

THE SCHEDULE

GST Registration No : M4-0003030-8

Policy No :				
Policyholder :			NRIC :	
Insured Person(s) :		Entry Date :	Expiry Date :	
Name	DOB	NRIC	Main Plan	Premium
Total Premium (Incl.GST)				
BENEFITS:		Limits of Compensation		
In-Patient Hospital Treatment:		Plan MA	Plan MB	
Room, Board & Medical Related Services (Per day)		\$ 690	\$ 450	
Intensive Care Unit (ICU) & Medical Related Services (per day)		\$ 1,100	\$ 900	
Surgical Limits				
Table:				
1		\$ 500	\$ 370	
2		\$ 1,100	\$ 740	
3		\$ 1,900	\$ 1,240	
4		\$ 2,600	\$ 1,870	
5		\$ 4,500	\$ 2,900	
6		\$ 6,000	\$ 4,100	
7		\$ 7,800	\$ 6,600	
Implants/Approved Medical Consumables (per treatment)		\$ 7,000	\$ 7,000	
Gamma Knife (per procedure)		\$ 12,600	\$ 9,600	
Outpatient Hospital Treatment :				
Stereotactic Radiotherapy for cancer (per treatment)		\$ 2,500	\$ 2,000	
Radiotherapy(per day)				
- External		\$ 140	\$ 120	
- Superficial		\$ 140	\$ 120	
- Brachytherapy with external		\$ 280	\$ 240	
- Brachytherapy without external		\$ 280	\$ 240	
Chemotherapy (per treatment cycle)		\$300/7 day \$1,240/21-28 day	\$270/7 day \$1,240/21-28 day	
Renal Dialysis (per month)		\$ 2,500	\$ 2,000	
Erythropoietin drug for chronic renal failure (per month)		\$ 500	\$ 400	
Cyclosporin/Tacrolimus drug for organ transplant (per month)		\$ 500	\$ 400	
Limit per policy year		\$110,000	\$ 85,000	
Limit per life time		\$550,000	\$375,000	
Deductible Per Policy Year for Insured Persons 80 years and below at next birthday		Private Hospital wards/Class A Wards: \$4,000 Class B1 wards: \$2,500 Class B2 wards: \$1,500 Class C wards: \$1,000	Private Hospital wards: \$2,500 Class A and B1 wards: \$2,500 Class B2 wards: \$1,500 Class C wards: \$1,000	
Co-insurance		10%	10%	
Last Entry Age (Age next birthday)		75	75	
Maximum Coverage Age		Lifetime, subject to Clause 7	Lifetime, subject to Clause 7	

PRIVILEGES AND CONDITIONS

1. BENEFITS

We shall pay:

the Benefits up to the Limits of Compensation both as specified in the Schedule for medical expenses which are incurred by an Insured Person in a hospital in Singapore for an illness or "injury"

LESS

- (a) the Deductible and Co-Insurance amounts specified in the Schedule which shall be solely borne by the Insured Person; and
- (b) any unpaid premium or any other sums due or owing to us under this Policy, subject to "Limit per policy year" and the "Limit per life time" amounts as specified in the Schedule.

2. DEDUCTIBLE/CO-INSURANCE

An Insured Person shall be responsible for the payment of the Deductible and Co-Insurance specified in the Schedule.

3. LIMITS OF COMPENSATION

The Limits of Compensation specified in the Schedule shall be the maximum payable for each claim subject to the limits as set out under the "Limit per policy year" and the "Limit per life time" section. Any amount exceeding these limits shall be borne by you.

4. PAYMENT OF PREMIUM

The premium for this Policy shall be paid annually. It shall be deducted from your Medisave Account maintained with the Central Provident Fund Board, and/or paid by you in cash.

The annual premium shall be computed based on the age next birthday of the Insured Person(s) and at the prevailing premium rates.

5. PREMIUM THROUGH CENTRAL PROVIDENT FUND BOARD

In the event that the premium for this Policy or the Cover for any of the Insured Person(s) is not received from the Central Provident Fund Board upon our request, you are required to make payment of such premium directly to us.

6. ADMISSION OF AGE

If the date of birth was incorrectly provided to us or to the Central Provident Fund Board as stated in the Application Form, then the annual premium shall be adjusted based on the correct date of birth.

Any excess premium paid shall be refunded to and any shortfall in the premium shall be deducted from your Medisave Account.

7. RENEWAL

This Policy is issued for a period of one year and upon expiry shall be renewed automatically each year subject to the payment of the renewal premium at the prevailing premium rates and the age next birthday of the Insured Person(s).

Notwithstanding the foregoing, for an Insured Person who will be beyond 80 years of age as at the effective date of renewal of this Policy, such Insured Person will only be eligible to convert the Policy to the equivalent Incomeshield Insurance Policy ('Incomeshield').

For Plan MA of this policy, the equivalent is Incomeshield Plan B or Plan C.
For Plan MB of this policy, the equivalent is Incomeshield Plan C.

8. CANCELLATION

You may cancel this Policy or the cover for any of the Insured Persons by giving us written notice at least 1 month prior to the expiry date. We will advise you of the effective date of termination of this Policy or the cover for any of the Insured Person(s).

9. TERMINATION OF POLICY

We shall be entitled to immediately terminate this Policy and all benefits shall cease upon the happening of any of the following:

- a. non-payment of the renewal premium;
- b. refusal or failure by the Policyholder or the Insured Person(s) to refund to us any sum of money due and owing to us, and arising out of any prior payment by us on behalf of the Insured Person for any hospitalisation and/or medical expenses; or
- c. pursuant to Clause 14 below

10. TERMINATION OF COVER

(A) Cover for an Insured Person shall cease upon the happening of any of the following:

- a. non-payment of the renewal premium for that Insured Person;
- b. death of the Insured Person;
- c. The total claim paid for each Insured Person reaches the "Limit per life time" specified in the Schedule; or
- d. refusal or failure by the Policyholder or the Insured Person(s) to refund to us any sum of money due and owing to us, and arising out of any prior payment by us on behalf of the Insured Person for any hospitalisation and/or medical expenses.

(B) Notwithstanding the termination of cover for the Policyholder upon his death, the cover for the other Insured Persons under this Policy shall continue in full force and effect (subject to Clause 10(A) above).

11. TERMINATION OF MEDISHIELD

If you wish to terminate your Medishield insurance, you must lodge a written notice with the Central Provident Fund Board in accordance with their prescribed form and procedure. The termination of this Policy or the cover for any Insured Person does not automatically terminate your Medishield insurance.

12. REFUND OF PREMIUM

Upon termination of this Policy or the cover for any of the Insured Person(s), a refund shall be made accordingly to your Medisave Account. The amount of refund will be based on our scale of refund.

13. GRACE PERIOD AND CANCELLATION

You are allowed a grace period of thirty days from inception of cover to pay your premiums. During this period this Policy or the cover for any of the Insured Person(s) will be maintained in full force, but if any sum becomes payable by us during the grace period, the amount of unpaid premium will be deducted from the sum payable.

In the event that the premium is not paid by the end of the grace period, this Policy or the cover for any of the Insured Person(s) shall be cancelled from the date of inception.

14. CLAIMS

All claims shall be made either through the Central Claims Processing System (CCPS), or on our prescribed form submitted to us as soon as reasonably possible with the original final medical bills. Any information required by us for assessing the claim shall be furnished by you at your expense.

If a claim shall be in any respect fraudulent or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by or on behalf of you or any Insured Person to obtain any compensation under this Policy, all compensation shall be forfeited and we shall be entitled at our discretion to terminate this Policy, to impose loading on such terms and conditions as we may require and/or take such other action as we deem fit.

15. REIMBURSEMENT OF CLAIM

Each claim submitted under this Policy will be processed in accordance with clause (1) of the Privileges and Conditions. In the event that the benefit entitled under the Medishield insurance is higher than that under this Policy, we shall pay the higher amount entitled under the Medishield insurance.

16. OTHER MEDICAL REIMBURSEMENTS

If an Insured Person receives any reimbursement for medical expenses under any other policy or from a third party, we shall pay either the Benefits as stated in the Schedule or the balance of the medical expenses not reimbursed whichever is lower.

17. EXCLUSIONS

The following are not covered under this Policy:

- a. all expenses incurred by an Insured Person for the period of hospitalisation if admission in a hospital is before the entry 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.

The exclusion in 17(b) does not apply to treatment of any serious illness received during the twelve months before the commencement date of this Policy if:

- (i) the Insured Person had been covered by the Central Provident Fund Board under the Medishield Plus Scheme at the time at which the treatment had been received and continued to be covered by the Central Provident Fund Board under the Medishield Plus Scheme up to the time at which this Policy commenced; and
- (ii) the Insured Person's policy with the Central Provident Fund Board under the Medishield Plus Scheme commenced before 1 November 2004; and
- (iii) coverage of the treatment for the serious illness had not been excluded by the Central Provident Fund Board under the Medishield Plus Scheme.

- c. congenital anomalies, hereditary conditions and disorders.
- d. overseas medical treatment.
- e. mental illness and personality disorders.
- f. pregnancy, or any form of hospitalisation or treatment relating to pregnancy, childbirth, abortion or miscarriage.
- g. infertility, sub-fertility, assisted conception or any contraceptive treatment.
- h. Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV).
- i. treatment of self-inflicted injuries, or injuries resulting from attempted suicide.
- j. treatment for drug addiction or alcoholism.
- k. cosmetic surgery.
- l. dental treatment (except due to accidental injuries).
- m. ambulance fee.
- n. sex change operations.
- o. purchase of kidney dialysis machine, iron-lung and other special appliances.
- p. optional items which are outside the scope of treatment.
- q. private nursing charges.
- r. vaccination.
- s. treatment of injuries arising from direct participation in civil commotions, riot or strike.
- t. treatment of injuries arising from directly or indirectly from nuclear fallout, war and related risks.
- u. treatment for which the insured person received reimbursement from Workmen's Compensation and other forms of insurance coverage.

18. CHANGE OF TERMS AND CONDITIONS

We may at our discretion modify the terms and conditions of this Policy at any time by giving you 30 days' written notice at your last known address.

19. ARBITRATION

All disputes or differences under this Policy shall be referred to arbitration in accordance with the statutory provision for the time being in force in Singapore and the obtaining of an award by the Policyholder shall be a condition precedent to our liability under this Policy.

20. DEFINITIONS

a. Policyholder

Policyholder shall mean the policyholder named in the Schedule.

b. Insured Person

Insured Person shall mean the insured proposer or his/her spouse, child, parent or grandparent named in the Schedule.

c. Room, Board & Hospital Services Benefit

Room, Board & Related Medical Services Benefit shall mean 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.

d. Intensive Care Unit (ICU) and Hospital Services Benefit

Intensive Care unit & Medical Related Services Benefit shall mean the charges incurred by the Insured Person per day in an Intensive Care Unit in a hospital in Singapore. It includes meals, prescriptions, general nursing care, consultation, miscellaneous medical charges, specialist consultation, examination and laboratory tests.

e. Surgical Limits Table

Surgical Limits Table shall mean the latest surgical operation fee tables as prescribed from time to time by the Ministry of Health of Singapore.

f. Serious Illness

Serious illness shall mean:

- * Blood Disorder
- * Cancer
- * Ischaemic heart disease
- * Coronary artery disease
- * Rheumatic heart disease
- * Chronic obstructive lung disease
- * Chronic renal disease, including renal failure
- * Cerebrovascular accidents
- * Chronic Liver Cirrhosis
- * Systemic Lupus Erythematosus
- * Degenerative diseases.

g. Deductible

Deductible as specified in the Schedule is the minimum amount to be borne by the Insured Person for medical expenses incurred during the policy year before any benefit is payable. The Deductible shall not apply to claims for Outpatient Hospital Treatments.

We may at our discretion vary the Deductible according to the actual ward of admission.

h. Co-insurance

Co-insurance as specified in the Schedule is the amount to be borne by the Insured Person in the event of a claim. It is a percentage of the benefits payable in excess of the Deductible. The Co-insurance shall also apply to claims for Outpatient Hospital Treatments.

i. Policy Year

Policy Year shall mean a period of one year from the entry date specified in the Schedule or the renewal date as specified in the Renewal Certificate.

j. Surgical Implants / Approved Medical Consumables Benefit

Surgical Implants / Approved Medical Consumables Benefit includes intravascular electrodes used for electrophysiological procedures, Percutaneous Transluminal Coronary Angioplasty (PTCA) and inter-aortic balloons (or balloon catheters).

21. EXCLUSION OF THIRD PARTY RIGHTS

A person who is not party to this agreement shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

22. JOINT INSURANCE WITH MEDISHIELD

The Insured Person is jointly insured under Medishield operated by the Central Provident Fund Board which is governed by the Central Provident Fund Act (Chapter 36) and Central Provident Fund (Medishield Scheme) Regulations provided the Insured Person meets the eligibility conditions as specified in the Act and Regulations. The Insured Person, if insured under Medishield, shall enjoy all benefits of Medishield as provided under the Act and Regulations.

23. PREMIUM DISCOUNT

You will enjoy a premium discount on your annual premium between ages 71 to 75, based on the table below. The premium discount will depend on the age from which you are insured under this Policy (or its equivalent, where applicable) with no break in insurance cover.

Entry age next birthday	Premium discount at age 71 - 73 next birthday (\$)		Premium discount at age 74 - 75 next birthday (\$)	
	Plan MA	Plan MB	Plan MA	Plan MB
30 & below	274.00	110.80	330.00	138.00
31 - 40	205.50	83.10	247.50	103.50
41 - 50	137.00	55.40	165.00	69.00
51 - 60	68.50	27.70	82.50	34.50