

SCHEDULE OF BENEFITS

BENEFITS	Limits of Compensation		
	Preferred (Private Hospital / Private Medical Institutions)	Advantage (Government / Restructured Hospital for A ward & below)	Basic (Government / Restructured Hospital for B1 ward & below)
In-patient Hospital Treatment			
Room, Board & Medical-Related Services	As charged	As charged	As charged
Intensive Care Unit (ICU) & Medical-Related Services	As charged	As charged	As charged
Surgical Limits (including Day Surgery)	As charged	As charged	As charged
Pre-Hospital Specialist's Consultation (leads to hospitalisation within 90 days)	As charged	As charged	As charged
Pre-Hospital Diagnostic & Laboratory Services (leads to hospitalisation within 90 days)	As charged	As charged	As charged
Post-Hospitalisation Treatment (max. 90 days after discharge)	As charged	As charged	As charged
Surgical Implants	As charged	As charged	As charged
Gamma Knife/ Novalis Radiosurgery ¹	As charged	As charged	As charged
Emergency Hospitalisation Outside Singapore	As charged, pegged to costs of S'pore Private Hospitals	As charged, pegged to costs of S'pore Restructured Hospitals	As charged, pegged to costs of B1 ward in S'pore Restructured Hospitals
Accident In-patient Dental Treatment	As charged	As charged	As charged
Ward Entitlement	Standard Room In Private Hospital	Class A and Below	Class B1 and Below
Confinement in Community Hospital (max 90 days)	As charged	As charged	As charged
In-patient Psychiatric Treatment	\$5,000	\$5,000	\$3,000
Pregnancy Complications Benefit²	As charged	As charged	As charged
Congenital Abnormalities Benefit³	As charged	As charged	As charged
Organ Transplant Benefit (including Stem Cell Transplant)	As charged	As charged	As charged
Living Organ Donor Transplant Benefit (per Transplant)⁴	\$60,000	\$40,000	\$20,000
Out-patient Hospital Treatment			
Stereotactic Radiotherapy for Cancer	As charged	As charged	As charged
Radiotherapy for cancer	As charged	As charged	As charged
Chemotherapy for cancer	As charged	As charged	As charged
Immunotherapy for cancer	As charged	As charged	As charged
Renal Dialysis	As charged	As charged	As charged
Erythropoietin drug for chronic renal failure	As charged	As charged	As charged
Cyclosporin/Tacrolimus drug for organ transplant	As charged	As charged	As charged
Pro-Ration Factor			
Private Hospital/ Private Medical Institutions	N.A	65%	50%
Restructured Hospitals - Class A ⁵	N.A	N.A	85%
Restructured Hospitals - Class B and below ⁵	N.A	N.A	N.A
Deductible Per Policy Year for Insured Persons 80 years and below at next birthday			
In-patient			
C Class Ward	\$1,000	\$1,000	\$1,000
B2 Class Ward	\$1,500	\$1,500	\$1,500
B1 Class Ward	\$2,000	\$2,000	\$2,000
A Class Ward/ Private Hospital	\$3,000	\$3,000	\$2,000
Day Surgery	\$3,000	\$3,000	\$2,000
Deductible Per Policy Year for Insured Persons above 80 years at next birthday			
In-patient			
C Class Ward	\$2,000	\$2,000	\$2,000
B2 Class Ward	\$3,000	\$3,000	\$3,000
B1 Class Ward	\$3,000	\$3,000	\$3,000
A Class Ward/ Private Hospital	\$4,500	\$4,500	\$3,000
Day Surgery	\$4,500	\$4,500	\$3,000
Co-insurance	10%	10%	10%
Limit per Policy Year	\$600,000	\$400,000	\$150,000
Limit per Lifetime	Unlimited	Unlimited	Unlimited
Final Expenses Benefit	\$5,000	\$5,000	\$3,000
Last Entry Age (Age next birthday)	75	75	75
Maximum Coverage Age	Lifetime	Lifetime	Lifetime

- Gamma Knife/ Novalis Radiosurgery can be performed as an In-patient or day surgery procedure. The applicable Deductible and Pro-ration Factor for Gamma Knife/ Novalis Radiosurgery procedure will depend on its classification as an In-patient or day surgery procedure.
- Subject to a waiting period of 10 months from (i) 1 September 2008 or (ii) the Commencement Date or (iii) the last reinstatement date of the Policy, whichever is latest.
- Subject to a waiting period of 24 months from (i) 1 September 2008 or (ii) the Commencement Date or (iii) the last reinstatement date of the Policy, whichever is latest.
- Subject to the date the recipient of the Specified Organ is first diagnosed by a Registered Medical Practitioner or the symptoms of the recipient's Specified Organ failure first appeared is after 24 months from (i) 1 September 2010 or (ii) the Commencement Date or (iii) the last reinstatement date of the Policy, whichever is latest.
- No Pro-Ration Factor will be applied to Out-patient Hospital Treatment received from a Restructured Hospital.

ENHANCED INCOMESHIELD

DEFINITIONS

Accident In-patient Dental Treatment

Accident In-patient Dental Treatment means in-patient treatment required to restore or replace sound natural teeth lost or damaged in an accident and for which treatment began within 14 days of the accident.

Act

Act means the Central Provident Fund Act (Chapter 36), as amended, extended or re-enacted from time to time.

Application Form

Application Form means the application for cover under this Policy in respect of the Insured Persons submitted by You to Us.

Benefits

Benefits means the benefits listed in the Schedule of Benefits and this Policy which are payable in accordance with the terms of this Policy.

CPF Board

CPF Board means the Central Provident Fund Board of Singapore.

Co-insurance

Co-insurance means the percentage share of an Insured Person's medical expenses claimable under this Policy that are in excess of the Deductible, which must be borne by the Insured Person in the event of a claim under this Policy. The Co-insurance percentage is stated in the Schedule of Benefits. The Co-insurance shall apply to all claims made under this Policy.

Commencement Date

Commencement Date means the Commencement Date stated in the Schedule, which is the start date of the Policy Year covered by this Policy.

Community Hospital

Community Hospital means any hospital that provides an intermediate level of care for individuals who have simple ailments which do not require Specialist medical treatment and nursing care, and which is an approved community hospital under the Act and the Regulations.

Deductible

Deductible means the amount per Policy Year as specified in the Schedule of Benefits of an Insured Person's medical expenses claimable under this Policy, which must be borne by the Insured Person before any Benefit is payable. The Deductible shall not apply to claims for Out-patient Hospital Treatment covered by this Policy.

Emergency

Emergency means a serious injury or the onset of a serious condition which requires immediate medical intervention to prevent death or serious impairment of health.

Expiry Date

Expiry Date means the Expiry Date stated in the Schedule or the Renewal Certificate (as the case may be), being the expiry date of the Policy Year stated in such Schedule or Renewal Certificate.

Final Expenses Benefit

Final Expenses Benefit means the amount (subject to the limits listed in the Schedule of Benefits) of the Co-insurance and the Deductible that will otherwise be borne by the Insured Person that can be waived in accordance with the terms of this Policy.

HIV Due to Blood Transfusion

HIV Due to Blood Transfusion means infection with the Human Immunodeficiency Virus (HIV) as a result of a blood transfusion, provided that all of the following conditions are met:

- a. the blood transfusion is Necessary Medical Treatment;
- b. the blood transfusion was received in Singapore on or after the Commencement Date of this Policy;
- c. the source of the infection is established to be from the Hospital that administered the blood transfusion and the cause of the HIV is the blood provided by the Hospital for the blood transfusion; and
- d. the Insured Person does not suffer from Thalassaemia Major or Haemophilia.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

Hospital

Hospital means any of the following:

- a. a Restructured Hospital
- b. a licensed private hospital in Singapore
- c. a Community Hospital
- d. any other hospital acceptable to Us.

HOTA

HOTA means the Human Organ Transplant Act (Chapter 131A), as amended, extended or re-enacted from time to time.

In-patient Psychiatric Treatment

In-patient Psychiatric Treatment means psychiatric treatment provided to the Insured Person during In-patient Hospital Treatment by a Registered Medical Practitioner who is qualified to provide such psychiatric treatment.

In-patient Hospital Treatment

In-patient Hospital Treatment means those types of medical treatment listed in the Schedule of Benefits under the heading "In-patient Hospital Treatment" that are received by an Insured Person after admission to a Hospital and before discharge from a Hospital, and includes surgery or day surgery but excludes Pre-Hospitalisation Treatment and Post-Hospitalisation Treatment.

Insured Person

Insured Person means the person specified in the Schedule (or the Renewal Certificate, as the case may be) as the Insured Person, being the person who is insured under this Policy.

Intensive Care Unit (ICU) & Medical Related Services Benefit

Intensive Care Unit & Medical Related Services Benefit means the charges incurred by the Insured Person per day in an Intensive Care Unit in a Hospital. It includes meals, prescriptions, general nursing care, medical consultation, miscellaneous medical charges, Specialist consultation, examination and laboratory tests.

Limit per Policy Year

Limit per Policy Year means the maximum amount stated in the Schedule of Benefits to be payable under this Policy for the applicable Policy Year.

Living Organ Donor

Living Organ Donor means a living Insured Person from whom a Specified Organ is removed and transplanted into another living person.

MOH

MOH means the Ministry of Health of Singapore.

Necessary Medical Treatment

Necessary Medical Treatment means treatment which, in the professional opinion of a Registered Medical Practitioner or a Specialist in that field of medicine, is appropriate and reduces the adverse effect of the illness or injury on the Insured Person's health.

Occupationally Acquired HIV

Occupationally Acquired HIV means infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring on or after the Commencement Date of this Policy, and whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to Our satisfaction:

- a. Proof of the accident giving rise to the HIV infection must be reported to Us within 30 day of the accident taking place;
- b. Proof that the accident was the cause of the HIV infection;
- c. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the reported accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- d. the accident occurred whilst the Insured Person was carrying out the normal professional duties of his or her occupation in Singapore as a medical practitioner, houseman, medical student, state registered nurse, medical laboratory technician, dentist, dental surgeon, dental nurse or paramedical worker working in a Hospital or in a licensed medical centre or clinic in Singapore.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

Out-patient Hospital Treatment

Out-patient Hospital Treatment means those types of medical treatment listed in the Schedule of Benefits under the heading "Out-patient Hospital Treatment" that are received by an Insured Person from a Hospital or a Private Medical Institution within the Policy Year, and includes examinations and tests ordered by the attending Registered Medical Practitioner (as part of such medical treatment) on the same day of such medical treatment.

Plan

Plan means the type of plan that the Policyholder has chosen under this Policy and which is stated in the Schedule or the Renewal Certificate (as the case may be).

Policyholder or You or Your

Policyholder, You and Your mean the Policyholder specified in the Schedule (or the Renewal Certificate, as the case may be), being the applicant for this insurance cover and whose application for cover has been received and accepted by Us.

Policy Year

Policy Year means the period of one (1) year starting from:

- a. the Commencement Date specified in the Schedule; or
- b. the Renewal Date specified in the Renewal Certificate (in cases where this Policy is renewed).

Pre-Existing Illnesses, Diseases or Impairments

Pre-existing Illnesses, Diseases or Impairments shall mean any illness, disease or impairment

- a. for which treatment, medication, advice or diagnosis has been sought or received or which ought to have been sought or received;
- b. which was known to exist, whether or not treatment, medication, advice or diagnosis was sought or received; or
- c. the conditions or symptoms of which existed and would have led a reasonable and prudent person to seek medical advice and/or treatment,

before the Commencement Date.

Pre-Hospitalisation Treatment (including Pre-Hospital Specialist's Consultation and Pre-Hospital Diagnostic & Laboratory Services)

Pre-Hospitalisation Treatment means medical treatment received by an Insured Person for a maximum period of 90 days before the date of admission to a Hospital within the Policy Year, provided the treatment:

- a. is Necessary Medical Treatment;
- b. must lead to the Insured Person's admission to a Hospital; and
- c. includes Specialist out-patient medical services and consultations, examinations and investigations ordered by a Registered Medical Practitioner.

Private Medical Institution

Private Medical Institution means any licensed hospital, clinic or medical centre in Singapore that is not a Restructured Hospital.

Pro-Ration Factor

Pro-Ration Factor means the relevant Pro-Ration Factor stated in the Schedule of Benefits (according to the Plan) that is applied in accordance with Clauses 14A and 14B of this Policy. The Pro-Ration Factor is applied after the Citizenship Factor has been applied.

Post-Hospitalisation Treatment

Post-Hospitalisation Treatment means medical treatment received by an Insured Person for a maximum period of 90 days after the date of his/her discharge from a Hospital, provided the treatment:

- a. is Necessary Medical Treatment;
- b. resulted directly from the condition for which the hospitalisation was required;
- c. recommended by the Registered Medical Practitioner that attended to the Insured Person during the period of the said hospitalisation; and
- d. includes Specialist out-patient medical services and consultations, examinations and investigations ordered by a Registered Medical Practitioner.

Reasonable Expenses

Reasonable Expenses means:

- a. expenses incurred based on or in accordance with Our advice and recommendation; or
- b. expenses that are not excessive compared to the fees normally charged for that medical treatment in the entitled ward covered by the Plan.

Registered Medical Practitioner

Registered Medical Practitioner means a doctor qualified by degree in western medicine who is licensed and authorized in the geographical area of his or her practice to render medical or surgical services and who is not the Policyholder or Insured Person or the parent, sibling, spouse, child or relative of the Policyholder or Insured Person.

Regulations

Regulations means the Central Provident Fund (Medishield Scheme) Regulations, as amended, extended or re-enacted from time to time.

Renewal Certificate

Renewal Certificate means, in cases where this Policy is renewed, the renewal certificate issued in respect of this Policy, which identifies, amongst other things, the Policyholder, the Insured Person(s), the Plan, the Premium, the Renewal Date and the Expiry Date.

Renewal Date

Renewal Date means the Renewal Date stated in the Renewal Certificate, which is the start date of the relevant renewed Policy Year covered by this Policy.

Restructured Hospital

Restructured Hospital means a hospital in Singapore that is run as a private company wholly-owned by the Singapore government and subject to broad policy guidance by the Singapore government through MOH, and that receives an annual government subsidy for the provision of subsidized medical services to its patients.

Room, Board & Medical-Related Services Benefit

Room, Board & Medical-Related Services Benefit means the ward charges incurred by the Insured Person per day in a Hospital in Singapore. It includes meals, prescriptions, consultation, miscellaneous medical charges, Specialist consultation, examination and laboratory tests. It also includes admission to a High Dependency Ward.

Schedule

Schedule means the schedule attached to this Policy, which identifies, amongst other things, the Policyholder, the Insured Person(s), the Plan, the Premium, the Commencement Date and the Expiry Date, and which contains the Schedule of Benefits and Limits of Compensation for this Policy.

Schedule of Benefits

Schedule of Benefits means the Schedule of Benefits contained in the Schedule or the Renewal Certificate (as the case may be).

Serious Illness

Serious Illness means:

- a. Blood Disorder;
- b. Cancer;
- c. Ischaemic heart disease;
- d. Coronary artery disease;
- e. Rheumatic heart disease;
- f. Chronic obstructive lung disease;
- g. Chronic renal disease, including renal failure;
- h. Cerebrovascular accidents;
- i. Chronic Liver Cirrhosis;
- j. Systemic Lupus Erythematosus; or
- k. Degenerative diseases,

and includes any illness, disorder or condition which is life-threatening or terminal.

Specialist

Specialist means a Registered Medical Practitioner possessing the necessary additional qualifications and expertise to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine like psychiatry, neurology, pediatrics, endocrinology, obstetrics, gynaecology and dermatology.

Specified Organ

Specified Organ means a specified organ as defined in the HOTA.

Stem Cell Transplant

Stem Cell Transplant means the infusion of healthy stem cells into the body of the Insured Person.

Surgical Implants

Surgical Implants means an implant inserted into the body of the Insured Person during surgery which remain(s) in the body of the Insured Person on completion of the surgery. This will also include the following approved medical consumables:

- a. intravascular electrodes used for electrophysiological procedures
- b. Percutaneous Transluminal Coronary Angioplasty (PTCA) balloons; and
- c. inter-aortic balloons (or balloon catheters).

We, Us or Our

We, Us or Our means NTUC Income Insurance Co-operative Limited.

PRIVILEGES AND CONDITIONS

1. BENEFITS

- 1.1 Provided you have paid the premium or any other amount You owe Us under this Policy, We shall pay you on a reimbursement basis the Benefits according to the Plan, subject to the Limits of Compensation and (where applicable) the Citizenship Factor and/or the Pro-Ration Factor, and less the Deductible and Co-insurance as stated in the Schedule of Benefits and up to the Limit per Policy Year and the Limit per Lifetime, and subject also to the terms and conditions stated in the Schedule of Benefits and this Policy.
- 1.2 The Benefits are to reimburse You for Reasonable Expenses incurred for the Necessary Medical Treatment of an Insured Person arising from injury or illness and resulting in, as stated in the Schedule of Benefits:
- In-patient Hospital Treatment (including Confinement in Community Hospital);
 - Pre-Hospitalisation Treatment;
 - Post-Hospitalisation Treatment; and/or
 - Out-patient Hospital Treatment

provided by a Hospital or a Private Medical Institution or a Specialist Out-patient Clinic or a licensed medical centre or clinic, all of which must be accredited by MOH.

2. OVERSEAS MEDICAL TREATMENT

If an Insured Person requires In-patient Hospital Treatment resulting from an Emergency while overseas, We shall reimburse the actual Hospital expenses incurred or the Reasonable Expenses that would have been incurred for equivalent medical treatment in a Hospital in Singapore (according to the Plan You have chosen), whichever is lower.

3. DEDUCTIBLE / CO-INSURANCE

- 3.1 You must pay the Deductible for the Policy Year before We pay any Benefit under this Policy. We will only pay such amount of an Insured Person's medical expenses claimable under this Policy that is in excess of the Deductible, and less the amount of Co-insurance payable by You as stated in the Schedule of Benefits. The Co-insurance is applied after the Deductible has been applied.
- 3.2 We may, at our sole discretion, reduce the amount of the Deductible payable, depending on the class of hospital ward occupied by the Insured Person.

4. CITIZENSHIP FACTOR

The Citizenship Factor shall apply if the relevant premium applicable to a Permanent Resident of Singapore or a foreigner has not been paid. You are required to notify Us about the citizenship status or any subsequent change to the citizenship status of the Insured Person. Citizenship Factor means the percentage, as stated in the table below. The Citizenship Factor is applied to the medical expenses of an Insured Person (who is not a Singaporean) that are claimable under this Policy.

Plan Type	Permanent Resident			Foreigner		
	Plan B	Plan C	Basic	Plan B	Plan C	Basic
Citizenship Factor	89%	72%	89%	80%	28%	80%

5. LIMITS OF COMPENSATION

Limits of Compensation are the maximum amount payable by Us for the Benefits, as stated in the Schedule of Benefits. Where applicable, any amount exceeding the Limits of Compensation or the Limit per Policy Year shall be paid by You.

Note that if the Insured Person is hospitalised over an uninterrupted period that overlaps between two Policy Years and this Policy is renewed, We shall also add such amount payable by Us for such hospitalisation in the Limit per Policy Year of this Policy and, for the avoidance of doubt, such amount payable by Us shall not be included in the Limit per Policy Year of the renewed Policy.

6. INTEGRATION WITH MEDISHIELD

Basic MediShield plan ("MediShield") is operated by the Central Provident Fund Board ("CPF") under the Central Provident Fund Act (Chapter 36) ("Act") and the Central Provident Fund (MediShield Scheme) Regulations ("Regulations").

If an Insured Person meets the eligibility conditions as stated in the Act and the Regulations, the Insured Person is covered under MediShield.

If this Policy is integrated with MediShield to form a Medisave-approved Integrated Shield Plan:

- (a) an Insured Person will also enjoy all benefits under MediShield as provided in the Act and the Regulations. If the benefit payable under MediShield is higher than that under this Policy, We shall pay the higher amount;
- (b) if the cover for an Insured Person under this Policy is terminated, the cover under MediShield for that Insured Person will continue if that Insured Person meets the eligibility conditions as stated in the Act and the Regulations; and
- (c) if the MediShield cover for an Insured Person is terminated or not renewed, the cover for that Insured Person under this Policy shall terminate together with the MediShield cover. However, if the MediShield cover is terminated or not renewed due to any of the following reasons:
 - (i) the Insured Person has attained the maximum coverage age;
 - (ii) the lifetime claim limit has been reached;

the cover for that Insured Person under this Policy shall continue without any integration with MediShield.

7. PREMIUM

- 7.1 The premium for this Policy must be paid annually and the premium amount is stated in the Schedule (or the Renewal Certificate, as the case may be). It may be deducted from Your Medisave Account with CPF Board according to the provisions of the Act and the Regulations. If the annual premium or part of it is not deducted from Your Medisave Account with CPF Board for any reason, the premium or the balance of the Premium shall be paid in cash by You.
- 7.2 When this Policy or the cover for any Insured Person terminates, a refund of the unused portion of the annual premium (based on the remaining number of days in the Policy Year) will be made to Your Medisave Account with CPF Board or paid in cash to You, depending on whether the annual premium was originally paid from CPF and/or cash. The amount of refund shall be based on Our scale of refund. Where the premium was paid partly by CPF and partly by cash, the premium will be refunded in proportion to the amount of the premium paid by CPF or cash.
- 7.3 The premium rates are not guaranteed and may be reviewed and varied by Us from time to time by giving You 30 days' prior written notice at Your last known address, provided any variation in the premium rates apply to all policies within the same class and/or the variation is in the interest of the policyholders within the class.

8. AGE

The annual premium shall be based on the age of the Insured Person at his or her next birthday. If the age or date of birth of the Insured Person was incorrectly stated in the Application Form, the annual premium shall be adjusted based on the correct age or date of birth of the Insured Person. Any excess annual premium shall be refunded to You and any shortfall in the annual premium shall be paid by You.

9. GUARANTEED RENEWAL

This Policy will be renewed automatically every year and is guaranteed to be renewable for life, provided:

- a. the annual premium for the Insured Person is paid at the applicable prevailing rate; and
- b. the cover for an Insured Person under this Policy has not been terminated.

10. CANCELLATION

You may cancel this Policy or the cover for any Insured Person by giving Us at least 30 days' written notice. We will inform You of the effective date of termination of this Policy or termination of the cover for any Insured Person.

11. GRACE PERIOD

- 11.1 You are allowed a grace period ("Grace Period") of 2 calendar months from the Commencement Date of this Policy or from the Renewal Date reflected in the Renewal Certificate of this Policy to pay the annual premium. During this Grace Period, this Policy or the cover for any Insured Person will be in force. However, before We make payment of any sum payable under this Policy, You must first pay any unpaid premium or sums owing to Us.
- 11.2 If the premium is not paid by the end of the Grace Period, this Policy or the cover for any Insured Person (as the case may be) shall be cancelled from the Commencement Date of this Policy or from the Renewal Date reflected in the Renewal Certificate of this Policy, as the case may be.

12. TERMINATION OF COVER

The cover for an Insured Person under this Policy shall immediately terminate and all Benefits shall cease for that Insured Person if any of the following occurs:

- a. non-payment of the annual premium within the Grace Period;
- b. death of that Insured Person;
- c. on the effective date of termination following a request for cancellation by You, as stated in Clause 10;
- d. Your refusal or failure to refund any sum of money due or owing to Us;
- e. fraud as specified in Clause 18;
- f. non-disclosure or misrepresentation, as specified in Clause 16; or
- g. if this Policy is integrated with MediShield, upon the commencement of
 - (i) another Medisave-approved Integrated Shield Plan with another insurer; or
 - (ii) another MediShield policy,covering that Insured Person for which premiums (or any part of the premiums) are paid using monies from the Medisave Account of any person; or

- h. if this Policy is integrated with MediShield, the MediShield cover for that Insured Person is terminated or not renewed. However, if the MediShield cover is terminated or not renewed due to any of the following reasons:
- (i) the Insured Person has attained the maximum coverage age;
 - (ii) the lifetime claim limit has been reached;
- the cover for that Insured Person under this Policy shall continue without any integration with MediShield.

For the avoidance of doubt, the cover of an Insured Person (who is not also the Policyholder) continues even after the death of the Policyholder.

13. CHANGE OF PLAN

Any request for a change of Plan must be in writing and is subject to approval. The change, if approved by Us, will take effect on such date notified by Us to You.

14A. WARD ENTITLEMENT AND PRO-RATION FACTOR FOR IN-PATIENT HOSPITAL TREATMENT

- a. The ward entitlement of an Insured Person ("Ward Entitlement") depends on the Plan covered by this Policy and is stated in the Schedule of Benefits.
- b. In a private Hospital, the Ward Entitlement refers to the class of ward which is classified as a standard single-bedded room and excludes luxury suites, luxury rooms or any other special room in the private Hospital.
- c. If an Insured Person is admitted into a ward that is the same as or lower than his/her Ward Entitlement, We shall pay the Reasonable Expenses incurred for the Necessary Medical Treatment of the Insured Person according to the Plan, and subject to the Schedule of Benefits and the Limits of Compensation.
- d. If an Insured Person is admitted into a ward that is higher than his/her Ward Entitlement, We shall only pay such proportion of the Reasonable Expenses incurred for the Necessary Medical Treatment of the Insured Person by applying the relevant Pro-Ration Factor (applicable to the Plan) to any claim, so that the Benefits payable by Us will be reduced to the amount calculated by multiplying the relevant Pro-Ration Factor (as stated in the Schedule of Benefits that is applicable to the Plan) against the Insured Person's medical expenses claimable under this Policy.
- e. No Pro-Ration Factor will be applied for an Insured Person who is covered under the Enhanced Incomeshield Preferred Plan.

14B. PRO-RATION FACTOR FOR OUT-PATIENT HOSPITAL TREATMENT

- a. If an Insured Person receives Out-patient Hospital Treatment within the Policy Year from a Restructured Hospital, We shall pay the Reasonable Expenses incurred for the Necessary Medical Treatment of the Insured Person according to the Plan, and subject to the Schedule of Benefits and the Limits of Compensation.
- b. If an Insured Person receives Out-patient Hospital Treatment within the Policy Year from a Private Medical Institution, We shall only pay such proportion of the Reasonable Expenses incurred for the Necessary Medical Treatment of the Insured Person by applying the relevant Pro-Ration Factor (applicable to the Plan) to any claim, so that the Benefits payable by Us will be reduced to the amount calculated by multiplying the relevant Pro-Ration Factor (as stated in the Schedule of Benefits that is applicable to the Plan) against the Insured Person's medical expenses claimable under this Policy.
- c. Notwithstanding Clause 14B(b) above, no Pro-Ration Factor will be applied for an Insured Person who is covered under the Enhanced Incomeshield Preferred Plan.

15. REINSTATEMENT

If this Policy terminates due to non-payment of premium, You may apply to reinstate this Policy, subject to Our consent. If We consent to the reinstatement, You are required to pay all outstanding premiums. On reinstatement, We reserve the right to impose exclusions or charge additional premium(s) from the date of reinstatement if there is a change in the Insured Person's medical or physical condition.

16. FULL DISCLOSURE

- 16.1 You and the Insured Person must disclose to Us fully and truthfully all material facts and circumstances up to the Commencement Date in respect of any Insured Person that may influence Our decision on whether to cover the Insured Person or to impose any terms under this Policy. This obligation applies to all information provided to Us in relation to Our underwriting of the application for cover.
- 16.2 Any non-disclosure or misrepresentation entitles Us to declare this Policy void from the Commencement Date of this Policy or to terminate cover for an Insured Person under this Policy, and no Benefits shall be payable by Us for that Insured Person.

17. CLAIMS

- 17.1 All claims shall be made on Our prescribed forms and submitted to Us through the system set up by MOH and according to the terms and conditions under the Act and the Regulations, where applicable. Any other documents, authorisations or information required by Us for assessing the claim shall be furnished by You at Your expense.
- 17.2 If You or the Insured Person fail to cooperate with Us in the administration of the claim, this may result in delay in the assessment of the claim and/or We shall be entitled to reject the claim.
- 17.3 Where Your claim includes expenses incurred that are not Reasonable Expenses, We are entitled to only pay such amount of Your claim that constitutes Reasonable Expenses (subject always to the terms of this Policy). We may proportionately reduce Your claim to reflect what would have been reasonably incurred, based on the professional opinion of Our Registered Medical Practitioner and/or the Insured Person's entitlement to Benefits under this Policy. Where there is a difference of opinion between Our Registered Medical Practitioner and Your Registered Medical Practitioner, the matter will be referred to an independent party for adjudication, as provided in Clause 24 below.

18. FRAUD

If a claim or any part of the claim is false or fraudulent or if fraudulent means or devices are used by You or the Insured Person to obtain any Benefit under this Policy, We reserve the right to do any or all of the following:

- a. forfeit all Benefits;
- b. terminate this Policy or terminate the cover for any Insured Person;
- c. refuse the renewal of this Policy;
- d. impose additional terms and conditions; and
- e. to take any action as We think necessary.

19. OTHER MEDICAL REIMBURSEMENTS

If the Insured Person has recourse to another medical insurance policy for reimbursement of medical expenses at the time of claim, reimbursement must first be sought from that insurance policy before any claim under this Policy shall be made. If We have first paid for a claim under this Policy before You and/or the Insured Person obtain(s) reimbursement or payment of the claim under any other medical insurance policy, You and the Insured Person shall assist Us in the recovery of any other medical insurer's share of such claim paid by Us. You and the Insured Person shall provide Us all the information We require about such other medical insurance policies, including the necessary evidence, to make a claim.

20. CHANGE OF TERMS AND CONDITIONS

We may vary the premiums, benefits and/or cover or amend the privileges and conditions of this Policy by giving You 30 days' prior written notice at Your last known address, provided the changes apply to all policies within the same class and/or the changes are in the general interest of the policyholders within the class.

21. FINAL EXPENSES BENEFIT

If the Insured Person dies during his/her period of hospitalisation covered under this Policy or within 30 days of discharge from such hospitalisation and provided the death is related to the hospitalisation, the Final Expenses Benefit is payable under this Policy.

22A. PREGNANCY COMPLICATIONS BENEFIT

22A.1 We shall reimburse You for Reasonable Expenses incurred for the Necessary Medical Treatment of an Insured Person for the following:

- a. Ectopic Pregnancy;
- b. Pre-Eclampsia or Eclampsia;
- c. Disseminated Intravascular Coagulation (DIC); or
- d. Miscarriage

which are first diagnosed by an obstetrician after ten (10) months from:

- (i) 1 September 2008, being the date on which this Pregnancy Complications Benefit first becomes effective under this Policy; or
- (ii) the Commencement Date of this Policy; or
- (iii) the date of last reinstatement (if any) of this Policy,

whichever is the latest date, and subject to the terms of the Schedule of Benefits and the Limits of Compensation.

22A.2 We shall reimburse You for Reasonable Expenses incurred for the Necessary Medical Treatment of an Insured Person for the termination of a pregnancy that an obstetrician considers to be necessary to save the life of the Insured Person and which termination of pregnancy occurs after ten (10) months from:

- (i) 1 September 2008, being the date on which this Pregnancy Complications Benefit first becomes effective under this Policy; or
- (ii) the Commencement Date of this Policy; or
- (iii) the date of last reinstatement (if any) of this Policy,

whichever is the latest date, and subject to the terms of the Schedule of Benefits and the Limits of Compensation.

22A.3 "Ectopic Pregnancy" means the condition diagnosed by an obstetrician in which the implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.

22A.4 "Pre-Eclampsia or Eclampsia" means the diagnosis of pre-eclampsia or eclampsia (as the case may be) by an obstetrician.

22A.5 "Disseminated Intravascular Coagulation (DIC)" means the diagnosis of disseminated intravascular coagulation by an obstetrician.

22A.6 "Miscarriage" means the diagnosis by an obstetrician of the death of the foetus of the Insured Person as a result of a sudden unforeseen and involuntary event and must not be due to a voluntary or malicious act.

22B. CONGENITAL ABNORMALITIES BENEFIT

We shall reimburse You for Reasonable Expenses incurred for the Necessary Medical Treatment of an Insured Person for birth defects, including hereditary conditions and congenital sickness or abnormalities, which are first diagnosed by a Registered Medical Practitioner, or the symptoms first appeared, after twenty-four (24) months from:

- (i) 1 September 2008, being the date on which this Congenital Abnormalities Benefit first becomes effective under this Policy; or
- (ii) the Commencement Date of this Policy; or
- (iii) the date of last reinstatement (if any) of this Policy,

whichever is the latest date, and subject to the terms of the Schedule of Benefits and the Limits of Compensation.

22C. ORGAN TRANSPLANT BENEFIT

22C.1 We shall reimburse You for Reasonable Expenses incurred for the Necessary Medical Treatment of an Insured Person who is a recipient of any organ (including Stem Cell Transplant) subject to the terms of the Schedule of Benefits and the Limits of Compensation.

22C.2 We will not pay this Benefit if the organ transplant is illegal or arises from any illegal transaction or practice.

22D. LIVING ORGAN DONOR TRANSPLANT BENEFIT

22D.1 We shall reimburse You for Reasonable Expenses incurred for the treatment of an Insured Person who is a living donor of any Specified Organ for any recipient subject to the terms of the Schedule of Benefits, the Limits of Compensation and the following:

- (i) the transplant is approved pursuant to HOTA and performed at a Hospital in Singapore;
- (ii) the date the recipient of the Specified Organ is first diagnosed by a Registered Medical Practitioner or the symptoms of the recipient's Specified Organ failure first appeared is after twenty-four (24) months from the following dates (whichever is the latest date):
 - a. 1 September 2010, being the date on which this Living Organ Donor Transplant Benefit first becomes effective under this Policy; or
 - b. the Commencement Date of this Policy; or
 - c. the date of last reinstatement (if any) of this Policy, and

(iii) the Reasonable Expenses are incurred for treatment of the Insured Person in relation to the transplant which treatment is, in the professional opinion of a Registered Medical Practitioner or a Specialist in that field of medicine, appropriate and necessary for the transplant. All Reasonable Expenses incurred for the treatment including Pre-Hospitalisation Treatment, Post-Hospitalisation Treatment and any post surgery complications shall be aggregated for the purpose of computation of the Limits of Compensation for this Benefit per transplant as specified in the Schedule of Benefits.

22D.2 We will not pay for this Benefit if the transplant is illegal or arises from any illegal transaction or practice.

23. CONFINEMENT IN COMMUNITY HOSPITAL

If the Insured Person has undergone In-patient Hospital Treatment in a Hospital and:

- a. is discharged from the Hospital and is immediately admitted in a Community Hospital after such discharge; and
- b. the attending Registered Medical Practitioner in the Hospital has recommended in writing that the Insured Person needs to be admitted to a Community Hospital for Necessary Medical Treatment; and
- c. such Necessary Medical Treatment arises from the same injury, illness or disease that resulted in the Insured Person's In-patient Hospital Treatment in the Hospital,

We will reimburse You, up to the maximum number of days as stated in the Schedule of Benefits, for Reasonable Expenses incurred arising from the Insured Person's confinement in the Community Hospital, including expenses for accommodation, meals and general nursing during the Insured Person's confinement as a bed-paying patient in the Community Hospital.

24. DISPUTE RESOLUTION

Any dispute as to any matter arising under, out of, or in connection with this Policy shall be referred to Financial Industry Disputes Resolution Centre Ltd ("FIDREC") for resolution, provided it is a dispute that can be brought before FIDREC.

If such dispute cannot be referred to or resolved by FIDREC, such dispute shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force, which rules are deemed to be incorporated by reference in this Clause 24. The obtaining of an arbitral award by You shall be a condition precedent to Our liability under this Policy.

25. EXCLUSION OF THIRD PARTY RIGHTS

Any person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce any of its terms.

26. EXCLUSIONS

The following treatment items, procedures, conditions, activities and their related complications are not covered under this Policy:

- a. all expenses incurred by an Insured Person for the entire period of hospitalisation if the date of admission in a Hospital is before the Commencement Date of this Policy;
- b. treatment of any Serious Illness for which the Insured Person received medical treatment (including follow-up and consultations) during the twelve months before the Commencement Date of this Policy;
- c. any Pre-existing Illnesses, Diseases or Impairments from which the Insured Person was suffering, unless declared to and accepted by Us. Any Pre-existing Illness, Disease or Impairment which is excluded under any specific exclusion in this Policy is also excluded, regardless of whether a declaration was made in the Application Form. For the avoidance of doubt, any Pre-existing Illnesses, Diseases or Impairments that has been covered under Medishield shall continue to be covered under this Policy, provided the Insured Person still satisfies the eligibility criteria for Medishield under the Act and the Regulations at the time of the claim made under this Policy;
- d. cosmetic surgery or medical treatment for the prevention of illness, promotion of health or enhancement of bodily function or appearance;
- e. consultation by any Registered Medical Practitioner for kidney dialysis, stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy, erythropoietin treatment and cyclosporin treatment;
- f. general out-patient medical services;

- g. birth defects, including hereditary conditions and disorders, and congenital sickness or abnormalities (except where expressly covered under the Congenital Abnormalities Benefit);
- h. overseas medical treatment, except as specified in Clause 2;
- i. mental illness or personality disorders (except In-patient Psychiatric Treatment);
- j. pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of hospitalisation or treatment relating to the foregoing (except where expressly covered under the Pregnancy Complications Benefit);
- k. infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;
- l. treatment of sexually-transmitted diseases;
- m. Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV) except HIV Due to Blood Transfusion and Occupationally Acquired HIV;
- n. treatment of self-inflicted injuries or illnesses resulting from attempted suicide, whether the Insured Person is sane or insane;
- o. treatment for drug addiction or alcoholism;
- p. acquisition from a living donor of an organ or body part for an organ or body part transplant and all expenses incurred by the living donor of such organ or body part except where expressly covered under the Living Organ Donor Transplant Benefit;
- q. dental treatment (except Accident In-patient Dental Treatment);
- r. ambulance fee;
- s. sex change operations;
- t. purchase or rental of home or out-patient use of special braces, appliances, equipment, machines and other devices, such as wheel-chair, walking or home aids of any kind, dialysis machine, iron lung, oxygen machine and any other Hospital-type equipment, optional items which are outside the scope of treatment, prosthesis, corrective devices and medical appliances which are not surgically required;
- u. experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products whether or not such trials have a Clinical Trial Certificate issued by the Health Sciences Authority of Singapore;
- v. private nursing charges;
- w. vaccination;
- x. treatment of injuries arising from direct participation in civil commotion, riot or strike;
- y. treatment of injuries arising from, whether directly or indirectly, nuclear fallout, war and related risks;
- z. rest cures, hospice care, home or out-patient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoria or similar establishments; out-patient rehabilitation services, such as counselling and physical rehabilitation; or
- aa. alternative or complementary treatments, including Traditional Chinese Medicine (TCM) or stay in any healthcare establishment for social or non-medical reasons.

INCOMESHIELD / ENHANCED INCOMESHIELD ASSIST RIDER

ENDORSEMENT TO BE ATTACHED TO AND FORMING PART OF THE POLICY NO.

Name of Policyholder: _____ NRIC: _____
 Entry Date: _____
 Commencement Date: _____ Expiry Date: _____
 Name of Insured Person _____ Date of Birth _____ NRIC/BC/FF/PP _____ Premium _____

The parties agree that this Rider shall apply even if its provisions are contrary to those in the Policy.

DEDUCTIBLE

While this Rider is in force, there is no Deductible payable under the Policy.

CO-INSURANCE

While this Rider is in force, Co-insurance means 10% of the Benefits payable or the maximum amount stated in the table below, whichever is lower, and such amount must be borne by the Insured Person in the event of a claim under this Policy. The Co-insurance shall also apply to claims for Out-patient Hospital Treatment.

Enhanced Preferred / Plan P	Enhanced Advantage / Plan A	Enhanced Basic / Plan B	Plan C
\$3,000	\$2,500	\$2,000	\$1,500

HOSPITAL CASH BENEFIT

This hospital cash benefit shall apply to the Enhanced Incomeshield Plan only.

If the ward admitted into is lower than the entitled ward, we shall pay a daily hospital cash benefit as follows:

Plan	Admitted ward	Cash benefit per day
Enhanced Preferred	Restructured Hospital ward B1/B2/C	\$150
Enhanced Preferred	Restructured Hospital ward A	\$125
Enhanced Advantage	Restructured Hospital ward B1/B2/C	\$100
Enhanced Basic	Restructured Hospital ward B2/C	\$75

PREMIUM

The premium rates are not guaranteed and may be reviewed and varied by us from time to time by giving you thirty (30) days' prior written notice to your last known address, provided any variation in the premium rates apply to all policies and riders within the same class and/or the variation is in the interest of the policyholders within the class.

GRACE PERIOD

You are allowed a grace period (Grace Period) of 2 calendar months from the Commencement Date of this Rider to pay the premium as stated above. During this Grace Period, this Rider will be in force. However, before we make payment of any sum payable under this Rider, you must first pay any unpaid premium owing to us. If the premium is not paid within the Grace Period, this Rider shall be cancelled with effect from the Commencement Date of this Rider.

REINSTATEMENT

This Rider may be reinstated when all outstanding premiums are paid and with our written consent. On reinstatement, we reserve the right to impose exclusions or charge additional premium(s) from the date of reinstatement if there is a change in the Insured Person's medical or physical condition.

EXCLUSION

All exclusions under the Policy shall apply to this Rider.

CANCELLATION

You may cancel this Rider by giving us at least one (1) month's prior written notice. On receipt of your written notice, we will advise you of the effective date of termination of this Rider. Cancellation of this Rider will not affect the validity of the Policy.

TERMINATION

This Rider shall automatically and immediately terminate in the event that the Policy is terminated or cancelled or has lapsed for any reason.

OTHER PRIVILEGES AND CONDITIONS

Except as amended or modified in this Rider, all other privileges and conditions of the Policy remain unchanged and shall continue to apply.

Date of issue :
