

Coverage for IncomeShield

Benefits	IncomeShield (Includes MediShield Life (MSHL) payout)			
	Plan P	Plan A	Plan B	Plan C
Inpatient hospital treatment	Limits of compensation			
Daily ward and treatment charges (each day)				
- Normal ward ^a	\$2,000	\$1,200	\$1,000	\$700
- MIC@Home ^b	\$2,000	\$1,200	\$1,000	\$700
- Intensive care unit ward ^c	\$2,600	\$1,700	\$1,400	\$1,200
Surgical benefits (including day surgery) ^d (each procedure)				
Surgical limits table - limits for various categories of surgery, as classified by the Ministry of Health (MOH) in its latest surgical operation fees tables:				
Table 1 (less complex procedures)	\$1,050	\$600	\$500	\$400
Table 2	\$2,275	\$1,300	\$1,100	\$750
Table 3	\$4,025	\$2,300	\$2,000	\$1,300
Table 4	\$5,425	\$3,100	\$3,000	\$2,000
Table 5	\$8,100	\$5,400	\$4,300	\$3,000
Table 6	\$10,800	\$7,200	\$5,400	\$4,200
Table 7 (more complex procedures)	\$14,100	\$9,400	\$8,200	\$6,800
Surgical implants ^e (each admission)	\$14,000	\$11,000	\$9,000	\$7,000
Radisurgery, including proton beam therapy – Category 4 (each treatment course) ^f	\$15,600	\$12,600	\$9,600	
Pre-hospitalisation treatment and post-hospitalisation treatment ^g (up to 90 days before being admitted to or after being discharged from hospital, respectively)	Limited to unused balance amount of daily ward and treatment charges and community hospital			
Community hospital (Rehabilitative) (each day, up to 45 days for each admission) ^{a,h}	\$2,000	\$1,200	\$1,000	\$550
Community hospital (Sub-acute) (each day, up to 45 days for each admission) ^{a,h}				

Benefits	Plan P	Plan A	Plan B	Plan C
Outpatient hospital treatment ^{f,i}	Limits of compensation			
Radiotherapy for cancer (each treatment)				
- External	\$600	\$400	\$300	\$250
- Brachytherapy	\$600	\$500	\$500	\$500
- Stereotactic	\$5,000	\$3,000	\$2,500	\$2,000
- Proton beam therapy – Category 1	\$600	\$400	\$300	\$250
- Proton beam therapy – Category 2	\$600	\$500	\$500	\$500
- Proton beam therapy – Category 3	\$5,000	\$3,000	\$2,500	\$2,000
Kidney dialysis (each month)	\$3,500	\$3,000	\$2,500	\$2,000
Erythropoietin for chronic kidney failure (each month)	\$1,000	\$700	\$600	\$400
Immunosuppressants for organ transplant (each month)	\$1,000	\$700	\$600	\$400
Insured receiving treatment for one primary cancer				
Cancer drug treatment (each month) ⁱ	5x MSHL Limit for one primary cancer		3x MSHL Limit for one primary cancer	
Cancer drug services (each policy year) ^k				
Insured receiving treatment for multiple primary cancers				
Cancer drug treatment (each month) ⁱ	The total of the highest limits among the covered cancer drug treatments received for each primary cancer			
Cancer drug services (each policy year) ^k	5x MSHL Limit for multiple primary cancers		3x MSHL Limit for multiple primary cancers	
Special benefits	Limits on special benefits			
Congenital abnormalities benefit (each policy year, with 24 months' waiting period)	\$10,000	\$7,500	\$5,000	Covered up to MSHL benefits only
Pregnancy complications benefit (each policy year, with 10 months' waiting period) ^l	\$7,000	\$5,000	\$3,500	
Inpatient psychiatric treatment benefit (each policy year)	\$10,000		\$7,000	
Prosthesis benefit (each policy year) ^m	\$10,000	\$6,000	\$6,000	\$3,000
Final expenses benefit ⁿ	\$5,000		\$3,000	\$1,500

Benefits	Plan P	Plan A	Plan B	Plan C
Deductible for each policy year for an insured aged 80 years or below at next birthdayⁱ				
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 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
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
Deductible for each policy year for an insured aged over 80 years at next birthdayⁱ				
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 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
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
Co-insurance	10%			
Limit in each policy year	\$300,000	\$200,000	\$150,000	\$100,000
Limit in each lifetime	Unlimited			
Last entry age (age next birthday)	75			
Maximum coverage age	Lifetime			

Coverage for Deluxe Care rider and Classic Care rider

Benefits		Deluxe Care Rider			Classic Care Rider		
		Panel ^o	Extended Panel ^o	Non-panel	Panel ^o	Extended Panel ^o	Non-panel
Cover deductible and co-insurance		Yes Up to benefit limits					
Co-payment		5% co-payment of the benefits due under your policy ^p			10% co-payment of the benefits due under your policy ^p		
Co-payment limit (each policy year)		Up to \$3,000 limit		No limit	Up to \$3,000 limit		No limit
Extended panel ^o and non-panel payment (each policy year)		Not applicable	Up to \$2,000 limit		Not applicable	Up to \$2,000 limit	
Additional Cancer Drug Treatment Benefit for outpatient treatments	Treatment ⁱ on CDL (each month)	One Primary Cancer: Plan P: 10x MSHL Limit Plan A: 10x MSHL Limit Plan B: 6x MSHL Limit Plan C: 6x MSHL Limit Multiple Primary Cancers: The total of the highest limits among the covered cancer drug treatments received for each primary cancer					
	Non-CDL treatment ^q (each month)	One Primary Cancer: Plan P: \$4,000 Plan A: \$3,800 Plan B: \$3,500 Plan C: \$3,200 Multiple Primary Cancers: Plan P: \$4,000 x number of primary cancers Plan A: \$3,800 x number of primary cancers Plan B: \$3,500 x number of primary cancers Plan C: \$3,200 x number of primary cancers					
	Treatment on CDL co-payment	5% co-payment of the benefits due under your rider			10% co-payment of the benefits due under your rider		
		Up to \$3,000 limit (each policy year)		No limit	Up to \$3,000 limit (each policy year)		No limit
	Non-CDL treatment co-payment	10% co-payment of the benefits due under your rider			20% co-payment of the benefits due under your rider		
		No limit					
	Extra Bed Benefit		Receive up to \$80 each day (up to a maximum of 10 days for each hospital stay) for the cost of an extra bed for you to sleep over if your insured child ^r gets warded				

Non-panel: Registered medical practitioners, specialists, hospitals or medical institutions that are not our panel^o or extended panel^o.

IMPORTANT NOTES

- a. Include meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, and laboratory tests. Daily ward and treatment charges include being admitted to a high dependency unit (HDU) or a short-stay ward.
- b. Includes prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, laboratory tests, equipment loan or rental, nursing charges, home care and transport-related services. We will cover pre-hospitalisation treatment benefit and post-hospitalisation treatment benefit for the inpatient care provided through Mobile Inpatient Care @ Home (MIC@Home).
- c. Includes meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations and laboratory tests.
- d. Please refer to go.gov.sg/mshlbenefits for the updated list of MediShield Life (MSHL) benefits for surgical treatments.
- e. Includes charges for the following approved medical items:
 - Intravascular electrodes used for electrophysiological procedures
 - Percutaneous transluminal coronary angioplasty (PTCA) balloons
 - Intra-aortic balloons (or balloon catheters)
- f. This benefit covers the following main outpatient hospital treatment received by the insured from a hospital or a licensed medical centre or clinic.
 - For proton beam therapy, we will only cover the proton beam therapy if it is administered for an Ministry of Health (MOH)-approved proton beam therapy indication (that is, MOH has approved the therapy for the insured's condition) and the insured meets the eligibility criteria for proton beam therapy under MSHL. The proton beam therapy indications and the eligibility criteria are set out on MOH's website (go.gov.sg/pbt-approved-indications). MOH may update these from time to time.
 - For cancer drug treatment, only cancer drug treatments listed on the Cancer Drug List (CDL) and used according to the indications for the cancer drugs, as specified in the CDL on MOH's website (go.gov.sg/moh-cancerdruglist) will be covered. For each primary cancer, if the cancer drug treatment on the CDL involves more than one drug, we allow a particular drug to be removed from the treatment or replaced with another drug on the CDL that has the indication 'for cancer treatment', only if this is due to intolerance or contraindications (for example, allergic reactions). In such cases, the claim limit of the original cancer drug treatment on the CDL will apply.
For each primary cancer, if more than one cancer drug treatment is administered in a month, the following will apply.
 - If any of the cancer drug treatments that are on the CDL has an indication that states 'monotherapy', only the treatments on the CDL that have the indication 'for cancer treatment' will be covered in that month.
 - If none of the cancer drug treatments that are on the CDL has an indication that states 'monotherapy':
 - if more than one of the cancer drug treatments administered in a month has an indication other than 'for cancer treatment', only cancer drug treatments that are on the CDL and have the indication 'for cancer treatment' will be covered in that month.
 - if one or none of the cancer drug treatments administered in a month has an indication other than 'for cancer treatment', all cancer drug treatments that are on the CDL will be covered in that month.
 Cancer drug treatments not on the CDL will be considered as having an indication other than "for cancer treatment".
For insured receiving treatment for one primary cancer, we will pay up to the highest limit among the covered cancer drug treatments on the CDL that are administered in that month.
For insured receiving treatment for multiple primary cancers, the registered medical practitioner can apply for higher claim limits for the insured receiving treatment for multiple primary cancers by sending an application to us (for assessment against your policy) and MOH (for assessment against the cover provided by MSHL). In this case, we will pay up to the total of the highest limits among the covered cancer drug treatments on the CDL that are administered for each primary cancer in that month.
 - For cancer drug services, it covers services that are part of any outpatient cancer drug treatment, such as consultations, scans, lab investigations, preparing and administering the cancer drug, supportive-care drugs and blood transfusions. It does not cover services provided before the insured is diagnosed with cancer or after the cancer drug treatment has ended.

IMPORTANT NOTES

- g. Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after inpatient psychiatric treatment, accident inpatient dental treatment or emergency overseas treatment. We do not cover pre-hospitalisation and post-hospitalisation treatment if, under the policy, we do not pay for the inpatient hospital treatment received during the stay in the hospital. Post-hospitalisation treatment, such as medication bought during a period of post-hospitalisation treatment but not used during that period, is not covered.

Please refer to the policy conditions for further details.

- h. To claim for staying in a community hospital,
- the insured must have first had inpatient hospital treatment in a restructured hospital or private hospital;
 - after the insured is discharged from the restructured hospital or private hospital, they must immediately be admitted to a community hospital for a continuous period of time;
 - the attending registered medical practitioner in the restructured or private hospital must have recommended in writing that the insured needs to be admitted to a community hospital for necessary medical treatment; and
 - the treatment must arise from the same injury, illness or disease that resulted in the inpatient hospital treatment.

- i. The deductible does not apply to the outpatient hospital treatment benefit.

- j. The cancer drug treatment on the CDL benefit limit is based on a multiple of the MSHL Limit for the specific cancer drug treatment. For the latest MSHL Limit, refer to the CDL on MOH's website under "MediShield Life Claim Limit per month" (go.gov.sg/moh-cancerdruglist). MOH may update this from time to time. The revised list will be applicable to the cancer drug treatment which occurred on and from the effective date of the revised list.

- k. For cancer drug services, it covers services that are part of any outpatient cancer drug treatment, such as consultations, scans, lab investigations, preparing and administering the cancer drug, supportive-care drugs and blood transfusions. It does not cover services provided before the insured is diagnosed with cancer or after the cancer drug treatment has ended.

The cancer drug services benefit limit is based on a multiple of the MSHL Limit for cancer drug services. For the latest MSHL Limit for cancer drug services, refer to "Cancer Drug Services" under the MSHL benefits on MOH's website (go.gov.sg/mshlbenefits). MOH may update this from time to time. The revised limit will be applicable to the cancer drug services incurred within the policy year of the revised limit.

- l. Pregnancy 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, laparoscopic surgery or methotrexate injection.
 - 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.

- m. The deductible does not apply to the prosthesis benefit.

- n. We will waive (not enforce) the co-insurance and deductible due for a claim for the inpatient hospital treatment, pre-hospitalisation treatment and post-hospitalisation treatment if the insured dies (i) while in hospital; or (ii) within 30 days of leaving hospital. If the insured dies within 30 days of leaving the hospital, we will also waive the co-insurance due for a claim of outpatient hospital treatment if the treatment was received by the insured within 30 days of leaving hospital.

- o. Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.

Extended panel means a registered medical practitioner or specialist approved by us to provide cover for the benefits under this rider. The registered medical practitioner or specialist must not also be on our lists of approved panels or preferred partners and must meet other criteria, including being on another Integrated Shield Plan provider's panel list.

The list of our approved panels, preferred partners and extended panel, which we may update from time to time, can be found at income.com.sg/specialist-panel.

- p. Subject to precise terms, conditions and exclusions specified in the policy conditions for IncomeShield and riders.

IMPORTANT NOTES

- q. For outpatient cancer drug treatments not on the CDL, we cover only treatments with drug classes A to E (according to the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework). Refer to lia.org.sg/media/3553/non-cdl-classification-framework.pdf for more details. LIA may update the list from time to time.
- r. The insured child must be aged 18 years or below during the stay in the hospital under the insured child's policy.

There are certain conditions whereby the benefits under this plan will not be payable. You can refer to your policy conditions for the precise terms, conditions and exclusions of the plan. The policy conditions will be issued when your application is accepted.

IncomeShield is available as a MediSave-approved Integrated Shield Plan for the insured who is a Singapore Citizen or a Singapore Permanent Resident. This applies as long as the insured meets the eligibility conditions under MediShield Life. If the insured is a foreigner who has an eligible valid pass with a foreign identification number (FIN), IncomeShield is not available as an Integrated Shield Plan.

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Information is correct as at 1 October 2025.

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