

**Singlife Health Plus
Frequently Asked Questions**

1 PRODUCT DESCRIPTION

1.1 What is Singlife Health Plus?

Singlife Health Plus provides complementary protection to Singlife Shield by providing coverage for the deductibles and/or co-insurance so that you can pay less or lower expenses for your medical bills.

Only policyholders who have Singlife Shield coverage are eligible to purchase Singlife Health Plus.

2 PLAN FEATURES

2.1 Are there changes to existing Singlife Health Plus benefits from 1 April 2022?

(You will be covered under these new Benefits (subject to your plan type) upon your policy renewal on or after 1 April 2022.)

The key changes in benefits are as follow:

(a) General Changes:

- “MyHealthPlus” has taken on the new name of “Singlife Health Plus” starting from 14 March 2022.
- Options available under “MyHealthPlus” have taken on new names as follows:

Old option names under MyHealthPlus	New option names under Singlife Health Plus	
	If attached to Singlife Shield plan 1	If attached to Singlife Shield plan 2/3
Option A/A-II	Private Lite	Public Lite
Option B/B-II	Deductible Cover	
Option C	Private Cover	Public Prime
Option C-II	Private Prime	

- Simplify calculation of annual deductible and co-insurance that you have to pay.

(b) Benefit Changes:

- New benefits have been added:
 - Mental wellness benefit
 - No claims discount
- Increase limits for accommodation charges for parent / guardian of child life assured for Singlife Health Public Prime and Public Lite.
- Change benefit limits of deductible benefit under Deductible Cover option.
- Change in benefit limits for Deductible Cover option.
 - With the change in structure for Deductible Cover option, selecting Singlife Health Plus Private / Public Lite (previously known was Option A/A-II) together with

Deductible Cover (previously known as Option B/B-II) will no longer be equivalent to Singlife Health Plus Private Cover or Private / Public Prime (previously known as Option C/C-II).

- Remove global treatment for six covered illness and medical procedures.

2.2 Are there any changes in premiums for Singlife Health Plus?

With the above benefit changes stated in section 2.1, we are changing the premiums for the Deductible Cover option (i.e. Option B/B-II), while maintaining the premiums for the rest.

Compared against MyHealthPlus Options A, B and C

	All Ages								
MyHealthPlus option	A			B			C		
Singlife Health Plus Option	Private Lite	Public Lite		Deductible Cover			Private Cover	Public Prime	
Attached to Singlife Shield Plan	1	2	3	1	2	3	1	2	3
Max	No change			10%	-5%	-5%	No change		
Min	No change			3%		-4%	No change		

Compared against MyHealthPlus Options A-II, B-II and C-II

	Ages 1 – 70 ANB								
MyHealthPlus option	A-II			B-II			C-II		
Singlife Health Plus Option	Private Lite	Public Lite		Deductible Cover			Private Prime	Public Prime	
Attached to Singlife Shield Plan	1	2	3	1	2	3	1	2	3
Max	No change			26%	-5%	-5%	No change		
Min	No change			12%		-4%	No change		

To give our policyholders more value, we will be introducing a No Claims Discount in April 2022 for Singlife Health Plus policyholders who maintain low or zero claims.

2.3 What is the No Claims Discount?

You will get a 15% premium discount on your Singlife Health Plus premiums if:

- the cover start date or renewal date of your Singlife Health Plus policy is on or after 1st April 2022, and
- the total claim amount that we have paid during the assessment period under your Singlife Shield and Singlife Health Plus policies (excluding the claim amount paid by MediShield Life) is less than or equal S\$1,000.

Any refunds (e.g. refunds from other insurance policies that covers the same life assured), excluding the refund amount for MediShield Life, which we receive during an assessment period will reduce the total claim amount paid in that assessment period.

Assessment period means the following periods starting two months before the next policy renewal date:

- For the first policy year, the past 10 months
- For the second policy year, the past 22 months
- For the third policy year onwards, the past 24 months

2.4 How do I apply for the No Claims Discount and can I still apply for it if my policy is new?

There is no application or action needed from your financial advisor representative or you. The No Claims Discount is applied automatically onto the premiums of an eligible Singlife Health Plus policy.

New Singlife Health Plus policies are automatically eligible for the No Claims Discount.

2.5 Is monthly payment mode available?

We allow monthly payment mode for Singlife Health Plus for all options.

For monthly payment frequency, the subsequent payments must be made via Interbank GIRO.

2.6 What are the differences between Private / Public Lite and Private / Public Prime?

Benefit	Private Lite	Public Lite	Private Prime	Public Prime
Ward downgrade benefit	Yes		No	
Free cover for child(ren)	Yes		No	
Preferred rate for child(ren)	No		Yes	

2.7 What is the annual deductible and maximum co-insurance payable by me under Private / Public Lite and Private / Public Prime?

		Private Lite	Public Lite	Private Prime	Public Prime
Annual deductible payable by policyholder	Preferred medical providers*	Singlife Shield annual deductible applies	Singlife Shield annual deductible applies	S\$0	S\$0
	Others			S\$1,000 (Inpatient)	
				S\$500 (Day surgery)	
Maximum co-insurance payable by policyholder	Preferred medical providers*	S\$3,000 per policy year			
	Others	S\$12,750 per policy year			

You are required to co-pay 5% of the claimable amount after you have paid the Singlife Shield annual deductible / Singlife Health Plus annual deductible.

* Preferred medical provider means any of the following:

- panel specialist or extended panel in a private hospital, (with certificate of pre-authorisation),
- public hospital,
- community hospital,
- MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider,
- subsidised centre for kidney dialysis,
- panel private dialysis center, or
- A&E unit.

2.8 What does extended panel mean?

Extended panel means a specialist on other insurers' panel of specialists for their Integrated Shield plans, who provides consultation to and treats the life assured. To qualify as an extended panel claim, a certificate of pre-authorisation must be issued, subject to our acceptance. Any deviation in treatment, fees or charges between what is approved in the certificate of pre-authorisation and the submitted claim is subject to our acceptance, at our discretion.

2.9 Is my doctor an extended panel? How can I find out?

All doctors who are on other insurers' panel of specialists for their Integrated Shield plans are eligible as extended panel for extended panel pre-authorisation. Please contact your doctor to check on their panel status.

However, please note that the pre-authorisation process must be completed, and a certificate of pre-authorisation must be issued by us before the admission for the extended panel benefits to be granted.

2.10 What is the pre-authorisation process for extended panel?

You will need to call 1800 8800 880 to request for extended panel pre-authorisation.

Once we have received your request for extended panel pre-authorisation, we will inform your doctor to submit the necessary details for our assessment.

Once we have completed our assessment, we will inform both your doctor and you of the outcome.

Please note that your doctor must be on other insurers' panel of specialists for their Integrated Shield plans to be eligible as extended panel.

2.11 What will happen to my extended panel claim if my doctor is no longer in the panel of other insurers' panel of specialists for their Integrated Shield plans after I have received the certificate of pre-authorisation?

As long as pre-authorisation has been completed, the panel status of your doctor will not affect your claim.

2.12 What is the Ward Downgrade Benefit under Private /Public Lite?

If the life assured is an inpatient at a Singapore public hospital, we pay this benefit as shown in the benefits schedule as long as:

- the admission as an inpatient is recommended by a doctor as necessary medical treatment, and
- the life assured stays in the following wards lower than his chosen plan:
 - For plan 1, any standard ward of a public hospital,
 - For plan 2, a 4 bed (B1) standard ward or below of a public hospital, or
 - For plan 3, a 6-bed (B2) standard ward or below of a public hospital.

We do not pay the ward downgrade benefit for day surgery, admission as an inpatient in a community hospital, admission as an inpatient in a private hospital or if there is no hospital stay involved. The ward downgrade benefit will not apply if the policyholder also has a Singlife Health Plus Deductible Cover policy.

2.13 What is the Accidental Cover for Child Benefit?

If the life assured sustains a fracture to the skull, spine, pelvis, femur or hip as a result of an accident, we will pay this benefit as long as:

- the life assured is below 19 years old at the time of the accident,
- the life assured is hospitalised due to the accident, and
- no prior claim under this benefit has been made.

We will only pay this benefit once during the lifetime of the life assured no matter how many fractures are sustained by the life assured.

2.14 If one of the parents passes away during the child's application for Family Discount for Child(ren) Benefit, would the child still be eligible for the benefit?

No, the Family Discount for Child(ren) will not be applicable if any one of the parents pass away before the inception of the child's application.

2.15 What is the Cover for Child(ren) benefit and how does it differ between the different Singlife Health Plus options?

Benefit	Private Lite	Public Lite (Plan 2 only)	Private Prime	Public Prime (Plan 2 only)
Cover for child(ren)	Free	Free	Preferred rate	Preferred rate

We will extend:

- the benefits under Public Lite of your policy, or
 - the preferred rate under Public Prime of your policy,
- (as the case may be, based on your plan and option stated in the policy schedule), for free to a child life assured until he reaches 20 years old age next birthday if all of the following conditions are met:
- the child life assured is a biological or legally adopted child who is at least 15 days old,
 - on or before the cover start date, the child life assured’s parents are both covered under either Singlife Shield plan 1 or plan 2, and also covered under either Singlife Health Plus:
 - Private / Public Lite
 - Private Cover, or
 - Private / Public Prime,
 whichever is applicable, and
 - the child life assured is covered under Singlife Shield’s family discount for child(ren) or free cover for child(ren).

If the child life assured ceases to enjoy family discount for child(ren) or free cover for child(ren) under Singlife Shield, this benefit will also cease for the child life assured under your policy.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases.

2.16 What is the main difference between Private Cover and Private Prime?

Both Private Cover and Private Prime are attachable to Singlife Shield Plan 1 only.

Benefit		Private Cover	Private Prime
Annual deductible payable by policyholder	Preferred medical providers*	S\$0	S\$0
	Others	Inpatient treatment: S\$500 Day Surgery: S\$250	Inpatient treatment: S\$1,000 Day Surgery: S\$500

* Preferred medical provider means any of the following:

- panel specialist or extended panel in a private hospital, (with certificate of pre-authorisation),
- public hospital,
- community hospital,
- MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider,
- subsidised centre for kidney dialysis,
- panel private dialysis centres, or
- A&E unit.

2.17 What Singlife Health Plus options are available to me?

- (a) The following Singlife Health Plus options are available for purchase:
- Private Lite
 - Private Prime
 - Public Lite
 - Public Prime
- (b) The following Singlife Health Plus options are available only through renewals of existing policies:
- Private Cover
 - Deductible Cover

Please note that if you want to change your current Singlife Health Plus option, it will be limited to the options listed in (a).

Additionally, for Private Cover policyholders, if you choose to change your Singlife Shield plan type from Plan 1 to Plan 2/3, your Private Cover option will be converted into a Public Prime option.

3 NEW BUSINESS ISSUANCE

3.1 Am I eligible to buy Singlife Health Plus?

To be eligible for coverage, the life assured must be the life assured of a Singlife Shield policy and meet the following criteria.

	Minimum Entry Age (ANB)	Maximum Entry Age (ANB)	Expiry Age
Assured/ Proposer (Payer)	17	N.A.^	N. A.
Life assured/ Dependant*	15 days old or the date of discharge from hospital after birth, whichever is later	75	N.A.#

^ If the proposer (payer)/ assured is also the life assured, the maximum entry age of 75 (ANB) will apply.

*Dependants are defined to be the proposer (payer)'s legal spouse, parent(s), grandparent(s), sibling(s) and/or biological or legally adopted child(ren).

To be eligible for the Critical Illness Benefit under this policy, the life assured must be aged between 1 year old and 65 years old at age next birthday.

3.2 How can my child qualify for Cover for Child(ren)?

All of the following conditions must be met:

- the child is a biological or legally adopted child who is at least 15 days old,
- the child is less than 20 years old at age next birthday,

- on or before the cover start date, the child's parents are both covered under either Singlife Shield plan 1 or plan 2, and also covered under either Singlife Health Plus:
 - Private / Public Lite
 - Private Cover, or
 - Private / Public Prime,
 whichever is applicable, and
- the child life assured is covered under Singlife Shield's family discount for child(ren) or free cover for child(ren).

3.3 If my spouse and I have existing Singlife Health Plus policies, do we have to wait until our policies' anniversary date before applying for coverage for our newborn child?

Parents can apply for free child coverage at any time without waiting for the policy anniversary date.

To sign up for Singlife Health Plus for your child, you can contact us at 6827 9933 or your Financial Adviser Representative for assistance.

3.4 Can I buy Singlife Health Plus only for my dependant(s) without getting one for myself?

Yes, you may buy Singlife Health Plus for your dependant(s) without getting Singlife Health Plus for yourself. In such cases, you shall be the policyholder/assured and your dependant shall be the life assured who is entitled to Singlife Health Plus coverage. You can contact us at 6827 9933 or your Financial Adviser Representative for assistance.

3.5 Why must the policy period of Singlife Health Plus coincide with Singlife Shield policy?

Singlife Health Plus is a rider and should follow the same policy period.

3.6 How will the policy document be delivered?

The policy document will be sent directly to you by mail and it is deemed to have been delivered within 7 days from posting.

4 UNDERWRITING

4.1 What are the available underwriting options?

From 1 January 2019 onwards, the only available underwriting option for new business applications is full medical underwriting.

For existing Singlife Shield policyholders with Singlife Health Plus application on or after 1 January 2019, there are two underwriting options – full medical underwriting and moratorium underwriting, available for selection.

If the applicant is applying for Singlife Health Plus only and his/her existing Singlife Shield is under moratorium underwriting, the Singlife Health Plus will be under moratorium underwriting unless there is a new medical declaration.

You can contact us at 6827 9933 or contact your Financial Adviser Representative for more details.

4.2 What is moratorium underwriting?

With moratorium underwriting, applicants are not required to submit any medical history records. This underwriting method will not be available for new business application from 1 January 2019.

Under moratorium underwriting, no underwriting is required. Any new, unexpected medical conditions arising after commencement of life assured's coverage will be covered, subject to the terms and conditions of the policy.

Other than the list of permanently excluded pre-existing conditions, pre-existing conditions can be covered after a continuous period of 5 years from the cover start date or reinstatement date or date of upgrade, whichever is later, provided the life assured has NOT in respect of that particular pre-existing condition:

- experienced symptoms,
- sought advice or tests from a doctor or specialist or alternative medicine provider (including checkups for that medical condition),
- required treatment or medication, or
- received treatment or medication.

If at any time, during the 5-year moratorium, the life assured undergoes any of the above, then that particular pre-existing condition shall be permanently excluded under the policy.

4.3 What is the list of pre-existing conditions that are permanently excluded under the policy if I have chosen the moratorium underwriting option prior to 1 December 2016?

- Heart attack, heart bypass, angioplasty
- Chronic obstructive lung disease, chronic cor pulmonale, pulmonary hypertension
- Stroke
- Liver cirrhosis
- Paralysis
- Osteoporosis
- AIDS or HIV infection
- Thalassaemia Intermediate/major
- Diabetes with complications such as protein in urine or eye problem
- Kidney failure
- Organ transplantation
- Systemic lupus erythematosus (SLE)
- Muscular dystrophy
- Multiple sclerosis
- Alzheimer's disease
- Dementia
- Any form of Cancer (other than skin cancer)
- Autism

4.4 What is full medical underwriting?

Full medical underwriting is the common underwriting practice for health insurance plans. With full medical underwriting, the applicant is required to declare his/her medical history by fully disclosing the medical history before the date of application for the policy.

5 PREMIUMS & POLICY SERVICING PROCEDURES

5.1 How long is the free look period?

The free-look period is 21 days from the date the policy is received by you. You are assumed to have received the policy within 7 days after we have post it to you. If the policy was sent electronically, we will consider it delivered 7 days after the date it was sent.

5.2 Will I be informed when Singlife Health Plus is due for renewal?

Singlife Health Plus is a guaranteed yearly renewal plan subject to premium payment. A renewal notice will be sent to inform you on the renewal premium due.

For GIRO mode of payment, there will be arrangement to deduct the annual premium from your designated bank account.

For cash payment, if the payment received is insufficient to renew the policy, a reminder letter will be sent to inform you to make the payment.

5.3 What are the available frequencies of payment?

Annual and monthly payment frequencies are available for Singlife Health Plus.

For monthly payment frequency, the subsequent payments must be made via Interbank GIRO.

5.4 What are the available premium payment methods?

Premium payment can be made via AXS, DBS/POSB/UOB bill payment or setup GIRO arrangement.

5.5 When is the GIRO deduction date?

The first deduction takes place on 7th of the renewal month. If the first deduction fails, there will be a second deduction on the 20th of the same month if the bank account is not closed and the GIRO arrangement is not terminated. If the deduction falls on a weekend or a Singapore Public Holiday, it will take place on the next working day.

5.6 What is the procedure to change the payment method to GIRO?

DBS/POSB bank accountholder can setup GIRO arrangement through internet banking.

For other bank accountholder, you are required to complete the Interbank GIRO Application form, which is available on Singlife's corporate website at www.singlife.com.

5.7 How do I know if the policy has been renewed?

Upon collection of full renewal premium, a renewal confirmation letter will be sent to inform you that the policy is renewed.

5.8 Are the premium rates guaranteed?

Rates are not guaranteed and are subject to regular review, considering the portfolio's claim experience. However, individuals will not be penalised for individual poor claims experience or ill-health.

5.9 How do I update my personal particulars?

For change in address or contact details, please log on to MySinglife to update the change.

For change in other personal particulars, you are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Singlife's corporate website at www.singlife.com.

5.10 How do I upgrade or downgrade the plan to Singlife Shield 1, 2 or 3 and/or Singlife Health Plus Private / Public Lite or Private / Public Prime?

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Singlife's corporate website at www.singlife.com.

Note:

If you request to change your plan, your Singlife Health Plus option may be changed if your current Singlife Health Plus option is not available under the new plan type you have selected.

Please contact us at 6827 9933 or your Financial Adviser Representative for assistance.

5.11 How do I change the option?

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Singlife's corporate website at www.singlife.com.

Please contact us at 6827 9933 or your Financial Adviser Representative for assistance.

5.12 How do I change Payer and/or Policyowner?

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Singlife's corporate website at www.singlife.com. The new Policyowner and Payer must be the same person.

6 CLAIMS

6.1 How do I make a claim?

- For Hospital-related Benefits claims

Please submit the claim under Singlife Shield.

- For Co-insurance, Deductible and Ward Downgrade Benefit

Claim(s) will be automatically processed when the claim for Singlife Shield is filed.

- For Accidental Cover for Child claims

Please notify Singlife of the accident of the life assured within 30 days of occurrence. The life assured has to submit the original documentation together with a fully completed “Personal Accident Claim Form” and “Physician Statement for Personal Accident Claim”. You can obtain the forms from our website at www.singlife.com/en/make-a-claim/life-and-health/.

- For Critical Illness claims

Please notify Singlife of the Critical Illness of the life assured within 30 days of diagnosis. The life assured has to submit the original documentation together with a fully completed “Claimant’s Statement” and “Physician Statement” (where applicable). You can obtain the forms from our website at www.singlife.com/en/make-a-claim/life-and-health/.

6.2 How will the payments under Singlife Health Plus claim be made?

For benefits that are filed together with Singlife Shield, we will pay the relevant amount to the hospital / clinic or the policyholder.

For Critical Illness Benefit, Additional Critical Illness Benefit for Kidney Failure and Accidental Cover for Child, we will make payment to the policyholder.

6.3 How is the Additional Critical Illness Benefit for Kidney Failure payable?

If the life assured is diagnosed with kidney failure and requires kidney dialysis, we pay this benefit as shown in the benefits schedule as long as:

- the dialysis is ordered by the attending doctor,
- the life assured receives dialysis at a subsidised centre or restructured hospital, and
- we admit the outpatient kidney dialysis claim under Singlife Health Plus.

If there is a claim made under this benefit, we will pay the remaining of the higher benefit, where applicable. Where the maximum benefit has been paid, no further benefit will be payable.

This benefit will not be paid again if you have made a claim on this benefit and we have paid according to your plan as shown in the benefits schedule before your change of plan. To avoid doubt, if you upgrade your plan, we will pay this benefit according to your plan before the upgrade.

6.4 How do I calculate the co-insurance that I have to pay?

- (a) Determine the annual deductible payable based on the Singlife Health Plus option selected

Claim made for treatment by	Private Lite	Public Lite	Private Prime	Public Prime
Preferred medical providers*	Singlife Shield annual deductible applies		S\$0	S\$0
Others			S\$1,000 (Inpatient treatment)	
			S\$500 (Day Surgery)	

(b) Determine the co-insurance payable based on the type of claim

Claim made for treatment by	Co-insurance payable (applicable to claimable amount after paying amount determined in part (a) above)
Preferred medical providers*	5%, maximum S\$3,000 per policy year
Others	5%, maximum S\$12,750 per policy year

* Preferred medical provider means any of the following:

- panel specialist or extended panel in a private hospital, (with certificate of pre-authorisation),
- public hospital,
- community hospital,
- MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider,
- subsidised centre for kidney dialysis,
- panel private dialysis centres, or
- A&E unit.

(c) Calculate the amount

A customer with Singlife Health Plus Private Prime goes for day surgery performed by a panel specialist without certificate of pre-authorisation with total cost of S\$5,000. Prior to treatment, the customer has already made other claims and paid S\$12,600 in co-insurance for the policy year.

	Amount	Remarks
Cost of treatment	S\$5,000	
Annual deductible payable	S\$500	As no certificate of pre-authorisation is given, the treatment will be classed under "Other" despite being conducted by a panel specialist.
Claimable amount after paying annual deductible	S\$4,500	= S\$5,000 – S\$500
Co-insurance payable before accounting for maximum co-insurance	S\$225	= 5% X S\$4,500
Actual co-insurance payable	S\$150	As the customer has already paid S\$12,600 for co-insurance in other claims made for the same policy year, and the amount of co-insurance payable for this claim (i.e. S\$225) is more than the remaining co-insurance amount payable for the policy year (i.e. S\$150 = S\$12,750 – S\$12,600), the customer will only have to pay the amount of S\$150 for co-insurance.