

Singlife Health Plus Frequently Asked Questions

1 PLAN FEATURES

1.1 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.

1.2 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	A&E or 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(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospitals, etc.), which may be found at <https://singlife.com/medicalspecialists>, as updated by us from time to time..

2 UNDERWRITING

2.1 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.

2.2 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.

2.3 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

2.4 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.

3 PREMIUMs & POLICY SERVICING PROCEDURES

3.1 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.

3.2 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.

3.3 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.

3.4 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.

3.5 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.

4 CLAIMS

4.1 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. You may refer to <https://singlife.com/en/claims/life/accident> for the claim submission process.

- For Critical Illness claims

Please notify Singlife of the Critical Illness of the life assured within 30 days of diagnosis. You may refer to <https://singlife.com/en/claims/life/critical-illness> for the claim submission process.

4.2 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.

4.3 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.

4.4 How do I calculate the co-payment 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
A&E or 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)
A&E or Preferred medical providers*	5%, maximum S\$3,000 per policy year
Others	5%

* Preferred medical provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.), which may be found at singlife.com/medicalspecialists, as updated by us from time to time.

- (c) Calculate the amount

A customer with Singlife Health Plus Private Prime goes for day surgery performed by a non-preferred medical provider 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	Non-preferred medical provider.
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