

Product summary – IncomeShield Plan and Rider

Policy Number

Policyholder (Payor)'s
Name

Full name (as in NRIC/Long-Term Pass)

Life to be insured's
Name

Full name (as in NRIC/BC/Long-Term Pass)

☐

I agree that the contents of the product summary has been explained to me to my satisfaction by my advisor. I have fully read through the contents of the product summary and I understand them.

Signed in Singapore on

Signature of
Policyholder (Payor)

(dd/mm/yyyy)

Advisor's Name

Advisor's Code

Full name (as in NRIC)

Signed in Singapore on

Signature of Advisor

(dd/mm/yyyy)

Product summary – IncomeShield Plan

Product information

IncomeShield Plan

This is a hospital and surgical plan that helps you reduce the financial burden on your family if you, or your family members who are covered, have to stay in hospital. Depending on the plan you have chosen, we will pay the reasonable expenses for the insured person's necessary medical treatment according to the limits of compensation set out in the benefits schedule below.

Integration with MediShield Life (MSHL)

If the insured person is a Singapore citizen or a Singapore permanent resident, the insured person will be jointly insured under MSHL which is run by the Central Provident Fund Board and governed by the Central Provident Fund Act 1953 and the MediShield Life Scheme Act 2015 and any subsidiary legislation made under such acts (the "act and regulations"). Upon renunciation of your Singapore citizenship or Singapore permanent resident status, your policy will continue as a non-integrated plan.

Comparison of Benefits between MSHL and IncomeShield Plan

An IncomeShield Plan policy is made up of two parts – a MSHL portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage portion provided by Income. The full IncomeShield Plan premium comprises the MSHL premium and your IncomeShield Plan's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will comprise the MSHL payout and the IncomeShield Plan coverage payout. For example,

- if the payout computed based on the full IncomeShield Plan benefits is \$2,000, and the payout based on MSHL benefits is \$500, the policyholder will receive \$2,000, which comprises \$500 from the MSHL payout, and \$1,500 from the IncomeShield Plan additional coverage payout.
- in the case where the payout based on MSHL benefits is higher than that from the IncomeShield Plan benefits, the eventual payout will be based on the MSHL benefits.

Benefits	Full benefit features						
	MediShield Life			IncomeShield Plan (Payout includes MediShield Life payout)			
				Plan P	Plan A	Plan B	Plan C
Inpatient hospital treatment	Limits of compensation						
Daily ward and treatment charges (each day) ¹ - Normal ward - Intensive care unit ward	\$800 (each day) * \$2,200 (each day) *			\$2,000 \$2,600	\$1,200 \$1,700	\$1,000 \$1,400	\$700 \$1,200
Surgical benefits (including day surgery) Surgical limits table – limits for various categories of surgery, as classified by the Ministry of Health (MOH) in its latest surgical operation fees table:	A	B	C				
- Table 1 A/B/C (less complex procedures)	\$240	\$340	\$340	\$1,050	\$600	\$500	\$400
- Table 2 A/B/C	\$580	\$760	\$760	\$2,275	\$1,300	\$1,100	\$750
- Table 3 A/B/C	\$1,060	\$1,160	\$1,280	\$4,025	\$2,300	\$2,000	\$1,300
- Table 4 A/B/C	\$1,540	\$1,580	\$1,640	\$5,425	\$3,100	\$3,000	\$2,000
- Table 5 A/B/C	\$1,800	\$2,180	\$2,180	\$8,100	\$5,400	\$4,300	\$3,000
- Table 6 A/B/C	\$2,360	\$2,360	\$2,360	\$10,800	\$7,200	\$5,400	\$4,200
- Table 7 A/B/C (more complex procedures)	\$2,600	\$2,600	\$2,600	\$14,100	\$9,400	\$8,200	\$6,800
Surgical implants ²	\$7,000 (each treatment)			\$14,000 (each admission)	\$11,000 (each admission)	\$9,000 (each admission)	\$7,000 (each admission)
Radiosurgery, including proton beam therapy – Category 4 (each treatment course) [#]	\$10,000			\$15,600	\$12,600	\$9,600	\$9,600
Pre-hospitalisation treatment and post-hospitalisation treatment ³ (up to 90 days before being admitted to or after being discharged from hospital, respectively)	Not covered			Limited to unused balance amount of daily ward and treatment charges and community hospital.			
Community hospital (Rehabilitative) (each day) ^{1,4}	\$350			\$2,000 (up to 45 days for each admission)	\$1,200 (up to 45 days for each admission)	\$1,000 (up to 45 days for each admission)	\$550 (up to 45 days for each admission)
Community hospital (Sub-acute) (each day) ^{1,4}	\$430			\$2,000 (up to 45 days for each admission)	\$1,200 (up to 45 days for each admission)	\$1,000 (up to 45 days for each admission)	\$550 (up to 45 days for each admission)
Inpatient palliative care service (General) (each day)	\$250			No additional coverage above MediShield Life			
Inpatient palliative care service (Specialised) (each day)	\$350						

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

Benefits	MediShield Life	Plan P	Plan A	Plan B	Plan C
Outpatient hospital treatment ⁵	Limits of compensation				
Radiotherapy for cancer (each treatment)					
- External	\$300	\$600	\$400	\$300	\$250
- Brachytherapy	\$500	\$600	\$500	\$500	\$500
- Stereotactic	\$1,800	\$5,000	\$3,000	\$2,500	\$2,000
- Proton beam therapy – Category 1 [#]	\$300	\$600	\$400	\$300	\$250
- Proton beam therapy – Category 2 [#]	\$500	\$600	\$500	\$500	\$500
- Proton beam therapy – Category 3 [#]	\$1,800	\$5,000	\$3,000	\$2,500	\$2,000
Hemi-body radiotherapy (each session)	\$900	No additional coverage above MediShield Life			
Kidney dialysis (each month)	\$1,100	\$3,500	\$3,000	\$2,500	\$2,000
Erythropoietin for chronic kidney failure (each month)	\$200	\$1,000	\$700	\$600	\$400
Immunosuppressants for organ transplant (each month)	\$550	\$1,000	\$700	\$600	\$400
Cancer drug treatment (each month) [*]	\$200 - \$9,600, depending on cancer drug treatment	4x MSHL Limit	3x MSHL Limit	2x MSHL Limit	1x MSHL Limit
Cancer drug services (each policy year) ^{**}	\$3,600	4x MSHL Limit	3x MSHL Limit	2x MSHL Limit	1x MSHL Limit
Special benefits	Limits on special benefits				
Congenital abnormalities benefit (each policy year)	Covered under inpatient hospital treatment	\$10,000 (with 24 months' waiting period)	\$7,500 (with 24 months' waiting period)	\$5,000 (with 24 months' waiting period)	Covered up to MediShield Life benefits only
Pregnancy complications benefit (each policy year) ⁶		\$7,000 (with 10 months' waiting period)	\$5,000 (with 10 months' waiting period)	\$3,500 (with 10 months' waiting period)	
Inpatient psychiatric treatment benefit	\$160 (each day, up to 60 days for each policy year)	\$7,000 (each policy year)	\$7,000 (each policy year)	\$5,000 (each policy year)	\$5,000 (each policy year)
Prosthesis benefit (each policy year)	Covered under surgical implants	\$10,000	\$6,000	\$6,000	\$3,000
Final expenses benefit ⁷	Not covered	\$5,000	\$5,000	\$3,000	\$1,500
Limit in each policy year	\$150,000	\$300,000	\$200,000	\$150,000	\$100,000
Limit in each lifetime	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Last entry age (age next birthday)	Does not apply	75	75	75	75
Maximum coverage age	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime

Benefits	MediShield Life		Plan P	Plan A	Plan B	Plan C
Pro-ration factor ⁸	SG	PR	SG/PR/FR	SG/PR/FR	SG/PR/FR ⁹	SG/PR/FR ⁹
Outpatient hospital treatment						
– Restructured hospital subsidised	100%	67%	Does not apply	Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised ¹¹	50%	50%				
– Private hospital or private medical institution ¹¹	50%	50%				
Inpatient						
– Restructured hospital <ul style="list-style-type: none">- Ward class C- Ward class B2- Ward class B2+- Ward class B1- Ward class A	100% 100% 70% 43% 35%	44% 58% 47% 38% 35%	Does not apply	Does not apply	Does not apply	Does not apply
– Private hospital or private medical institution or emergency overseas treatment ¹⁰	25%	25%				
– Community hospital <ul style="list-style-type: none">- Ward class C, B2 or B2+- Ward class B1- Ward class A	100% 50% 50%	50% 50% 50%				
Day surgery or short-stay ward						
– Restructured hospital subsidised	100%	58%	Does not apply	Does not apply	Does not apply	Does not apply
– Restructured hospital non- subsidised	35%	35%				
– Private hospital or private medical institution or emergency overseas treatment ¹⁰	25%	25%				

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

[#] The MOH-approved proton beam therapy indications and eligibility criteria are set out on MOH's website (go.gov.sg/pbt-approved-indications). MOH may update these from time to time.

^{*} The cancer drug treatment 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 for the applicable MSHL Limit. MOH may update this list from time to time.

^{**} The cancer drug services benefit limit 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 for the applicable MSHL Limit.

Benefits	MediShield Life	Plan P	Plan A	Plan B	Plan C
Deductible for each policy year for an insured aged 80 years or below next birthday ¹²					
Inpatient					
– Restructured hospital					
– Ward class C	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
– Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
– Ward class B1	\$2,000	\$2,500	\$2,500	\$2,500	\$2,000
– Ward class A	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000
– Private hospital or private medical institution or emergency overseas treatment ¹⁰	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000
– Community hospital					
– Ward class C	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
– Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
– Ward class B1	\$2,000	\$2,500	\$2,500	\$2,500	\$2,000
– Ward class A	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000
Day surgery or short-stay ward					
– Subsidised	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000
– Non-subsidised	\$1,500	\$3,500	\$3,500	\$2,500	\$2,000
Deductible for each policy year for an insured aged over 80 years at next birthday ¹²					
Inpatient					
– Restructured hospital					
– Ward class C	\$2,000	\$2,250	\$2,250	\$2,250	\$2,250
– Ward class B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
– Ward class B1	\$3,000	\$3,750	\$3,750	\$3,750	\$3,000
– Ward class A	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
– Private hospital or private medical institution or emergency overseas treatment ¹⁰	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
– Community hospital					
– Ward class C	\$2,000	\$2,250	\$2,250	\$2,250	\$2,250
– Ward class B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
– Ward class B1	\$3,000	\$3,750	\$3,750	\$3,750	\$3,000
– Ward class A	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
Day surgery or short-stay ward					
– Subsidised	\$2,000	\$3,000	\$3,000	\$3,000	\$3,000
– Non-subsidised	\$2,000	\$5,250	\$5,250	\$3,750	\$3,000
Co-insurance					
– Inpatient hospital treatment					
Claimable amount ¹³ :					
\$0 - \$3,000	10%	10%	10%	10%	10%
\$3,001 - \$5,000	10%	10%	10%	10%	10%
\$5,001 - \$10,000	5%	10%	10%	10%	10%
Above \$10,000	3%	10%	10%	10%	10%
– Outpatient hospital treatment	10%	10%	10%	10%	10%

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 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 or emergency overseas treatment.
- ⁴ To claim for staying in a community hospital, the conditions as set out in the policy contract must be met. You can refer to clause 1.1h in the policy contract for IncomeShield Plan for details.
- ⁵ 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 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 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.
- ⁶ Pregnancy complications benefit pays for inpatient hospital treatment if conditions as set out in the policy contract are met. You can refer to clause 1.3b in the policy contract for IncomeShield Plan for details.
- ⁷ 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.
- ⁸ 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-ratio factor which applies to the plan.
- ⁹ If the insured is not a Singapore citizen or Singapore permanent resident (is a foreigner) but is covered under the plan for 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.
- Plan B: 80% (for foreigner)
 - Plan C: 28% (for foreigner)
- ¹⁰ MSHL does not cover emergency overseas treatment.

- ¹¹ Pro-ration will apply under MSHL for outpatient radiotherapy for cancer 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.
- ¹² Deductible does not apply to outpatient hospital treatment.
- ¹³ 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.

What you will need to pay

You may use your MediSave to pay the yearly premium for the IncomeShield Plan. If the insured is a Singapore citizen or permanent resident, the MSHL portion of the premium is fully payable by MediSave. For the remaining portion of the premium for additional private insurance coverage, the amount that can be paid by MediSave is subject to the Additional Withdrawal Limits (AWLs). If the insured is a foreigner whose plan does not have a MSHL component, the MediSave Withdrawal Limits for the plan's full premium is equivalent to the combined Standard MSHL premium amount and AWLs that can be used for Singapore citizens and Singapore permanent residents. The premium rate is based on the insured person's age at their next birthday, and will increase when the insured person reaches the next age band. You will also need to pay the deductible and co-insurance parts of the medical expenses that is not covered by your IncomeShield Plan.

Breakdown of yearly standard premiums for IncomeShield Plan (S\$, Premiums include GST.)

The tables below show the breakdown of premiums for a standard life¹ under your plan type.

For insured person who is a Singapore citizen or Singapore permanent resident

Age next birthday ²	MediShield Life Premiums (Fully payable by MediSave) ³	Additional Withdrawal Limits (AWLs)	Additional private insurance coverage							
			IncomeShield							
			Plan P		Plan A		Plan B-SG / Plan B-PR		Plan C-SG / Plan C-PR	
			Premiums	Cash outlay ⁴	Premiums	Cash outlay ⁴	Premiums	Cash outlay ⁴	Premiums	Cash outlay ⁴
1 - 18	\$147.71	300	\$128.36	-	\$50.94	-	\$22.42	-	\$6.12	-
19 - 20	\$147.71		\$177.26	-	\$68.26	-	\$48.90	-	\$6.12	-
21 - 25	\$254.67		\$159.94	-	\$49.92	-	\$30.56	-	\$6.12	-
26 - 30	\$254.67		\$159.94	-	\$49.92	-	\$30.56	-	\$6.12	-
31 - 35	\$397.29		\$229.20	-	\$75.38	-	\$44.82	-	\$8.14	-
36 - 40	\$397.29		\$240.42	-	\$81.50	-	\$54.00	-	\$17.32	-
41 - 45	\$534.81	600	\$325.98	-	\$157.90	-	\$79.46	-	\$23.42	-
46 - 50	\$534.81		\$382.00	-	\$170.12	-	\$79.46	-	\$37.70	-
51 - 55	\$814.95		\$485.92	-	\$235.32	-	\$79.46	-	\$57.04	-
56 - 60	\$814.95		\$515.46	-	\$252.64	-	\$89.64	-	\$66.22	-
61 - 65	\$1,039.07		\$890.34	\$290.34	\$408.50	-	\$179.28	-	\$84.56	-
66 - 70	\$1,120.56		\$1,312.08	\$712.08	\$655.02	\$55.02	\$379.98	-	\$109.00	-
71 - 73	\$1,217.34	900	\$1,922.28	\$1,022.28	\$932.10	\$32.10	\$530.74	-	\$151.78	-
74 - 75	\$1,344.67		\$2,261.50	\$1,361.50	\$1,113.42	\$213.42	\$605.10	-	\$180.30	-
76 - 78	\$1,558.60		\$2,675.08	\$1,775.08	\$1,368.10	\$468.10	\$729.38	-	\$207.82	-
79 - 80	\$1,619.72		\$3,008.20	\$2,108.20	\$1,567.76	\$667.76	\$743.64	-	\$253.66	-
81 - 83	\$1,706.31		\$2,766.76	\$1,866.76	\$1,435.34	\$535.34	\$502.22	-	\$204.76	-
84 - 85	\$1,971.17		\$3,187.48	\$2,287.48	\$1,728.72	\$828.72	\$711.04	-	\$210.86	-
86 - 88	\$2,062.85		\$3,712.12	\$2,812.12	\$2,132.12	\$1,232.12	\$789.48	-	\$398.30	-
89 - 90	\$2,062.85		\$4,048.28	\$3,148.28	\$2,413.28	\$1,513.28	\$929.04	\$29.04	\$512.40	-
91 - 93	\$2,093.41		\$4,383.42	\$3,483.42	\$2,738.24	\$1,838.24	\$1,127.70	\$227.70	\$620.38	-
94 - 95	\$2,093.41		\$4,800.08	\$3,900.08	\$3,075.42	\$2,175.42	\$1,384.40	\$484.40	\$733.46	-
96 - 98	\$2,093.41		\$5,212.64	\$4,312.64	\$3,363.72	\$2,463.72	\$1,576.94	\$676.94	\$847.56	-
99 - 100	\$2,093.41		\$5,571.22	\$4,671.22	\$3,604.14	\$2,704.14	\$1,752.14	\$852.14	\$954.52	\$54.52
Over 100	\$2,093.41		\$5,873.78	\$4,973.78	\$3,806.86	\$2,906.86	\$1,942.64	\$1,042.64	\$1,097.14	\$197.14

SG: Singapore Citizen PR: Singapore Permanent Resident

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

- ¹ A standard life is an insured, who at the point of proposal, does not have any pre-existing conditions.
- ² The last entry age is 75, based on the insured's age next birthday.
- ³ Your MSHL premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MSHL premium payable after accounting for these is fully payable by MediSave.
- ⁴ This refers to the cash outlay if you are paying by MediSave (assuming you have sufficient monies in your MediSave account). If you are not paying by MediSave, your total cash outlay will be equal to MSHL Premiums + Premiums for Additional private insurance coverage. For example, for an insured aged 30 (at next birthday) buying IncomeShield Plan P, the total premium = \$254.67 + \$159.94 = \$414.61.

For insured person who is a foreigner

Age next birthday ²	Total MediSave Withdrawal Limits ³	IncomeShield Plan			
		Plan P		Plan A	
		Total Premiums	Cash outlay ⁴	Total Premiums	Cash outlay ⁴
1 to 18	\$447.71	\$276.07	-	\$198.65	-
19 to 20	\$447.71	\$324.97	-	\$215.97	-
21 to 25	\$554.67	\$414.61	-	\$304.59	-
26 to 30	\$554.67	\$414.61	-	\$304.59	-
31 to 35	\$697.29	\$626.49	-	\$472.67	-
36 to 40	\$697.29	\$637.71	-	\$478.79	-
41 to 45	\$1,134.81	\$860.79	-	\$692.71	-
46 to 50	\$1,134.81	\$916.81	-	\$704.93	-
51 to 55	\$1,414.95	\$1,300.87	-	\$1,050.27	-
56 to 60	\$1,414.95	\$1,330.41	-	\$1,067.59	-
61 to 65	\$1,639.07	\$1,929.41	\$290.34	\$1,447.57	-
66 to 70	\$1,720.56	\$2,432.64	\$712.08	\$1,775.58	\$55.02
71 to 73	\$2,117.34	\$3,139.62	\$1,022.28	\$2,149.44	\$32.10
74 to 75	\$2,244.67	\$3,606.17	\$1,361.50	\$2,458.09	\$213.42
76 to 78	\$2,458.60	\$4,233.68	\$1,775.08	\$2,926.70	\$468.10
79 to 80	\$2,519.72	\$4,627.92	\$2,108.20	\$3,187.48	\$667.76
81 to 83	\$2,606.31	\$4,473.07	\$1,866.76	\$3,141.65	\$535.34
84 to 85	\$2,871.17	\$5,158.65	\$2,287.48	\$3,699.89	\$828.72
86 to 88	\$2,962.85	\$5,774.97	\$2,812.12	\$4,194.97	\$1,232.12
89 to 90	\$2,962.85	\$6,111.13	\$3,148.28	\$4,476.13	\$1,513.28
91 to 93	\$2,993.41	\$6,476.83	\$3,483.42	\$4,831.65	\$1,838.24
94 to 95	\$2,993.41	\$6,893.49	\$3,900.08	\$5,168.83	\$2,175.42
96 to 98	\$2,993.41	\$7,306.05	\$4,312.64	\$5,457.13	\$2,463.72
99 to 100	\$2,993.41	\$7,664.63	\$4,671.22	\$5,697.55	\$2,704.14
Over 100	\$2,993.41	\$7,967.19	\$4,973.78	\$5,900.27	\$2,906.86

FR: Foreigner

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

- ¹ A standard life is an insured, who at the point of proposal, does not have any pre-existing conditions.
- ² The last entry age is 75, based on the insured's age next birthday.
- ³ If you are paying for a foreigner whose plan does not have a MSHL portion, you can utilise an equivalent amount of MediSave to pay for his/her premiums.
- ⁴ This refers to the cash outlay if you are paying by MediSave (assuming you have sufficient monies in your MediSave account). If you are not paying by MediSave, your total cash outlay will be equal to the Total Premiums. For example, for an insured aged 30 (at next birthday) buying IncomeShield Plan P, the total cash outlay will be \$414.61.

You can pay premiums for the main plan by MediSave, cash, cheque, credit card or GIRO.

The Total Distribution Cost of this product is 55.5% of the additional private insurance premium for the first year and 5.5% of the additional private insurance premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Eligibility

The applicant must be aged 16 and above. Both applicant and insured must be a

- Singapore citizen;
- Singapore permanent resident; or
- foreigner who has an eligible valid pass with a foreign identification number (FIN).

Anyone who pays for, or is insured under IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan is not eligible for Additional Premium Support (APS) from the Government. *

If you are currently receiving APS to pay for your MSHL and/or CareShield Life premiums, and you choose to be insured under this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan, you will stop receiving APS. This applies even if you are not the person paying for this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan.

In addition, if you choose to be insured under this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan, the person paying for IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan will stop receiving APS, if he or she is currently receiving APS.

* APS is for families who need assistance with MSHL and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

Nationality

You must buy the IncomeShield Plan based on the nationality or citizenship status of the insured person.

Foreigners who hold a long-term visit pass plus (LTVP+) may buy plans under the Singapore Permanent Resident (PR) category, but the plan will not be integrated with MSHL. Please attach a copy of the LTVP+ pass together with your application form.

Change of citizenship and residency status

You must tell us, as soon as possible, when the insured's citizenship or residency status changes in any way.

If the insured is, or becomes, a Singapore citizen or Singapore permanent resident, we can convert the existing plan to a MediSave-approved Integrated Shield Plan.

If, at the time your policy is converted to our MediSave-approved Integrated Shield plan, you have an existing MediSave-approved Integrated Shield plan with another insurer, the policy with that insurer will end automatically as you can only be insured under one Integrated Shield plan.

If the insured is no longer a Singapore citizen or Singapore permanent resident, we can convert the existing plan to a foreigner plan.

Citizenship factor

For insured who is not a Singapore citizen or Singapore permanent resident (is a foreigner) but covered under the plan for Singapore citizens, we will reduce the amount of each benefit we will pay to the percentage (citizenship factors) in the following table.

Plan type	Plan B	Plan C
Percentage of benefit we will pay	80%	28%

Using MediSave

Premium payments by MediSave are governed by the relevant MediSave regulations.

Deductible and co-insurance

The deductible is the part of the benefit you are claiming that you must pay first in each policy year before we will pay the benefit. The amount of deductible depends on the actual ward you are admitted to. The co-insurance is that percentage share that you need to pay after the deductible.

Start of cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the plan will be shown in the Policy Certificate.

Pre-existing illness, disease or condition

Pre-existing illness, disease or condition means any illness, disease or condition:

- for which the insured asked for or received treatment, medication, advice or diagnosis (or which they ought to have asked for or received) before the start date or the last reinstatement date (if any), whichever is later;
- which was known to exist before the start date or the last reinstatement date (if any), whichever is later, whether or not the insured asked for treatment, medication, advice or diagnosis; or
- the conditions or symptoms of which existed before the start date or the last reinstatement date (if any), whichever is later, and would have led a reasonable and sensible person to get medical advice or treatment.

Terms of renewal

We will automatically renew the cover if you pay the premium within 60 days from the renewal date of the policy, based on the insured person's age on their next birthday.

Guaranteed renewal

We will renew the policy automatically every year. We guarantee to do this for life as long as the premium is paid at the current rate which applies; and the cover for the insured under the policy has not been ended.

Changing the terms and conditions

We may change the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

Change in premium

The premium that you pay for the plan may change. We will give you at least 30 days' written notice of any change in premium to your last-known address. However, any change in the premium will apply to all policies within the same class of IncomeShield Plan.

Changing the plan

If you ask to change the plan, we will tell you the start date of the new plan if we approve your request.

Upgrading or switching of plan

You can only have one Integrated Shield Plan. Once this policy commences, your previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application; or
- not provide you with certain benefits

If you are currently holding an Integrated Shield Plan with us and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding an Integrated Shield Plan with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

Downgrading of plan

In the event that you cannot afford, or do not wish to continue paying the premiums for your Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your Integrated Shield Plan. If you are a Singapore citizen or Singapore permanent resident, regardless of your decision, you will continue to be covered by MSHL for life without any exclusion.

Free-look

You will have 21 days from the date you receive the policy documents to be sure that you want to keep the policy. If we deliver the policy by email or any other electronic means to you, the 21 days will start 7 days after the date of the delivery. If we deliver the policy both by post and email or any other electronic means to you, the 21 days will start 7 days after the date of the delivery by post.

During this time, if you choose to cancel the policy, we will refund you the premiums you have paid. Please note that this right of free-look does not apply if you reinstate your policy.

Cancellation

You may cancel the IncomeShield Plan by giving us at least 30 days' written notice. If you are a Singapore citizen or Singapore permanent resident, even though you have terminated your IncomeShield Plan, you will continue to be covered under MSHL, which is a basic healthcare insurance that helps to pay for large hospital bills and expensive outpatient treatments such as dialysis. For more details, please visit www.medishieldlife.sg.

Ending the policy

All benefits will end when one of the following events happens, and we will not be legally responsible for any further payment under the policy.

- a After we received your written notice to cancel the policy and upon the cancellation date of the policy as determined by us.
- b We do not receive your premium after the period of grace.

- c The insured dies.
- d You fail or refuse to pay or refund any amount you owe us.
- e Fraud is identified.
- f Relevant information is not revealed or is misrepresented.
- g You take out another MediSave-approved Integrated Shield Plan covering the insured.
- h The insured is no longer a Singapore citizen or Singapore permanent resident
- i The insured, who is a foreigner, no longer has an eligible valid pass.

Exclusions

The following treatment items, procedures, conditions, activities and their related complications are not covered under your policy.

- a A stay in hospital if the insured was admitted to the hospital before the start date.
- b Any pre-existing illness, disease or condition from which the insured was suffering, unless declared in the application form and we accepted the application without any exclusions. However, we will exclude any pre-existing illness, disease or condition which is specifically excluded in the policy, whether a declaration was made in the application form or not. To avoid doubt, any pre-existing illness, disease or condition will be covered under MediShield Life according to the act and regulations, as long as the insured satisfies the eligibility criteria for MediShield Life at the time the claim is made under your policy.
- c Cosmetic surgery or any medical treatment claimed to generally prevent illness, promote health or improve bodily function or appearance.
- d General outpatient medical expenses (unless this is covered under outpatient hospital treatment, pre-hospitalisation treatment or post-hospitalisation treatment).
- e Treatment for birth defects, hereditary conditions and disorders, and congenital sickness or abnormalities (unless we do cover it under congenital abnormalities benefit).
- f Overseas medical treatment (unless we cover it under emergency overseas treatment).
- g Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction (unless we cover it under inpatient psychiatric treatment benefit).
- h Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, lactation complications, or any form of related stay in hospital or treatment (unless we cover this under pregnancy complications benefit).
- i Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment.
- j Treatment of sexually-transmitted diseases.
- k Acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) (except HIV due to blood transfusion and occupationally acquired HIV).
- l A stay in hospital before 1 April 2023 for injuries or illness resulting from attempted suicide and for self-inflicted injuries, whether the insured is sane or insane.
- m A stay in hospital before 1 April 2023 for drug or alcohol abuse or misuse, or any injury, illness or disease caused directly or indirectly by the abuse or misuse of alcohol, drugs or substance.
- n Injuries or illness resulting directly or indirectly from addiction to or the influence of any controlled drug that is specified in the First Schedule in the Misuse of Drugs Act 1973.
- o Expenses of getting an organ or body part for a transplant from a living organ donor for the insured and all expenses the living organ donor has to pay.
- p Dental treatment (unless this is covered under accident inpatient dental treatment).
- q Transport-related services including ambulance fees, emergency evacuation, sending home a body or ashes.

- r Sex-change operations.
- s Buying or renting special braces, appliances, equipment, machines and other devices, such as wheelchairs, walking or home aids, dialysis machines, iron lungs, oxygen machines and any other hospital-type equipment to use at home or as an outpatient.
- t Optional items which are outside the scope of treatment, prostheses and corrective devices, and medical appliances which are not needed surgically (unless this is covered under prosthesis benefit).
- 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 these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
- v Private nursing charges and home-based nursing services.
- w Vaccinations.
- x Treatment of injuries arising from being directly or indirectly involved in civil commotion, riot, strike, terrorist activities, breaking or attempting to break the law, resisting arrest or any imprisonment.
- y The consequences arising, whether directly or indirectly, from nuclear fallout, radioactivity, any nuclear fuel, material or waste, war and related risks.
- z Rest cures, hospice care, home or outpatient nursing, home visits or treatments, home rehabilitation or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation.
- aa Alternative or complementary treatments, including traditional Chinese medicine (TCM), chiropractor, naturopath, acupuncturist, homeopath, osteopath, dietician or a stay in any health-care establishment for social or non-medical reasons.
- ab Treatment for any illness or injury resulting from the insured taking part in a dangerous activity or sport whether as a professional or when an income could or would be earned from the activity or sport.
- ac Treatment arising from or related to obesity, weight reduction or weight management (regardless of whether it is for medical or psychological reasons), including but not limited to gastric band or stapling, or removing fat or surplus tissue from any part of the body.
- ad Staying in a hospital for the main purpose of an X-ray, CT scan or MRI scan, a medical check-up, health screening or primary prevention (except for surveillance screening that is related to the insured's history of cancer and is ordered by a registered medical practitioner).
- ae Non-medical items such as parking fees, hospital administration and registration fees, laundry, television rental, personal-care and hygiene products, newspapers or fees for medical reports (including test results).
- af Genetic testing that is carried out for health screening, risk evaluation or assessing prognosis. To avoid doubt, genetic testing is only covered when it is ordered by the registered medical practitioner because the result of the genetic testing is needed to determine the medical treatment for the diagnosed condition.
- ag Routine eye and ear examinations, correction for refractive errors of the eye (conditions such as nearsightedness, farsightedness, presbyopia (gradual loss of the eye's ability to focus on nearby objects) and astigmatism), lasik treatments, costs of spectacles, costs of contact lenses and costs of hearing aid.
- ah Outpatient cancer drug treatments that are not on the CDL.

Claim

All claims (except pre-hospitalisation treatment and post-hospitalisation treatment) must be made and sent to us through the system set up by MOH (electronic filing) and according to the act and regulations within 90 days from the date of billing or the date the insured person leaves the hospital, whichever is later. We will only accept claims that are electronically filed.

For claims which are not integrated with MSHL, you have to submit a claim form, hospital discharge summary or medical report, original final bill (fully settled) and copy of settlement details from other insurers (if applicable) after the date of billing or the date the insured person leaves the hospital, whichever is later. Claims for pre-hospitalisation treatment and post-hospitalisation treatment must be sent to us within 120 days from the date the insured leaves hospital with the claim form, hospital discharge summary or medical report, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

Reinstatement

We can reinstate this policy when you have paid all premiums you owe and we give our written permission. When we reinstate this policy, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

Limit in each policy year

A limit in each policy year will apply to the IncomeShield Plan. This is provided in the "Comparison of Benefits between MSHL and IncomeShield Plan".

Other medical insurance or employee benefits

When making a claim, you must tell us about any other medical insurance policies or employee benefits of the insured person. If there are other medical insurance policies or employee benefits, you must claim first from those policies or benefits before claiming under the IncomeShield Plan.

Policy Owners' Protection Scheme

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 or www.lia.org.sg or www.sdic.org.sg).

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

Product summary: Deluxe Care Rider

Product information

This is applicable for existing IncomeShield Plan (Plan P, Plan A, Plan B, Plan C) policyholders due to rider transition only.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel ¹ or extended panel ²	5% of the benefits due under your policy
Treatment provided by our panel ¹ or extended panel ²	5% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at 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.

² Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at www.income.com.sg/specialist-panel.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel¹ or extended panel².

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel¹ or extended panel². For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel¹ or extended panel².

Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹ or is from the extended panel², you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel¹ or is from the extended panel².

Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	IncomeShield Plans			
	Plan P	Plan A	Plan B	Plan C
Treatment on CDL (each month)	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit	2x MSHL Limit
Non-CDL treatment (each month)	\$4,000	\$3,800	\$3,500	\$3,200

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at go.gov.sg/moh-cancerdruglist. MOH may update the CDL from time to time.
- 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 in 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 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). You can find the details at www.lia.org.sg. LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	5% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	5% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	10% of the benefits due under the rider

Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below during the stay in hospital.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

Changing the terms and conditions

We may change the premiums, benefits or cover or the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

Exclusions

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield Plan.

Claim

For Deluxe Care Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

Deluxe Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Plan P	Plan A	Plan B	Plan C
1 – 18	\$128.36	\$116.14	\$83.54	\$65.20
19 – 20	\$146.70	\$122.24	\$89.64	\$70.28
21 – 25	\$146.70	\$122.24	\$89.64	\$70.28
26 – 30	\$146.70	\$122.24	\$89.64	\$70.28
31 – 35	\$166.04	\$132.42	\$100.86	\$73.34
36 – 40	\$172.16	\$142.62	\$104.92	\$77.42
41 – 45	\$268.94	\$240.42	\$170.12	\$123.26
46 – 50	\$278.10	\$251.62	\$178.28	\$131.42
51 – 55	\$339.22	\$301.54	\$214.94	\$153.82
56 – 60	\$346.36	\$311.72	\$222.08	\$160.96
61 – 65	\$464.52	\$419.70	\$302.56	\$212.90
66 – 70	\$604.08	\$545.00	\$388.12	\$277.08
71 – 73	\$836.34	\$682.52	\$486.94	\$349.42
74 – 75	\$983.04	\$804.76	\$572.50	\$408.50
76 – 78	\$1,175.58	\$960.62	\$682.52	\$523.60
79 – 80	\$1,368.10	\$1,112.42	\$801.72	\$642.80
81 – 83	\$1,523.96	\$1,226.50	\$893.40	\$741.60
84 – 85	\$1,682.88	\$1,366.06	\$987.12	\$835.32
86 – 88	\$1,822.44	\$1,475.06	\$1,078.80	\$938.22
89 – 90	\$1,996.64	\$1,614.62	\$1,159.28	\$1,029.90
91 – 93	\$2,157.58	\$1,734.84	\$1,266.24	\$1,127.70
94 – 95	\$2,286.96	\$1,867.26	\$1,349.76	\$1,221.42
96 – 98	\$2,462.18	\$1,990.52	\$1,450.62	\$1,327.36
99 – 100	\$2,609.88	\$2,121.94	\$1,551.46	\$1,434.32
> 100	\$2,705.64	\$2,195.28	\$1,601.38	\$1,490.34

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

Product summary: Classic Care Rider

Product information

This is applicable for existing IncomeShield Plan (Plan P, Plan A, Plan B, Plan C) policyholders due to rider transition only.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel ¹ or extended panel ²	10% of the benefits due under your policy
Treatment provided by our panel ¹ or extended panel ²	10% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at 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.

² Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at www.income.com.sg/specialist-panel.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel¹ or extended panel².

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel¹ or extended panel². For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel¹ or extended panel².

Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹ or is from the extended panel², you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel¹ or is from the extended panel².

Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	IncomeShield Plans			
	Plan P	Plan A	Plan B	Plan C
Treatment on CDL (each month)	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit	2x MSHL Limit
Non-CDL treatment (each month)	\$4,000	\$3,800	\$3,500	\$3,200

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at go.gov.sg/moh-cancerdruglist. MOH may update the CDL from time to time.
- 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 in 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 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). You can find the details at www.lia.org.sg. LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	10% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	10% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	20% of the benefits due under the rider

Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below during the stay in hospital.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

Changing the terms and conditions

We may change the premiums, benefits or cover or the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

Exclusions

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield Plan.

Claim

For Classic Care Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

Classic Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Plan P	Plan A	Plan B	Plan C
1 – 18	\$84.56	\$79.46	\$55.00	\$44.82
19 – 20	\$88.62	\$82.52	\$58.06	\$46.86
21 – 25	\$88.62	\$82.52	\$58.06	\$46.86
26 – 30	\$88.62	\$82.52	\$58.06	\$46.86
31 – 35	\$93.72	\$87.60	\$63.16	\$48.90
36 – 40	\$99.84	\$92.70	\$69.28	\$51.96
41 – 45	\$147.72	\$142.62	\$105.94	\$74.36
46 – 50	\$163.00	\$159.94	\$113.08	\$83.54
51 – 55	\$195.58	\$192.54	\$134.46	\$102.88
56 – 60	\$216.98	\$203.74	\$146.70	\$107.98
61 – 65	\$295.42	\$268.94	\$197.62	\$145.68
66 – 70	\$378.96	\$362.66	\$256.72	\$182.34
71 – 73	\$504.26	\$455.36	\$315.80	\$230.22
74 – 75	\$616.30	\$533.80	\$376.92	\$282.18
76 – 78	\$728.36	\$633.62	\$454.34	\$348.40
79 – 80	\$844.50	\$741.60	\$514.44	\$430.90
81 – 83	\$961.64	\$828.20	\$580.66	\$477.76
84 – 85	\$1,060.46	\$914.78	\$649.92	\$539.90
86 – 88	\$1,157.24	\$1,088.98	\$954.52	\$635.66
89 – 90	\$1,256.04	\$1,218.36	\$1,070.64	\$701.88
91 – 93	\$1,353.84	\$1,338.56	\$1,182.70	\$767.08
94 – 95	\$1,451.64	\$1,434.32	\$1,289.66	\$832.28
96 – 98	\$1,549.42	\$1,537.20	\$1,387.46	\$900.52
99 – 100	\$1,647.22	\$1,637.04	\$1,491.36	\$964.70
Over 100	\$1,706.30	\$1,666.58	\$1,532.12	\$1,004.42

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

The following riders are not available from 1 March 2019.

Product summary: Plus Rider

Product information

This is applicable for existing Plus Rider policyholders only. Plus Rider is not available from 1 March 2019.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel ¹ or extended panel ²	5% of the benefits due under your policy
Treatment provided by our panel ¹ or extended panel ²	5% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at 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.

² Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at www.income.com.sg/specialist-panel.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel¹ or extended panel².

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel¹ or extended panel². For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel¹ or extended panel².

Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹ or is from the extended panel², you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel¹ or is from the extended panel².

Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	IncomeShield Plans			
	Plan P	Plan A	Plan B	Plan C
Treatment on CDL (each month)	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit	2x MSHL Limit
Non-CDL treatment (each month)	\$4,000	\$3,800	\$3,500	\$3,200

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at go.gov.sg/moh-cancerdruglist. MOH may update the CDL from time to time.
- 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 in 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 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). You can find the details at www.lia.org.sg. LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	5% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	5% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	10% of the benefits due under the rider

Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below on the date the claim is made for this benefit.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

Changing the terms and conditions

We may change the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

Exclusions

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield Plan.

Claim

For Plus Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

Plus Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday	Plan P	Plan A	Plan B	Plan C
1 - 18	\$128.36	\$116.14	\$83.54	\$65.20
19 - 20	\$146.70	\$122.24	\$89.64	\$70.28
21 - 25	\$146.70	\$122.24	\$89.64	\$70.28
26 - 30	\$146.70	\$122.24	\$89.64	\$70.28
31 - 35	\$166.04	\$132.42	\$100.86	\$73.34
36 - 40	\$172.16	\$142.62	\$104.92	\$77.42
41 - 45	\$268.94	\$240.42	\$170.12	\$123.26
46 - 50	\$278.10	\$251.62	\$178.28	\$131.42
51 - 55	\$339.22	\$301.54	\$214.94	\$153.82
56 - 60	\$346.36	\$311.72	\$222.08	\$160.96
61 - 65	\$464.52	\$419.70	\$302.56	\$212.90
66 - 70	\$604.08	\$545.00	\$388.12	\$277.08
71 - 73	\$836.34	\$682.52	\$486.94	\$349.42
74 - 75	\$983.04	\$804.76	\$572.50	\$408.50
76 - 78	\$1,175.58	\$960.62	\$682.52	\$523.60
79 - 80	\$1,368.10	\$1,112.42	\$801.72	\$642.80
81 - 83	\$1,523.96	\$1,226.50	\$893.40	\$741.60
84 - 85	\$1,682.88	\$1,366.06	\$987.12	\$835.32
86 - 88	\$1,822.44	\$1,475.06	\$1,078.80	\$938.22
89 - 90	\$1,996.64	\$1,614.62	\$1,159.28	\$1,029.90
91 - 93	\$2,157.58	\$1,734.84	\$1,266.24	\$1,127.70
94 - 95	\$2,286.96	\$1,867.26	\$1,349.76	\$1,221.42
96 - 98	\$2,462.18	\$1,990.52	\$1,450.62	\$1,327.36
99 - 100	\$2,609.88	\$2,121.94	\$1,551.46	\$1,434.32
over 100	\$2,705.64	\$2,195.28	\$1,601.38	\$1,490.34

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

Product summary: Assist Rider

Product information

This is applicable for existing Assist Rider policyholders only. Assist Rider is not available from 1 March 2019.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel ¹ or extended panel ²	10% of the benefits due under your policy
Treatment provided by our panel ¹ or extended panel ²	10% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at 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.

² Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at www.income.com.sg/specialist-panel.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel¹ or extended panel².

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel¹ or extended panel². For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel¹ or extended panel².

Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹ or is from the extended panel², you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel¹ or is from the extended panel².

Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	IncomeShield Plans			
	Plan P	Plan A	Plan B	Plan C
Treatment on CDL (each month)	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit	2x MSHL Limit
Non-CDL treatment (each month)	\$4,000	\$3,800	\$3,500	\$3,200

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at go.gov.sg/moh-cancerdruglist. MOH may update the CDL from time to time.
- 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 in 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 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). You can find the details at www.lia.org.sg. LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	10% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	10% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	20% of the benefits due under the rider

Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below on the date the claim is made for this benefit.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

Changing the terms and conditions

We may change the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

Exclusions

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield Plan.

Claim

For Assist Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

Assist Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday	Plan P	Plan A	Plan B	Plan C
1 - 18	\$84.56	\$79.46	\$55.00	\$44.82
19 - 20	\$88.62	\$82.52	\$58.06	\$46.86
21 - 25	\$88.62	\$82.52	\$58.06	\$46.86
26 - 30	\$88.62	\$82.52	\$58.06	\$46.86
31 - 35	\$93.72	\$87.60	\$63.16	\$48.90
36 - 40	\$99.84	\$92.70	\$69.28	\$51.96
41 - 45	\$147.72	\$142.62	\$105.94	\$74.36
46 - 50	\$163.00	\$159.94	\$113.08	\$83.54
51 - 55	\$195.58	\$192.54	\$134.46	\$102.88
56 - 60	\$216.98	\$203.74	\$146.70	\$107.98
61 - 65	\$295.42	\$268.94	\$197.62	\$145.68
66 - 70	\$378.96	\$362.66	\$256.72	\$182.34
71 - 73	\$504.26	\$455.36	\$315.80	\$230.22
74 - 75	\$616.30	\$533.80	\$376.92	\$282.18
76 - 78	\$728.36	\$633.62	\$454.34	\$348.40
79 - 80	\$844.50	\$741.60	\$514.44	\$430.90
81 - 83	\$961.64	\$828.20	\$580.66	\$477.76
84 - 85	\$1,060.46	\$914.78	\$649.92	\$539.90
86 - 88	\$1,157.24	\$1,088.98	\$954.52	\$635.66
89 - 90	\$1,256.04	\$1,218.36	\$1,070.64	\$701.88
91 - 93	\$1,353.84	\$1,338.56	\$1,182.70	\$767.08
94 - 95	\$1,451.64	\$1,434.32	\$1,289.66	\$832.28
96 - 98	\$1,549.42	\$1,537.20	\$1,387.46	\$900.52
99 - 100	\$1,647.22	\$1,637.04	\$1,491.36	\$964.70
over 100	\$1,706.30	\$1,666.58	\$1,532.12	\$1,004.42

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

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Product summary: Daily Cash Rider

Product information

This is applicable for existing Daily Cash Rider policyholders only. Daily Cash Rider is not available from 1 March 2019.

If an insured person needs hospitalisation in Singapore as a result of an accident or an illness, we will pay a daily cash benefit as set out below.

Daily cash benefit		
Plan P	Plan A	Plan B or Plan C
\$150 a day	\$100 a day	\$50 a day

Up to 365 days (in one or more policy years) for the same accident or illness from the same confirmed diagnosis, of which any stay in a community hospital must not be more than 45 days. We will not pay this benefit for day surgery in clinics.

We will also pay the get-well benefit as set out below (but no more than one payment for the same accident or illness from the same confirmed diagnosis).

Get-well benefit		
Plan P	Plan A	Plan B or Plan C
\$300	\$250	\$100

Benefits we will pay

a) Daily cash benefit

We will pay the daily cash benefit for hospitalisation in Singapore as a result of an accident or an illness. This will depend on the following.

- The start date of hospitalisation must be before the end of the policy year in which the insured person reaches age 85.
- Room and board charges are made by the hospital.
- Apart from hospitalisation as a result of an accident, the start date of hospitalisation must be 30 days after the start date.
- We will not pay more than one day's worth of the daily cash benefit for each day the insured person is in hospital.
- The total number of days in hospital arising from the same accident or illness from the same confirmed diagnosis must not be more than 365 days (whether within one or more policy years), of which any hospitalisation in a community hospital must not be for more than 45 days.
- If the insured person has been discharged from hospital for more than 90 days, we will treat any further hospitalisation for the same accident or illness from the same confirmed diagnosis as arising from a separate or different accident or illness.

b) Get-well benefit

If the insured is entitled to the daily cash benefit, we will also pay the get-well benefit up to one payment for the same accident or illness from the same confirmed diagnosis. The following will apply.

- If the insured person has been discharged from hospital for a continuous period of more than 90 days, we will treat any further stay in hospital for the same accident or illness from the same confirmed diagnosis as arising from a separate or different accident or illness.
- Apart from hospitalisation arising as a result of an accident, the start date for the hospitalisation will be 30 days after the start date.

We will not pay the get-well benefit if:

- the insured person dies while in hospital; or
- the insured person is in hospital for less than 48 hours.

Daily Cash Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday	Plan P	Plan A	Plan B or Plan C
1 - 30	\$84.56	\$62.14	\$28.52
31 - 40	\$112.06	\$81.50	\$37.70
41 - 50	\$136.50	\$99.84	\$45.84
51 - 55	\$171.14	\$124.28	\$57.04
56 - 60	\$228.18	\$166.04	\$76.40
61 - 65	\$287.28	\$208.84	\$95.76
66 - 70	\$403.40	\$293.38	\$134.46
71 - 73	\$517.50	\$375.90	\$172.16
74 - 75	\$630.58	\$458.42	\$209.86
76 - 80	\$729.38	\$529.72	\$243.46
81 - 85	\$844.50	\$613.26	\$281.16

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 11% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Start of cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured person's age at their next birthday.

Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end. This rider will also end automatically and immediately at the end of the policy year in which the insured reaches the age of 85.

Changing the terms and conditions

We may change the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

Exclusions

All exclusions under the main policy will also apply to the rider except for (e), (g) and (h) which will be replaced with below. You can refer to the Exclusions shown in the Product Summary for IncomeShield Plan.

- (e) Birth defects, including hereditary disorders, and congenital sickness or abnormalities (including those covered under congenital abnormalities benefit, if it applies).
- (g) Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction (including those covered under inpatient psychiatric benefit, if it applies).
- (h) Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment (including those covered under pregnancy complications benefit, if it applies).

Claim

For Daily Cash Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy.

Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

Disclaimer

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Product summary: Child Illness Rider

Product information

This is applicable for existing Child Illness Rider policyholders only. Child Illness Rider is not available from 1 March 2019.

The rider pays up to \$20,000 (sum assured) for the following.

a) Child illnesses

- Severe asthma
- Leukaemia
- Bone-marrow transplant
- Insulin-dependent diabetes mellitus
- Rheumatic disease with valvular impairment
- Kawasaki disease
- Haemophilia
- Still's disease
- Mental retardation due to sickness, injury or accident

b) Accidental fracture of the skull, spine, pelvis or femur

If the child suffers from any fracture of the skull, spine, pelvis or femur due to an accident, we will pay 10% of the sum assured for each accident.

The rider will end when we pay the child illness benefit or an amount worth 100% of the sum assured in a policy year for accidental fracture.

Benefits we will pay

a) Child illnesses

We will pay the sum assured less any benefit paid for accidental fracture if:

- the date of the first confirmed diagnosis of the illness is not within two months from the start date of cover under the rider (for leukaemia, this period will be three months);
- the date of the first confirmed diagnosis of the illness is before the end of the policy year in which the child reaches age 25; and
- the child survives beyond one month from the date of the first confirmed diagnosis of the illness.

b) Accidental fracture of the skull, spine, pelvis or femur

We will pay 10% of the sum assured for each accident if, as a result of the accident, the child suffers from any fracture of the skull, spine, pelvis or femur if:

- the accident does not happen within two months from the start date of cover under the rider;
- the accident happens before the end of the policy year in which the child reaches age 25;
- the total sum we will pay for a policy year is not more than the sum assured; and
- the child has to be admitted to a hospital for treatment (or if the fracture is a hairline fracture, it must involve the periosteum or articular surface).

Child Illness Rider – yearly standard premium rates (S\$, Premiums include GST.)

Age next birthday	Plan P, Plan A, Plan B or Plan C
1 - 25	\$100.86

Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 11% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Start of cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the child's age on their next birthday.

Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end. This rider will also end automatically and immediately at the end of the policy year in which the insured reaches the age of 25.

Changing the terms and conditions

We may change the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

Exclusions

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield Plan.

Claim

To claim, you have to submit a claim form for Child Illness Rider (Section 1) and Attending Physician's Statement for Child Illness Rider (Section 2). The Attending Physician's Statement for Child Illness Rider (Section 2) has to be completed by the attending doctor/specialist at your expense.

Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the child's medical or physical condition.

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