

## Coverage for Enhanced IncomeShield

	Full benefit features						
Benefits	MediShield Life		Enhanced IncomeShield Plan (Payout includes MediShield Life 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 comper	nsation		
Daily ward and treatment charges (each day)¹ - Normal ward - Intensive care unit ward	\$800 (each day) * \$2,200 (each day) *						
Surgical benefits (including day surgery) Surgical limits table – limits for various categories of surgery, as classified by the Ministry of Health in its latest surgical operation fees table:	A	В	С				
<ul> <li>Table 1 A/B/C (less complex procedures)</li> </ul>	\$240	\$340	\$340				
– Table 2 A/B/C	\$580	\$760	\$760	- - - As charged			
– Table 3 A/B/C	\$1,060	\$1,160	\$1,280				
– Table 4 A/B/C	\$1,540	\$1,580	\$1,640		As charged	As charged	
– Table 5 A/B/C	\$1,800	\$2,180	\$2,180				
– Table 6 A/B/C	\$2,360	\$2,360	\$2,360				
– Table 7 A/B/C (more complex procedures)	\$2,600	\$2,600	\$2,600				
Organ transplant benefit(including stem-cell transplant)		d under ir pital treatr					
Surgical implants²	\$7,000 (each treatment)		-				
Radiosurgery	\$10,000 (each treatment course)						
Accident inpatient dental treatment	Covered under inpatient hospital treatment						
Pre-hospitalisation treatment <sup>3,5</sup>	Not covered		As charged Not provided by our panel <sup>4</sup> : up to 100 days before admission Provided by our panel <sup>4</sup> : Up to 180 days before admission	As charged Up to 100 days before admission			
Post-hospitalisation treatment³,₅			As charged Not provided by our panel <sup>4</sup> : up to 100 days after discharge Provided by our panel <sup>4</sup> : Up to 365 days after discharge	As charged Up to 100 days after discharge			

\* An additional claim limit of \$200 per day applies for the first 2 days.



Benefits	MediShield Life	Preferred	Advantage	Basic	
Inpatient hospital treatment					
Community hospital (Rehabilitative) <sup>1,6</sup>	\$350 (each day)	As charged (up	As charged (up	As charged (up to 90 days for each admission)	
Community hospital (Sub-acute) <sup>1,6</sup>	\$430 (each day)	to 90 days for each admission)	to 90 days for each admission)		
Inpatient palliative care service (General)	\$250 (each day)		As charged	As charged	
Inpatient palliative care service (Specialised)	\$350 (each day)	As charged			
Outpatient hospital treatment <sup>7</sup>		Limits of compensation			
Radiotherapy for cancer - External (except Hemi-body) - Brachytherapy - Hemi-body - Stereotactic	\$300 (each session) \$500 (each session) \$900 (each session) \$1,800 (each session)		As charged	As charged	
Chemotherapy for cancer	\$3,000 (each month)	]			
Immunotherapy for cancer	Not covered	As charged			
Kidney dialysis	\$1,100 (each month)				
Erythropoietin for chronic kidney failure	\$200 (each month)				
Immunosuppressants for organ transplant	\$550 (each month)				
Long-term parenteral nutrition	\$1,700 (each month)				
Special benefits		Limits on special	benefits	_	
Breast reconstruction after mastectomy <sup>8</sup>		As charged	As charged	As charged	
Congenital abnormalities benefit		As charged (with 12 months' waiting period)	As charged (with 12 months' waiting period)	As charged (with 12 months' waiting period)	
Pregnancy and delivery-related complications benefit <sup>4,9</sup>		As charged (with 10 months' waiting period)	As charged (with 10 months' waiting period)	As charged (with 10 months' waiting period)	
Living organ donor (insured) transplant benefit – insured as the living donor donating an organ	Covered under inpatient hospital treatment	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 MediShield Life benefits only	Covered up to MediShield Life benefits only	
Cell, tissue and gene therapy benefit (each policy year)		As charged, up to \$250,000	As charged, up to \$250,000	As charged, up to \$150,000	
Proton beam therapy (each policy year)	Covered under outpatient radiotherapy limits, where applicable	As charged up to \$100,000	As charged, up to \$100,000	As charged, up to \$70,000	
Continuation of autologous bone marrow transplant treatment for multiple myeloma	\$6,000 (each treatment)	As charged, up to \$25,000 (each policy year)	As charged, up to \$25,000 (each policy year)	As charged, up to \$10,000 (each policy year)	
Inpatient psychiatric treatment benefit	\$160 (each day, up to 60 days for each policy year)	As charged, up to \$7,000 (each policy year)	As charged, up to \$7,000 (each policy year)	As charged, up to \$5,000 (each policy year)	



Benefits	MediShield Life		Preferred	Advantage	Basic
Special benefits			Limits on special l	benefits	
Prosthesis benefit (each policy year)	Covered under surgical implants		As charged, up to \$10,000	As charged, up to \$6,000	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	Not covered		Does not apply	Waive pro-ration factor for applicable treatment provided our preferred partner⁴	
Final expenses benefit (waiver of co-insurance and deductible) <sup>10</sup>			\$5,000	\$5,000	\$3,000
Pro-ration factor <sup>11</sup>	SG	PR	SG/PR/FR	SG/PR/FR	SG/PR/FR <sup>12</sup>
Inpatient		,			
<ul> <li>Restructured hospital         <ul> <li>Ward class C</li> <li>Ward class B2</li> <li>Ward class B2+</li> <li>Ward class B1</li> <li>Ward class A</li> </ul> </li> <li>Private hospital or private medical institution or emergency overseas treatment<sup>13</sup></li> </ul>	100% 100% 70% 43% 35% 25%	44% 58% 47% 38% 35% 25%	Does not apply	Does not apply 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 85% 50%
<ul> <li>Community hospital</li> <li>Ward class C, B2 or B2+</li> <li>Ward class B1</li> <li>Ward class A</li> </ul>	100% 50% 50%	50% 50% 50%		Does not apply Does not apply Does not apply	Does not apply Does not apply 85%
Day surgery or short-stay ward					
<ul> <li>Restructured hospital subsidised</li> </ul>	100%	58%		Does not apply	Does not apply
<ul> <li>Restructured hospital non-subsidised</li> </ul>	35%	35%	Does not apply	Does not apply	Does not apply
<ul> <li>Private hospital or private medical institution or emergency overseas treatment<sup>13</sup></li> </ul>	25%	25%		65%	50%
Outpatient hospital treatment					
<ul> <li>Restructured hospital subsidised<sup>#</sup></li> </ul>	100%	67%	Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised <sup>#,14</sup>	50%	50%		Does not apply	Does not apply
<ul> <li>Private hospital or private medical institution<sup>14</sup></li> </ul>	50%	50%		65%	50%

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

\* The continuation of autologous bone marrow transplant for multiple myeloma will follow the pro-ration factor for outpatient hospital treatment.



Benefits	MediShield Life	Preferred	Advantage	Basic
Deductible for each policy year for an insured	aged 80 years or below n	ext birthday <sup>15</sup>		
Inpatient				
<ul> <li>Restructured hospital</li> <li>Ward class C</li> <li>Ward class B2 or B2+</li> <li>Ward class B1</li> <li>Ward class A</li> </ul>	\$1,500 \$2,000 \$2,000 \$2,000	\$1,500 \$2,000 \$2,500 \$3,500	\$1,500 \$2,000 \$2,500 \$3,500	\$1,500 \$2,000 \$2,500 \$2,500
<ul> <li>Private hospital or private medical institution or emergency overseas treatment<sup>13</sup></li> </ul>	\$2,000	\$3,500	\$3,500	\$2,500
<ul> <li>Community hospital</li> <li>Ward class C</li> <li>Ward class B2 or B2+</li> <li>Ward class B1</li> <li>Ward class A</li> </ul>	\$1,500 \$2,000 \$2,000 \$2,000	\$1,500 \$2,000 \$2,500 \$3,500	\$1,500 \$2,000 \$2,500 \$3,500	\$1,500 \$2,000 \$2,500 \$2,500
Day surgery or short-stay ward				
– Subsidised – Non-subsidised	\$1,500 \$1,500	\$2,000 \$3,500	\$2,000 \$3,500	\$2,000 \$2,500
Deductible for each policy year for an insured				
Inpatient				
<ul> <li>Restructured hospital         <ul> <li>Ward class C</li> <li>Ward class B2 or B2+</li> <li>Ward class B1</li> <li>Ward class A</li> </ul> </li> <li>Private hospital or private medical institution or emergency overseas treatment<sup>13</sup></li> </ul>	\$2,000 \$3,000 \$3,000 \$3,000 \$3,000	\$2,250 \$3,000 \$3,750 \$5,250 \$5,250	\$2,250 \$3,000 \$3,750 \$5,250 \$5,250	\$2,250 \$3,000 \$3,750 \$3,750 \$3,750
<ul> <li>Community hospital</li> <li>Ward class C</li> <li>Ward class B2 or B2+</li> <li>Ward class B1</li> <li>Ward class A</li> </ul>	\$2,000 \$3,000 \$3,000 \$3,000	\$2,250 \$3,000 \$3,750 \$5,250	\$2,250 \$3,000 \$3,750 \$5,250	\$2,250 \$3,000 \$3,750 \$3,750
Day surgery or short-stay ward		1	1	
<ul><li>Subsidised</li><li>Non-subsidised</li></ul>	\$2,000 \$2,000	\$3,000 \$5,250	\$3,000 \$5,250	\$3,000 \$3,750
Co-insurance - Inpatient hospital treatment Claimable amount <sup>16</sup> : \$0 - \$3,000 \$3,001 - \$5,000 \$5,001 - \$10,000 Above \$10,000	10% 10% 5% 3%	10% 10% 10% 10%	10% 10% 10% 10%	10% 10% 10% 10%
<ul> <li>Outpatient hospital treatment</li> </ul>	10%	10%	10%	10%
Limit in each policy year	\$150,000	\$1,500,000	\$500,000	\$250,000
Limit in each lifetime	Unlimited	Unlimited	Unlimited	Unlimited
Last entry age (age next birthday)	Does not apply	75	75	75
Maximum coverage age	Lifetime	Lifetime	Lifetime	Lifetime

"As charged" means we will reimburse you the eligible hospitalisation cost you have incurred, subject to deductible, co- insurance, admission of ward class, benefit limits and any other policy terms (including exclusions).



## **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.
- 2 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).
- 3 Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a short-stay ward. 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.
- 4 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/specialistpanel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.
- 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 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 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.
- 7 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 MediShield Life claimable criteria.
- 8 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.
- 9 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 partners in the areas of obstetrics and gynaecology:

- intrapartum haemorrhage
- postpartum haemorrhage
- cervical incompetency
- accreta placenta
- placental insufficiency and intrauterine growth restriction
- gestational diabetes mellitus
- obstetric cholestasis
- twin to twin transfusion syndrome
- infection of amniotic sac and membranes
- fourth-degree perineal laceration
- uterine rupture
- postpartum inversion of uterus
- 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.
- 10 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.
- 11 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.
- 12 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 Basic: 80% (for foreigner)
- 13 MediShield Life does not cover emergency overseas treatment.
- 14 Pro-ration for non-subsidised outpatient cancer treatments will apply for MediShield Life. Kidney dialysis and immunosuppressant drugs approved under MediShield Life for organ transplant will not be pro-rated for MediShield Life.
- 15 Deductible does not apply to outpatient hospital treatment.
- 16 Claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ration and citizenship factor, if needed.

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. 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 web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Information is correct as of 1 April 2022.