers it necessary to save the life of the <b>insured</b>.</li> <li>• Acute fatty liver diagnosed during pregnancy.</li> <li>• Postpartum haemorrhage with hysterectomy done.</li> <li>• Amniotic fluid embolism.</li> <li>• Abruptio placentae (placenta abruption).</li> <li>• Choriocarcinoma and Hydatidiform mole – a histologically confirmed choriocarcinoma or molar pregnancy.</li> <li>• Placenta previa.</li> <li>• Antepartum haemorrhage.</li> </ul> <p>These pregnancy and delivery-related complications must have been first diagnosed by an obstetrician after 10 months from the <b>start date</b> or the last <b>reinstatement date</b> (if any), whichever is later.</p> <p>Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment for the following complications if treatment is provided by <b>our preferred partners</b> in the areas of obstetrics and gynaecology.</p> <p>To avoid doubt, if the <b>insured</b> is under the care of more than one <b>registered medical practitioner</b> or <b>specialist</b> for the complications, <b>we</b> will cover the complications only when the main (or primary) treating <b>registered medical practitioner</b> or <b>specialist</b> is part of <b>our preferred partners</b> in the areas of obstetrics and gynaecology.</p> <ul style="list-style-type: none"> <li>• Haemorrhage during or after delivery</li> <li>• Cervical incompetency (weakness or insufficiency)</li> <li>• Accreta placenta (placenta attaches too deeply to the uterine wall)</li> <li>• Placental insufficiency (failure of placenta to deliver an adequate supply of nutrients and oxygen to the fetus) and intrauterine growth</li> </ul>
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		<p>restriction (unborn baby is smaller than expected for the gestational age)</p> <ul style="list-style-type: none"> <li>• Gestational diabetes mellitus</li> <li>• Obstetric cholestasis (liver disorder during pregnancy resulting in a build-up of bile)</li> <li>• Twin to twin transfusion syndrome (disease of the placenta that affects identical twins, resulting in intrauterine blood transfusion from one twin to another)</li> <li>• Infection of the amniotic sac and membranes</li> <li>• Fourth-degree perineal laceration (tears that extend into the rectum)</li> <li>• Uterine rupture</li> <li>• Postpartum inversion of uterus (when the uterus turns inside out after childbirth)</li> <li>• Obstetric injury or damage to pelvic organs</li> <li>• Complications resulting from a hysterectomy carried out at the time of a caesarean section</li> <li>• Retained placenta and membranes</li> <li>• Abscess of the breast</li> <li>• Stillbirth</li> <li>• Death of the mother</li> </ul> <p>The complications listed above must have been first diagnosed by an obstetrician or gynaecologist after 10 months from:</p> <ul style="list-style-type: none"> <li>• 1 May 2020, which is the date on which this pregnancy and delivery-related complications benefit first became effective;</li> <li>• the <b>start date</b>; or</li> <li>• the last <b>reinstatement date</b> (if any); whichever is latest.</li> </ul>
1.3(e) Living organ donor (insured) transplant benefit	<p>The living organ donor transplant benefit pays for inpatient hospital treatment for the <b>insured</b> if they are a <b>living organ donor</b> of any <b>specified organ</b> and the following conditions are met.</p> <ul style="list-style-type: none"> <li>• The transplant is approved under <b>HOTA</b> and carried out in a <b>hospital</b> in Singapore.</li> <li>• The person receiving the <b>specified organ</b> must have been first diagnosed by a <b>registered medical practitioner</b>, and the symptoms of their organ</li> </ul>	<p>The living organ donor transplant benefit pays for inpatient hospital treatment for the <b>insured</b> if they are a <b>living organ donor</b> of any <b>specified organ</b> and the following conditions are met.</p> <ul style="list-style-type: none"> <li>• The transplant is approved under <b>HOTA</b> and carried out in a <b>hospital</b> in Singapore.</li> <li>• The person receiving the <b>specified organ</b> must have been first diagnosed by a <b>registered medical practitioner</b>, and the symptoms of their organ</li> </ul>

	<p>failure must first appear, after 24 months from:</p> <ul style="list-style-type: none"> <li>– 1 September 2010, which is the date on which this living organ donor transplant benefit first became effective under <b>your policy</b>;</li> <li>– the <b>start date</b>; or</li> <li>– the last <b>reinstatement date</b> (if any);</li> </ul> <p>whichever is later; and</p> <ul style="list-style-type: none"> <li>• the <b>reasonable expenses</b> are to treat the <b>insured</b> for the transplant and the treatment is, in the opinion of a <b>registered medical practitioner</b> or a <b>specialist</b> in that field of medicine, appropriate and necessary for the transplant.</li> </ul> <p>For the purpose of working out the limit of benefit <b>we</b> will pay for each transplant, <b>we</b> add together all <b>reasonable expenses</b> for the treatment (including pre-hospitalisation treatment, post-hospitalisation treatment and any post-surgery complications).</p> <p><b>We</b> will not pay for this benefit if the transplant is illegal or arises from any illegal transaction or practice.</p>	<p>failure must first appear, after 24 months from:</p> <ul style="list-style-type: none"> <li>– 1 September 2010, which is the date on which this living organ donor transplant benefit first became effective under <b>your policy</b>;</li> <li>– the <b>start date</b>; or</li> <li>– the last <b>reinstatement date</b> (if any);</li> </ul> <p>whichever is later; and</p> <ul style="list-style-type: none"> <li>• the <b>reasonable expenses</b> are to treat the <b>insured</b> for the transplant and the treatment is, in the opinion of a <b>registered medical practitioner</b> or a <b>specialist</b> in that field of medicine, appropriate and necessary for the transplant.</li> </ul> <p>When <b>we</b> pay for each transplant, <b>we</b> add together all <b>reasonable expenses</b> for the treatment (including pre-hospitalisation treatment, post-hospitalisation treatment and any post-surgery complications) and pay up to the limit for this benefit as set out in the <b>schedule of benefits</b>.</p> <p><b>We</b> will not pay for this benefit if the transplant is illegal or arises from any illegal transaction or practice.</p>
4.12 Fraud	<p>If a claim or any part of a claim is false or fraudulent, or if <b>you</b> use fraudulent methods or devices to gain any <b>benefit</b>, <b>we</b> can do any or all of the following.</p> <ul style="list-style-type: none"> <li>• <b>We</b> may declare <b>your policy</b> invalid and <b>you</b> will lose all <b>benefits</b> under this policy. <b>You</b> will have to repay to <b>us</b> all amounts <b>we</b> have paid out under the policy and <b>we</b> will refund all <b>premiums</b> to <b>you</b>.</li> <li>• <b>We</b> may end <b>your policy</b>.</li> <li>• <b>We</b> may refuse to renew <b>your policy</b>.</li> <li>• <b>We</b> may add extra terms and conditions. If <b>you</b> disagree with the addition of extra terms and conditions, <b>you</b> can write to <b>us</b> to cancel this policy. <b>You</b> will have to repay to <b>us</b> all amounts <b>we</b> have paid out under the policy and <b>we</b> will refund all <b>premiums</b> to <b>you</b>.</li> </ul>	<p>If a claim or any part of a claim is false or fraudulent, or if <b>you</b> use fraudulent methods or devices to gain any <b>benefit</b>, <b>we</b> can do any or all of the following.</p> <ul style="list-style-type: none"> <li>• <b>We</b> may declare <b>your policy</b> invalid and <b>you</b> will lose all <b>benefits</b> under this policy. <b>You</b> will have to repay to <b>us</b> all amounts <b>we</b> have paid out under the policy and <b>we</b> will not refund your <b>premiums</b>.</li> <li>• <b>We</b> may end <b>your policy</b>.</li> <li>• <b>We</b> may refuse to renew <b>your policy</b>.</li> <li>• <b>We</b> may add extra terms and conditions. If <b>you</b> disagree with the addition of extra terms and conditions, <b>you</b> can write to <b>us</b> to cancel this policy. <b>You</b> will have to repay to <b>us</b> all amounts <b>we</b> have paid out under the policy and <b>we</b> will refund all <b>premiums</b> to <b>you</b>.</li> </ul>
4.18(h) Exclusion	Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of	Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy,



	related <b>stay in hospital</b> or treatment (unless <b>we</b> cover this under pregnancy complications benefit).	lactation complications, or any form of related <b>stay in hospital</b> or treatment (unless <b>we</b> cover this under pregnancy and delivery-related complications benefit).
4.18(l) Exclusion	Treatment for self-inflicted injuries or injuries or illnesses resulting from attempted suicide, whether the insured is sane or insane.	Treatment for injuries or illnesses resulting from attempted suicide and for self-inflicted injuries, whether the insured is sane or insane.
4.18(m) Exclusion	Drug or alcohol misuse.	Drug or alcohol abuse or misuse, or any injury, illness or disease caused directly or indirectly by the abuse or misuse of alcohol, drugs or substance.
4.18(u) Exclusion	Private nursing charges and nursing home services.	Private nursing charges and home-based nursing services.
4.18(w) Exclusion	Treatment of injuries arising from being directly involved in civil commotion, riot or strike.	Treatment of injuries arising from being directly or indirectly involved in civil commotion, riot, strike, terrorist activities, breaking or attempting to break the law, resisting arrest or any imprisonment.
4.18(y) Exclusion	Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation.	Rest cures, hospice care, home or outpatient nursing, home visits or treatments, home rehabilitation or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation.
4.18(z) Exclusion	Alternative or complementary treatments, including traditional Chinese medicine (TCM) or a stay in any health-care establishment for social or non-medical reasons.	Alternative or complementary treatments, including traditional Chinese medicine (TCM), chiropractor, naturopath, acupuncturist, homeopath, osteopath, dietician or a stay in any health-care establishment for social or non-medical reasons.
5 Definitions	<b>Deductible</b> means the part of the <b>benefit you</b> are claiming that the <b>insured</b> must pay before <b>we</b> will pay any benefit. The <b>deductible</b> is shown in the <b>schedule of benefits</b> . The <b>deductible</b> does not apply to claims for outpatient hospital treatment and prosthesis benefit covered by <b>your policy</b>	<b>Deductible</b> means the part of the <b>benefit you</b> are claiming that the <b>insured</b> must pay before <b>we</b> will pay any benefit. The <b>deductible</b> is shown in the <b>schedule of benefits</b> . The <b>deductible</b> does not apply to claims for outpatient hospital treatment benefit under section 1.2 (Outpatient hospital treatment) or section 1.3g (Prosthesis benefit).
5 Definitions	<b>Living organ donor</b> means a living person, <b>insured</b> or non-insured, from whom a <b>specified organ</b> is removed and transplanted into another living person.	<b>Living organ donor</b> means a living person from whom a <b>specified organ</b> is removed and transplanted into another living person.
5 Definitions	<b>Necessary medical treatment</b> means reasonable and common treatment which, in the professional opinion of a <b>registered medical practitioner</b> or a <b>specialist</b> in the	<b>Necessary medical treatment</b> means reasonable and common treatment which, in the professional opinion of a <b>registered medical practitioner</b> or a <b>specialist</b> in the



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	<p>relevant field of medicine, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the illness or injury and reduces the negative effect of the illness or injury on the <b>insured's</b> health.</p> <p>The treatment:</p> <ul style="list-style-type: none"> <li>• must be provided in line with generally accepted standards of good medical practice in Singapore, be consistent with current standards of professional medical care, and have proven medical benefits;</li> <li>• must not be for the convenience of the <b>insured</b> or <b>registered medical practitioner</b> or <b>specialist</b> (for example, treatment that can reasonably be provided out of a hospital, but is provided as an inpatient treatment);</li> <li>• must not be for investigation or research (for example, experimental or new physiotherapy, medical techniques or surgical techniques, medical devices not approved by the Institutional Review Board and the Health Sciences Authority, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or similar bodies); and</li> <li>• must not be preventive, or for health screening or promoting good health (such as dietary replacement or supplement).</li> </ul>	<p>relevant field of medicine, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the illness or injury and reduces the negative effect of the illness or injury on the <b>insured's</b> health.</p> <p>The treatment:</p> <ul style="list-style-type: none"> <li>• must be provided in line with generally accepted standards of good medical practice in Singapore, be consistent with current standards of professional medical care, have proven medical benefits, and also be cost-effective and supported by the guidelines of <b>MOH</b> (where available) or official bodies such as Health Science Authority, the Allied Health Professions Council or the Agency for Care Effectiveness;</li> <li>• must not be for the convenience of the <b>insured</b> or <b>registered medical practitioner</b> or <b>specialist</b> (for example, treatment that can reasonably be provided out of a hospital, but is provided as an inpatient treatment);</li> <li>• must not be for investigation or research (for example, experimental or new physiotherapy, medical techniques or surgical techniques, medical devices not approved by the Institutional Review Board and the Health Sciences Authority, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or similar bodies); and</li> <li>• must not be preventive, or for health screening or promoting good health (such as dietary replacement or supplement).</li> </ul>
5 Definitions	<p><b>Private medical institution</b> means any licensed private clinic or medical centre in Singapore.</p>	<p><b>Private medical institution</b> means a licensed private:</p> <ul style="list-style-type: none"> <li>• clinic;</li> <li>• medical centre;</li> <li>• diagnostic centre; or</li> <li>• dialysis centre;</li> </ul> <p>in Singapore.</p>

5 Definitions	<p><b>Registered medical practitioner</b> means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practising in to provide medical or surgical services. This cannot be <b>you</b>, the <b>insured</b> or <b>your</b> or the <b>insured's</b> parent, brother or sister, husband or wife, child or relative.</p>	<p><b>Registered medical practitioner</b> means a doctor who:</p> <ul style="list-style-type: none"> <li>• is registered with the Singapore Medical Council (SMC);</li> <li>• has a valid Practising Certificate (PC); and</li> <li>• holds an MBBS/MD degree awarded by a recognized medical school in the first schedule and second schedule of the Medical Registration Act, Cap 174.</li> </ul> <p>This cannot be <b>you</b>, the <b>insured</b> or <b>your</b> or the <b>insured's</b> parent, brother or sister, husband or wife, child or relative.</p>
5 Definitions	<p><b>Specialist</b> means a <b>registered medical practitioner</b> who has the extra qualifications and expertise needed to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine, like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, dermatology and physiotherapy.</p>	<p><b>Specialist</b> means a <b>registered medical practitioner</b> who is:</p> <ul style="list-style-type: none"> <li>• on the Register of Medical Practitioners;</li> <li>• accredited by the Specialists Accreditation Board (SAB); and</li> <li>• registered by the Singapore Medical Council (SMC) with recognized specialties and subspecialties.</li> </ul>

^If your policy is currently with special terms to exclude 'Pregnancy Complications Benefit', your policy will continue to be excluded from the revised 'Pregnancy and Delivery-Related Complications Benefit'. If your policy is affected, you would have received a letter sent by us earlier. The letter, which is deemed as an endorsement, will form part of your policy and will be effective upon the successful renewal of your policy.

### New clauses and definitions

Note: The words in bold are defined in the definitions section of your policy.

Clause heading	New
1.3(j) Cell, tissue and gene therapy benefit	<p>This benefit pays for inpatient hospital treatment for cell, tissue and gene therapy provided to the <b>insured</b> if the following conditions are met.</p> <ul style="list-style-type: none"> <li>• The cell, tissue and gene therapy is approved by <b>MOH</b> and Health Science Authority (HSA).</li> <li>• The <b>registered medical practitioner</b> recommends in writing that the <b>insured</b> needs the cell, tissue and gene therapy for <b>necessary medical treatment</b>.</li> </ul> <p>When <b>we</b> pay for the cell, tissue and gene therapy benefit, <b>we</b> add together all <b>reasonable expenses</b> for the cell, tissue and gene therapy treatment (including pre-hospitalisation treatment and post-hospitalisation treatment), and pay up to the limit for this benefit as set out in the <b>schedule of benefits</b>.</p>
1.3(k) Autologous bone marrow transplant treatment for multiple myeloma	<p>This benefit pays for the autologous bone marrow transplant treatment for multiple myeloma (a form of white blood cell cancer) provided to the <b>insured</b> for the following stages of the treatment.</p> <ul style="list-style-type: none"> <li>• Stem-cell mobilization (a process where drugs are used to move the stem cells into the bloodstream)</li> </ul>

	<ul style="list-style-type: none"> <li>• Harvesting healthy stem cells</li> <li>• Pre-transplant preparation</li> <li>• Use of high dosage chemotherapeutic drugs to destroy cancerous cells</li> <li>• Transplant of healthy stem cells</li> <li>• Post-transplant monitoring</li> </ul> <p>To avoid doubt, <b>we</b> do not cover pre-hospitalisation treatment before the autologous bone marrow transplant treatment for multiple myeloma, or post-hospitalisation treatment provided after it.</p>
4.18(aa) Exclusion	Treatment for illness or injury resulting from the <b>insured</b> taking part in any dangerous activities or sports as a professional or when an income could or would be earned from those activities or sports
4.18(ab) Exclusion	Treatment for obesity, weight loss, increasing weight, or any procedures relating to managing weight.
4.18(ac) Exclusion	<b>Staying in a hospital</b> for the main purpose of diagnosis, an X-ray, CT scan or MRI scan, a medical check-up or health screening.
4.18(ad) Exclusion	Non-medical items such as parking fees, hospital administration and registration fees, laundry, television rental, newspapers or fees for medical reports (including test results).
4.18(ae) Exclusion	Genetic testing and preventive treatment or procedures (unless <b>we</b> cover it under cell, tissue and gene therapy benefit).
5 Definitions	<p><b>Medical institution</b> means a licensed:</p> <ul style="list-style-type: none"> <li>• private clinic;</li> <li>• medical centre;</li> <li>• diagnostic centre; or</li> <li>• dialysis centre</li> </ul> <p>in Singapore.</p>
5 Definitions	<p><b>MediShield Life claimable criteria</b> means the list of criteria that long-term and home parenteral-nutrition patients must meet in order to qualify for <b>MediShield Life</b> cover. <b>You</b> can find the details at <a href="http://www.moh.gov.sg">www.moh.gov.sg</a>. <b>MOH</b> may update this list from time to time.</p>
5 Definitions	<p><b>Preferred partners</b> mean a selected group of:</p> <ul style="list-style-type: none"> <li>• <b>registered medical practitioners;</b></li> <li>• <b>specialists;</b></li> <li>• <b>hospitals;</b> or</li> <li>• <b>medical institutions;</b></li> </ul> <p>on <b>our</b> approved list. <b>You</b> can find the approved list at <a href="http://www.income.com.sg">www.income.com.sg</a>. <b>We</b> may update this list from time to time.</p>

### Disclaimer

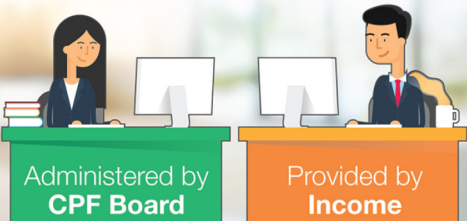
This document does not form a part of the contract of insurance. The contents of this document may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

## Recap on Integrated Shield Plans

From 1 Nov 2015, all **Singapore Citizens & Permanent Residents** are covered under **MediShield Life**.

An **Integrated Shield Plan (IP)** consists of two parts:

- i **MediShield Life**
- ii **Additional private insurance coverage**



You can enjoy additional benefits and higher coverage from your IP with **ONE premium**<sup>^</sup>.

**No duplicate coverage**

**No double premium payment**



Read more about the MediShield Life portion of your IP(s) and available subsidies at:

**www.medishieldlife.sg**

**How much can you pay using Medisave?**  
MediShield Life premiums are fully payable via Medisave. The remaining portion for additional private insurance coverage can be paid by Medisave, subject to the following Additional Withdrawal Limits (AWLs):

Age Next Birthday:	1 – 40	41 – 70	Over 70
AWL (per policy year):	\$300	\$600	\$900

If you cannot afford or do not wish to continue paying premium(s) for your IP(s), you can:

**Switch to a plan with lower coverage that is more affordable or Cease your IP(s)**



Regardless of your decision, **you will still remain covered by MediShield Life for life**, without any exclusion.



You may wish to speak to your **Financial Planner** who will be able to advise on your **options and their implications**.

<sup>^</sup>Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.



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