

## Coverage for Enhanced IncomeShield

Benefits	Enhanced IncomeShield (Payout includes MediShield Life (MSHL) payout)		
	Preferred	Advantage	Basic
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
Inpatient hospital treatment	Limits of compensation		
Daily ward and treatment charges (each day) <sup>1</sup> - Normal ward - Intensive care unit ward	As charged		
Surgical benefits (including day surgery) <sup>2</sup>			
Organ transplant benefit (including stem-cell transplant)			
Surgical implants <sup>3</sup>			
Radiosurgery			
Accident inpatient dental treatment			
Pre-hospitalisation treatment <sup>4,5</sup>	As charged  Not provided by our panel <sup>6</sup> : up to 100 days before admission  Provided by our panel <sup>6</sup> : up to 180 days before admission <sup>5</sup>	As charged  Up to 100 days before admission	
Post-hospitalisation treatment <sup>4,5</sup>	As charged  Not provided by our panel <sup>6</sup> : up to 100 days after discharge  Provided by our panel <sup>6</sup> : up to 365 days after discharge <sup>5</sup>	As charged  Up to 100 days after discharge	
Community hospital (Rehabilitative) <sup>1,7</sup>	As charged (up to 90 days for each admission)		
Community hospital (Sub-acute) <sup>1,7</sup>			
Inpatient palliative care service (General)	As charged		
Inpatient palliative care service (Specialised)			

Benefits	Preferred	Advantage	Basic
<b>Outpatient hospital treatment<sup>8</sup></b>			
<b>Limits of compensation</b>			
Radiotherapy for cancer - External (except Hemi-body) - Brachytherapy - Hemi-body - Stereotactic	As charged		
Kidney dialysis			
Erythropoietin for chronic kidney failure			
Immunosuppressants for organ transplant			
Long-term parenteral nutrition			
Cancer drug treatment (each month) <sup>9</sup>	5x MSHL Limit	4x MSHL Limit	3x MSHL Limit
Cancer drug services (each policy year) <sup>9</sup>	5x MSHL Limit	4x MSHL Limit	3x MSHL Limit
<b>Special benefits</b>			
<b>Limits on special benefits</b>			
Breast Reconstruction after Mastectomy <sup>10</sup>	As charged		
Congenital abnormalities benefit	As charged (with 12 months' waiting period)		
Pregnancy and delivery-related complications benefit <sup>6,11</sup>	As charged (with 10 months' waiting period)		
Living organ donor (insured) transplant benefit – insured as the living donor donating an organ	As charged, up to \$60,000 (each transplant with 24 months' waiting period for the person receiving the organ)	As charged, up to \$40,000 (each transplant with 24 months' waiting period for the person receiving the organ)	As charged, up to \$20,000 (each transplant with 24 months' waiting period for the person receiving the organ)
Living organ donor (non-insured) transplant benefit (each transplant) – insured as the recipient of organ	As charged, up to \$60,000	Covered up to MSHL benefits only	
Cell, tissue and gene therapy benefit (each policy year) <sup>12</sup>	As charged, up to \$250,000		As charged, up to \$150,000
Proton beam therapy (each policy year) <sup>13</sup>	As charged, up to \$100,000		As charged, up to \$70,000
Continuation of autologous bone marrow transplant treatment for multiple myeloma (each policy year) <sup>14</sup>	As charged, up to \$25,000		As charged, up to \$10,000
Inpatient psychiatric treatment benefit (each policy year)	As charged, up to \$7,000		As charged, up to \$5,000
Prosthesis benefit (each policy year)	As charged, up to \$10,000	As charged, up to \$6,000	
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
Waiver of pro-ration factor for outpatient kidney dialysis	Does not apply	Waive pro-ration factor for applicable treatment provided by our preferred partner <sup>6</sup>	
Final expenses benefit (waiver of co-insurance and deductible) <sup>15</sup>	\$5,000		\$3,000

Benefits	Preferred	Advantage	Basic
<b>Pro-ration factor<sup>16</sup></b>	<b>SG/PR/FR<sup>17</sup></b>		
<b>Inpatient</b>			
<ul style="list-style-type: none"> <li>- <b>Restructured hospital</b> <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>- <b>Private hospital or private medical institution or emergency overseas treatment<sup>18</sup></b></li> <li>- <b>Community hospital</b> <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 Does not apply	Does not apply Does not apply 85%  50%  Does not apply Does not apply 85%
<b>Day surgery or short-stay ward</b>			
<ul style="list-style-type: none"> <li>- <b>Restructured hospital subsidised</b></li> <li>- <b>Restructured hospital non-subsidised</b></li> <li>- <b>Private hospital or private medical institution or emergency overseas treatment<sup>18</sup></b></li> </ul>	Does not apply	Does not apply Does not apply  65%	Does not apply Does not apply  50%
<b>Outpatient hospital treatment</b>			
<ul style="list-style-type: none"> <li>- <b>Restructured hospital subsidised</b></li> <li>- <b>Restructured hospital non-subsidised<sup>19</sup></b></li> <li>- <b>Private hospital or private medical institution<sup>19</sup></b></li> </ul>	Does not apply	Does not apply Does not apply  65%	Does not apply Does not apply  50%

SG: Singapore Citizen | PR: Singapore Permanent Resident | FR: Foreigner

Benefits	Preferred	Advantage	Basic
<b>Deductible for each policy year for an insured aged 80 years or below next birthday<sup>20</sup></b>			
<b>Inpatient</b>			
<b>– Restructured hospital</b>			
- Ward class C	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500
- Ward class A	\$3,500	\$3,500	\$2,500
<b>– Private hospital or private medical institution or emergency overseas treatment<sup>18</sup></b>	\$3,500	\$3,500	\$2,500
<b>– Community hospital</b>			
- Ward class C	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500
- Ward class A	\$3,500	\$3,500	\$2,500
<b>Day surgery or short-stay ward</b>			
<b>– Subsidised</b>	\$2,000	\$2,000	\$2,000
<b>– Non-subsidised</b>	\$3,500	\$3,500	\$2,500
<b>Deductible for each policy year for an insured aged over 80 years at next birthday<sup>20</sup></b>			
<b>Inpatient</b>			
<b>– Restructured hospital</b>			
- Ward class C	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750
- Ward class A	\$5,250	\$5,250	\$3,750
<b>– Private hospital or private medical institution or emergency overseas treatment<sup>18</sup></b>	\$5,250	\$5,250	\$3,750
<b>– Community hospital</b>			
- Ward class C	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750
- Ward class A	\$5,250	\$5,250	\$3,750
<b>Day surgery or short-stay ward</b>			
<b>– Subsidised</b>	\$3,000	\$3,000	\$3,000
<b>– Non-subsidised</b>	\$5,250	\$5,250	\$3,750
<b>Co-insurance</b>	10%		
<b>Limit in each policy year</b>	\$1,500,000	\$500,000	\$250,000
<b>Limit in each lifetime</b>	Unlimited		
<b>Last entry age (age next birthday)</b>	75		
<b>Maximum coverage age</b>	Lifetime		

## IMPORTANT NOTES

- 1 Includes 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 ward or a short-stay ward.
- 2 Please refer to [go.gov.sg/mshlbenefits](http://go.gov.sg/mshlbenefits) for the updated list of MSHL benefits for surgical treatments as of 1 March 2021.
- 3 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)
- 4 Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after inpatient psychiatric treatment benefit, accident inpatient dental treatment or emergency overseas treatment. Pre-hospitalisation and post-hospitalisation treatment are also not payable if the inpatient hospital treatment received during the stay in hospital are not payable. Post-hospitalisation treatment such as medications purchased during a post-hospitalisation period when the treatment is not used during the same post-hospitalisation period is not payable.
- 5 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 and 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 180 days of pre-hospitalisation treatment and up to 365 days of post-hospitalisation treatment only when the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel.
- 6 Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The lists of approved panels and preferred partners, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.
- 7 To claim for staying in a community hospital,
  - 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; and
  - the treatment must arise from the same injury, illness or disease that resulted in the inpatient hospital treatment.
- 8 This benefit covers the following main outpatient hospital treatment received by the insured from a hospital or a licensed medical centre or clinic.
  - For long-term parenteral nutrition, it covers the parenteral bags and consumables necessary for administering long-term parenteral nutrition that meets MSHL claimable criteria
  - For cancer drug treatment, only treatments listed on the Cancer Drug List (CDL) and used according to the indications on the CDL will be covered. If the insured is claiming for more than one cancer drug treatment, we will pay a total amount of up to the highest limit for the cancer drugs administered in that month, as long as they are used according to the indications on the CDL. If any of the cancer drug treatments provided are not used according to the indications on the CDL, we will not cover any of the cancer drug treatments used, even individual treatments that are listed on the CDL, except where a particular drug being removed from the indicated treatment, or replaced with another drug indicated 'for cancer treatment' on the CDL, is a necessary medical treatment due to intolerance or contraindications (for example, allergic reactions).
  - 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 drugs, 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

- 9 The benefit limit is based on a multiple of the MSHL Limit for the specific cancer drug treatment. Refer to the Cancer Drug List (CDL) published at [go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist) for the applicable MSHL Limit. MOH may update this list from time to time. The cancer drug services benefit limit (if applicable) is based on a multiple of the MSHL Limit for cancer drug services. Refer to the MediShield Life Benefits published at [go.gov.sg/mshlbenefits](http://go.gov.sg/mshlbenefits) for the applicable MSHL Limit.
- 10 The breast reconstruction must be performed by a registered medical practitioner during a stay in hospital within 365 days from the date the insured leaves the hospital when the mastectomy was done.
- 11 Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment for the following:
  - ectopic pregnancy
  - pre-eclampsia or eclampsia
  - disseminated intravascular coagulation (DIC)
  - miscarriage where the foetus 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

In addition to the above, pregnancy and delivery-related complications benefit pays for inpatient hospital treatment for the following complications if treatment is provided by our preferred partner in the areas of obstetrics and gynaecology:

- Intrapartum haemorrhage
- Postpartum haemorrhage
- 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

## IMPORTANT NOTES

- 12 Cell, tissue and gene therapy benefit pays for inpatient hospital treatment (including day surgery), and outpatient hospital treatment, for cell, tissue and gene therapy provided to the insured as long as the following conditions are met.
- The cell, tissue and gene therapy is approved by MOH and Health Sciences Authority (HSA).
  - The registered medical practitioner recommends in writing that the insured needs the cell, tissue and gene therapy for necessary medical treatment, according to the relevant guidelines from MOH.
- This benefit also pays for outpatient hospital treatment for cell, tissue and gene therapy, including consultation fees, medicines, examinations and tests that are directly ordered by the registered medical practitioner. We will pay for these claims if the treatment is provided within 30 days (before and after) of the outpatient hospital 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 outpatient hospital treatment), and pay up to the limit for this benefit, as set out in the schedule of benefits.
- 13 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](http://go.gov.sg/pbt-approved-indications)). MOH may update these from time to time.
- 14 Continuation of autologous bone marrow transplant treatment for multiple myeloma pays for the autologous bone marrow transplant treatment for multiple myeloma (a form of white blood cell cancer) to continue to be provided to the insured, in an outpatient setting, for the following stages of treatment.
- Stem-cell mobilisation (a process where drugs are used to move the stem cells into the bloodstream)
  - Harvesting healthy stem cells
  - Pre-transplant workup (Pre-transplant preparation)
  - Use of high dosage chemotherapeutic drugs to destroy cancerous cells
  - Engraftment (Transplant) of healthy stem cells
  - Post-transplant monitoring
- To avoid doubt, we do not cover pre-hospitalisation treatment and post-hospitalisation treatment provided before or after the autologous bone marrow transplant treatment for multiple myeloma. The continuation of autologous bone marrow transplant for multiple myeloma will follow the pro-ration factor for outpatient hospital treatment.
- 15 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. The waiver of co-insurance and deductible will be up to the limit of compensation set out in the schedule of benefits.
- 16 If the insured is admitted into a ward and medical institution that is higher than what they are entitled to, we will only pay the percentage of the reasonable expenses for necessary medical treatment of the insured as shown using the pro-ration factor which applies to the plan.
- 17 If the insured is not a Singapore citizen or Singapore permanent resident (is a foreigner) but is covered under the plan for a Singapore citizen, we will reduce the amount of each benefit we will pay to the percentages (citizenship factors) as specified in the policy contract. The citizenship factor applies to any claim under the policy.
- Enhanced IncomeShield (Basic): 80% (For foreigner)
- 18 MSHL does not cover emergency overseas treatment.
- 19 Pro-ration will apply under MSHL for outpatient radiotherapy for cancer, long-term parenteral nutrition and cancer drug treatment if the insured is a non-subsidised patient. Kidney dialysis and immunosuppressant drugs approved under MSHL for organ transplant will not be pro-rated for MSHL.
- 20 Deductible does not apply to outpatient hospital treatment.

## IMPORTANT NOTES

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

Enhanced IncomeShield is available as a MediSave-approved Integrated Shield Plan for 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), Enhanced IncomeShield is not available as an Integrated Shield Plan.

This is for general information only. You can find the usual terms, conditions and exclusions of this plan at [www.income.com.sg/enhanced-incomeshield-policy-conditions.pdf](http://www.income.com.sg/enhanced-incomeshield-policy-conditions.pdf). All our products are developed to benefit our customers but not all may be suitable for your specific needs. If you are unsure if this plan is suitable for you, we strongly encourage you to speak to a qualified insurance advisor. Otherwise, you may end up buying a plan that does not meet your expectations or needs. As a result, you may not be able to afford the premiums or get the insurance protection you want. If you find that this plan is not suitable after purchasing it, you may terminate it within the free-look period, and obtain a refund of premiums paid.

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)).

Information is correct as at 1 April 2023