Singlife Shield Standard Plan

This policy booklet contains the terms and conditions of **your plan**.

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Benefit	**Singlife Shield Standard Plan**		
Hospital ward type	Any B1 standard ward of a **public hospital**		
Inpatient hospital treatment			
Daily room, board and medical related services[1]	S$2,250 per day (S$2,550 per day for first 2 days of **hospital**isation)		
Intensive care unit (ICU)	S$6,850 per day (S$7,150 per day for first 2 days of **hospital**isation)		
Surgical benefit[2] (per procedure):	A	B	C
Table 1 A/B/C (less complex procedures)	S$590	S$1,050	S$1,050
Table 2 A/B/C	S$1,800	S$2,300	S$2,370
Table 3 A/B/C	S$3,290	S$4,240	S$4,760
Table 4 A/B/C	S$5,970	S$8,220	S$8,220
Table 5 A/B/C	S$8,920	S$9,750	S$11,030
Table 6 A/B/C	S$15,910	S$15,910	S$17,300
Table 7 A/B/C (more complex procedures)	S$21,840	S$21,840	S$21,840
Surgical implants and medical consumables	S$9,800 per treatment		
Radio**surgery**[3], including Proton beam therapy – Category 4[8]	S$31,300 per treatment course		
Stay in a **community hospital** (Rehabilitation)	S$760 per day		
Stay in a **community hospital** (Sub acute)	S$960 per day		
Inpatient palliative care service (General)	S$560 per day		
Inpatient palliative care service (Specialised)	S$760 per day		
Inpatient psychiatric treatment	S$680 per day up to 60 days per **policy year**		
Continuation of autologous bone marrow transplant treatment for multiple myeloma[4]	S$14,040 per treatment		
Serious pregnancy and delivery-related complications (after a **waiting period** of 10 months)	Covered under **inpatient hospital** treatment limits		
Major outpatient treatment			
Outpatient kidney dialysis	S$3,740 per month		
Outpatient erythropoietin	S$450 per month		
Patients receiving treatment for one primary cancer			
Outpatient **cancer drug** treatment on the **CDL**[5]	3 times the **MediShield Life** claim limit for one primary cancer per month		
Outpatient **cancer drug** services[6]	2 times the **MediShield Life** claim limit for one primary cancer **per policy year**		
Patients receiving treatment for multiple primary cancers			
Outpatient **cancer drug** treatment on the **CDL**[5]	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month		
Outpatient **cancer drug** services[6]	2 times the **MediShield Life** claim limit for **multiple primary cancers** per **policy year**		
Outpatient radiotherapy for cancer:			
(a) Hemi-body radiotherapy	S$2,510 per treatment		
(b) External or superficial radiotherapy	S$880 per treatment		
(c) Brachytherapy (with or without external radiotherapy)	S$1,100 per treatment		
(d) Stereotactic radiotherapy	S$6,210 per treatment		

(e) Proton beam therapy Category 1[8] Category 2[8] Category 3[8]		 S$880 per treatment S$1,100 per treatment S$6,210 per treatment
Major organ transplant – approved Immunosuppressant drugs		S$1,480 per month
Long-term parenteral nutrition		S$3,980 per month
Pro-ration Factor[7]		
Public hospital / **community hospital** / **MOH**-approved Inpatient Hospice Palliative Care Service (IHPCS) provider	Class A ward	80%
	Class B1 ward	Singapore citizens – 100% Singapore permanent residents – 90%
Private **hospital** - **inpatient** treatment		50%
Private **hospital** - day **surgery**		65%
Private outpatient clinic - major outpatient treatment		65%
Annual deductible for life assured age 80 years and below on the renewal date		
Class C ward		S$1,500
Class B2 / B2+ ward		S$2,000
Class B1 ward		S$2,500
Class A ward / private **hospital**		S$2,500
Day **surgery** / short stay ward	Subsidised	S$1,500
	Unsubsidised	S$2,000
Annual deductible for life assured age 81 years and above on the renewal date		
Class C ward		S$2,000
Class B2 / B2+ ward		S$3,000
Class B1 ward		S$3,000
Class A ward / private **hospital**		S$3,000
Day **surgery** / short stay ward	Subsidised	S$2,000
	Unsubsidised	S$3,000
Co-insurance (applicable to claimable amount after deductible)		10%
Maximum claim limits		
Policy year limit[9]		S$200,000
Lifetime limit		Unlimited
Age limits		
Last entry **age**		None
Maximum coverage **age**		Lifetime

Footnotes

[1] Includes eligible Mobile Inpatient Care @ Home (MIC@Home) stays.

[2] Classified according to their level of complexity, which increases from Table 1 to Table 7.

[3] The **annual deductible** and **pro-ration factor** for radio**surgery** that applies depends on whether it is classified as an **inpatient** or day **surgery** procedure.

[4] **Annual deductible** applies for continuation of autologous bone marrow transplant treatment for multiple myeloma. Subsidized patients will follow the inpatient deductible for Class C and non-subsidized patients will follow the inpatient deductible for Class B2.

5 The **cancer drug** treatment benefit limit is based on a multiple of the **MediShield Life** claim limit for the specific **cancer drug** treatment. Please refer to the **Cancer Drug List** / **CDL** on the **MOH** website: https://go.gov.sg/moh-cancerdruglist for the **MediShield Life** claim limit on the applicable **cancer drug** treatment. **MOH** may update the **CDL** from time to time.

6 The **cancer drug** services benefit limit is based on a multiple of the **MediShield Life** claim limit for **cancer drug** services. Please refer to the **MOH** website: https://go.gov.sg/mshlbenefits for the **MediShield Life** claim limit for **cancer drug** services.

7 **Pro-ration factor** is applied to reduce higher class wards / private **hospital** bills to 4-bed ward equivalent in a **public hospital** in Singapore in the claims computation.

8 Please refer to the **MOH** website: https://go.gov.sg/pbt-approved-indications for the **MOH**-approved indications and patient eligibility criteria for use of Proton beam therapy. **MOH** may update this from time to time.

9 A new **policy year limit** will be applied for every 12 months period of **hospital**isation.

If the **hospital**isation period:

(a) is less than 12 months and crosses into the next **policy year**, **we** will apply the **policy year limit** from the previous **policy year**;

(b) is more than 12 months, **we** will apply the **policy year limit** from the previous **policy year** and next **policy year**.

Singlife Shield Standard Plan
General Provisions

Your policy

This is **your** Singlife Shield Standard Plan policy. It contains the following documents:

- these general provisions
- the **policy schedule**
- the **benefits schedule**
- the **application documents**
- any endorsements

These documents and the following form the full agreement between **you** and **us**:

- all statements to **doctor**s,
- declarations and questionnaires about the **life assured**'s:
  - lifestyle,
  - occupation, or
  - medical condition,

  provided to **us** for **our** underwriting purposes, and
- all correspondence between **you** / the **life assured** and **us** about the **policy**.

We refer to them collectively as **your** "**policy**". Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together to avoid misunderstanding.

Unless the context otherwise requires, singular words include plural and vice versa, words meaning one gender include all genders. Words in bold are defined in the 'Definitions' section and will have the same meaning whenever they are used in **your policy**.

To enjoy the **benefits**, **you** must meet the terms and conditions of **your policy** and pay the **premiums** when due.

Singlife Shield Standard Plan is a medical insurance plan covering the **life assured** for costs associated with:

- **hospital** stay,
- **surgery**, and
- selected outpatient treatment.

Your policy is integrated with **MediShield Life**. It adds to the **MediShield Life** tier operated by **CPF Board** and gives extra benefits for those who would like more cover and medical insurance protection. The **life assured** is covered under **MediShield Life** if he meets the eligibility conditions in the **act** and **regulations**.

Your policy comes into effect on the **cover start date** if **we** receive **your** first **premium** in full before the **policy issue date**.

We do not pay **benefits** on any claim that occurs before the **cover start date**.

Free Look Period:
If **we** are issuing this **policy** to **you** for the first time, **you** have 21 days from the date **you** receive **your policy** to decide whether **you** want to continue with it. If **you** do not want to continue, **you** may write to **us** to cancel it. As long as **you** have not made any claim under **your policy**, **we** will cancel **your policy** from its **cover start date** and refund **premiums** paid, without interest, less any expenses spent in considering **your** application and issuing **your policy**.

If **your policy** was sent to **you** by post, **we** will consider it delivered 7 days after posting. If **your policy** was sent to **you** electronically, **we** will consider it delivered 7 days after the date it was sent.

1. What your policy covers

The **benefits** shown below are available for **your policy**. Please refer to the **benefits schedule** for details of the cover provided.

All **benefits** only pay reimbursement for **reasonable expenses** for **necessary medical treatment** received by the **life assured** due to **illness** or **injury** and depend on:

- the terms and conditions in **your policy**,
- the limits shown in the **benefits schedule**, and
- the exclusions in **your policy**.

Treatment must be given by a **hospital**, licensed medical centre or clinic.

1.1. Inpatient hospital treatment

We will pay for the types of costs shown below. Except for day **surgery**, these costs must be for treatment received by the **life assured** as an **inpatient**. Only claims made and sent to **us** through the electronic filing system set up by **MOH** and according to the **act** and **regulations** are eligible for cover under **your policy**.

We will apply the:

- **pro-ration factor**,
- **annual deductible**, and
- **co-insurance**,

to all **inpatient hospital** treatment where applicable. Please refer to **clause 2.3** to see when and how **we** apply them.

If the **life assured** receives **inpatient** treatment in a luxury or deluxe suite or any other special room of a **hospital**, **we** will calculate the pro-rated amount of the actual charges which the **life assured** has to pay as follows:

$$\frac{\text{Charge for a } \textbf{standard} \text{ B1 ward in Singapore General Hospital}}{\text{Room Charge which the } \textbf{life assured} \text{ had to pay}} \times \text{total bill}$$

We pay the minimum of **reasonable expenses** or the pro-rated amount of the total bill, whichever is lower.

Inpatient hospital treatment benefit is made up of the following:

(a) Daily room, board and medical related services

Ward charges the **life assured** has to pay for each day in a **standard room** including:

- treatment fees,
- meals,
- prescriptions,
- medical consumables,
- **doctor**'s attendance fees,
- medical examinations,
- laboratory tests,
- miscellaneous medical charges, and
- cost of equipment loan/rental, nursing charges, home care, transport-related services as part of Mobile Inpatient Care @ Home (MIC@Home).

(b) Intensive care unit (ICU)

Ward charges the **life assured** has to pay for each day in an **ICU** including:

- treatment fees,
- meals,
- prescriptions,
- medical consumables,
- **doctor**'s attendance fees,
- medical examinations,
- laboratory tests, and
- miscellaneous medical charges.

(c) Surgical benefit

Charges the **life assured** has to pay for **surgery** (including day **surgery**) by a surgeon in a **hospital** including:

- surgeon's fees,
- anaesthetist's fees, and
- operating theatre and facility fees.

Any **surgery** not listed in **MOH**'s Table of Surgical Procedures - table 1 to 7 on the date of **surgery** is not covered.

For organ transplant, **we** will pay for the transplant **surgery**. Costs of acquiring the organ are not covered.

(d) Surgical implants and medical consumables

Charges the **life assured** has to pay for:

- monofocal non-toric lenses for cataracts only, and
- other surgical implants, including but not limited to:
  - Intravascular electrodes used for electrophysiological procedures,
  - Percutaneous transluminal coronary angioplasty (PTCA) balloons, and
  - Intra-aortic balloons (or balloon catheters).

The surgical implants must stay in the **life assured**'s body after **surgery**.

To avoid doubt, other than monofocal non-toric lenses, all other types of lenses for cataract are not covered.

(e) Radiosurgery

Charges the **life assured** has to pay for:

- Gamma Knife and Novalis radio**surgery** (including day **surgery**) by a surgeon in a **hospital**.
- Proton beam therapy (Category 4) for **MOH**-approved indications, subject to patient eligibility criteria for proton beam therapy under **MediShield Life** as provided on the **MOH** website: https://go.gov.sg/pbt-approved-indications. **MOH** may update this from time to time.

(f) Stay in a community hospital

Charges the **life assured** has to pay for staying in a **community hospital**.

The **life assured** must first receive:

- **inpatient** treatment in a **hospital**, or
- **A&E treatment** in a **public hospital**,

and be admitted to the **community hospital** for continuous stay immediately following discharge from the **public hospital** or **A&E**.

The admission to the **community hospital** must be:

- for **necessary medical treatment**,
- recommended by the attending **doctor** in the **hospital** where the **life assured** had received **inpatient** treatment or **A&E treatment**, and
- for treatment that arises from the same **injury** or **illness** for which the **life assured** received **inpatient** treatment or **A&E treatment** at the **hospital**.

(g) Inpatient palliative care service

Charges the **life assured** has to pay for inpatient palliative care services from a **MOH**-approved Inpatient Hospice Palliative Care Service (IHPCS) provider.

The life assured must be admitted for inpatient palliative care service by a **doctor**, according to the relevant **MOH** guidelines.

(h) Inpatient psychiatric treatment

Charges for psychiatric treatment received by the **life assured** as an **inpatient**. All treatment must be provided by a **doctor** qualified to provide psychiatric treatment.

Treatments resulting from drug addiction or being under the influence of any controlled drugs listed under the First Schedule to the Misuse of Drugs Act 1973 are not covered.

(i) Continuation of autologous bone marrow transplant treatment for multiple myeloma

Charges the **life assured** has to pay for continuation of autologous bone marrow transplant treatment for multiple myeloma, as an outpatient. These include:

- consultation charges,
- clinical and lab investigations,
- consumables, and
- chemotherapy and prescribed medication,

incurred as a result of the following treatments:

- stem-cell mobilization
- harvesting of healthy stem cells
- pre-transplant workup
- use of high dosage chemotherapeutic drugs to destroy the cancerous cells
- engraftment of healthy stem cells
- post-transplant monitoring

1.2. Major outpatient treatment

We will pay for the types of costs shown below for treatment received by the **life assured** as an outpatient up to the limits shown in the **benefits schedule**.

We will apply the:

- **pro-ration factor**, and
- **co-insurance** (if applicable),

to all major outpatient treatment. Please refer to **clause 2.3** to see when and how **we** apply them.

(a) Outpatient kidney dialysis

Charges the **life assured** has to pay for approved outpatient kidney dialysis (using machines or apparatus). Dialysis must be ordered by the attending **doctor** and received by the **life assured** at a Medisave / MediShield Life accredited treatment centre.

We cover charges for:

- peritoneal dialysis, or
- associated consultation fees and laboratory tests if they are ordered by the attending **doctor** before dialysis and take place not more than 30 days before the dialysis.

Follow-up consultation fees, laboratory tests and other medical attention after each session of dialysis are not covered.

(b) Outpatient erythropoietin

Charges for erythropoietin as part of the treatment for chronic kidney failure ordered by the attending **doctor** and received by the **life assured** at a Medisave / **MediShield Life** accredited treatment centre.

Follow-up consultation fees, laboratory tests and other medical attention after each session of erythropoietin treatment are not covered.

(c) Outpatient cancer drug treatment (on the CDL)

Charges the **life assured** has to pay as an outpatient at a **hospital** or cancer treatment centre registered with the **MOH** or approved by **us** for **cancer drug** treatment that are listed on the **Cancer Drug List** / **CDL**. Treatments are defined as drug-indication pairs, as described in the **CDL**.

Outpatient **cancer drug** treatments are only claimable under **your policy** if used according to the clinical indications specified on the **CDL** (as at the date of treatment), unless otherwise stated in **your policy**. **MOH** may update the **CDL** from time to time.

For each primary cancer, if:

- the **CDL** treatment involves more than one drug, **we** allow drug omission or replacement with another **CDL** drug with the indication "for cancer treatment", only if they are due to intolerance or contraindications. In such cases, the claim limit of the original **CDL** treatment will continue to apply; or
- multiple cancer drug treatments are administered in a month and, any of the **CDL** treatments have an indication that states “monotherapy”, only **CDL** treatments with the indication “for cancer treatment” will be claimable in that month. Otherwise, the following will apply:

(a) If more than one of the **cancer drug** treatments administered in a month have an indication other than "for cancer treatment", only **CDL** treatments with the indication "for cancer treatment" will be claimable in that month.
(b) If one or none of the **cancer drug** treatments administered in a month has an indication other than "for cancer treatment", all **CDL** treatments will be claimable in that month.

We will pay up to the highest limit among the **CDL** treatments that are claimable in that month.

If a **life assured** is receiving treatment for **multiple primary cancers**, **you** may apply to **MOH** and **us** for a higher claim limit, subject to prevailing terms and conditions. The **life assured**'s **doctor**(s) must submit the application form to **MOH** and **us** to assess the **MediShield Life** and Singlife Shield Standard Plan coverage respectively. If **your** application is approved, **we** will pay up to the sum of the highest limit among the claimable **CDL** treatments for each primary cancer in that month.

For avoidance of doubt, for **CDL** treatments, the indications refer to the clinical indications of the drug as specified in the **CDL** on **MOH**'s website go.gov.sg/moh-cancerdruglist. **Non-CDL** treatments will be considered as having an indication other than "for cancer treatment".

(d) Outpatient cancer drug services

Charges the **life assured** has to pay for **cancer drug** services for outpatient **cancer drug** treatments. The services are not required to be specific to treatments on the **CDL** and are payable even if they were for a **non-CDL** treatment).

These include:
- consultations,
- scans,
- lab investigations,
- treatment preparation and administration fee,
- supportive care drugs (e.g., for pain/nausea), and
- blood transfusions,

as long as these are part of **cancer drug** treatment.

We also cover charges incurred after the final **cancer drug** treatment session (for example, consultations, tests and scans) under the **cancer drug** services benefit, only if the charges are part of the final review of the **cancer drug** treatment regime.

The **cancer drug** services benefit does not cover:
- radiotherapy services (covered under radiotherapy treatments), and
- any charges incurred before the cancer is diagnosed, after the cancer has gone into remission or once the course of **cancer drug** treatment has ceased.

If a **life assured** is receiving **cancer drug** services for **multiple primary cancers**, **you** may apply to **MOH** and **us** for a higher claim limit, subject to prevailing terms and conditions. The **life assured**'s **doctor**(s) must submit the application form to **MOH** and **us** to assess the **MediShield Life** and Singlife Shield Standard Plan coverage respectively.

If **your** application is approved, **we** will pay up to a maximum of twice the claim limit for **cancer drug** services even if the **life assured** receives concurrent treatment for more than 2 primary cancers within the same **policy year**.

(e) Outpatient radiotherapy for cancer

Charges the **life assured** has to pay for the following cancer treatments as an outpatient at a Medisave / **MediShield Life** accredited treatment centre:

- hemi-body radiotherapy
- external or superficial radiotherapy
- brachytherapy (with or without external radiotherapy)
- stereotactic radiotherapy
- Proton beam therapy (Category 1, 2, and 3), for the **MOH**-approved indications, subject to the patient eligibility criteria for proton beam therapy under **MediShield Life** specified on **MOH** website: https://go.gov.sg/pbt-approved-indications. **MOH** may update this from time to time.

Associated consultation fees and laboratory tests are covered if:

- they are ordered by the attending **doctor** before the treatment, and
- take place not more than 30 days before the treatment.

Follow-up consultation fees, laboratory tests and other medical attention after each session of outpatient radiotherapy for cancer, Proton Beam Therapy, and Cell, Tissue and Gene Therapy are not covered.

Please refer to the **benefits schedule** for the limit on each type of the cancer treatment.

(f) Major organ transplant – approved immunosuppressant drugs

Charges the **life assured** has to pay for immunosuppressant drugs approved by the **Health Sciences Authority** as part of **necessary medical treatment** as an outpatient after major organ transplant to reduce the rate of rejection.

The major organ transplant must first be approved by **us**.

(g) Long-term parenteral nutrition

Charges the **life assured** has to pay for parenteral nutrition bags and consumables necessary for the administration of long-term parenteral nutrition.

The **life assured** must meet the clinical criteria for long-term and home parenteral nutrition covered under **MediShield Life**.

2. Our responsibilities to you

We are responsible to **you** for only the cover and period of **your policy. Our** responsibilities are governed by the terms, conditions and limits of **your policy**.

We pay the minimum of **reasonable expenses** or the pro-rated amount of the total bill, whichever is lower.

We will deduct any amounts due or owing to **us** under **your policy** before paying any **benefits**. The final computed **benefits** must not exceed the **policy year limit** shown in the **benefits schedule**.

We will pay claims according to **your policy** or **MediShield Life**, whichever is higher.

2.1. Making a claim

All **inpatient** and major outpatient treatment claims must be made and sent to **us** through the electronic filing system set up by **MOH** and according to the **act** and **regulations**.

You must:

- complete the Medical Claims Authorisation Form (Single or Multiple version) to give **your** consent to the:
  - **CPF Board**,
  - medical clinic, or
  - institution,

  to verify **your** insurance membership and release of medical information, and
- give **us** any other documents, authorisations or information **we** need to assess the claim.

All claims must be sent to **us** within 90 days from the:

- date of treatment,
- date of billing, or
- date the **life assured** leaves the **hospital**,

whichever is later.

For claims which are electronically filed to **us** by the **hospital**, **we** will pay the **hospital** directly. Otherwise, **we** will pay **you**.

If **you,** the **life assured** or the **life assured**'s personal representatives do not co-operate with **us** in dealing with the claim, the assessment of the claim may be delayed or **we** can reject the claim.

2.2. Settling the claim

We will apply the following limits shown in the **benefits schedule** (if applicable) to the **benefits** in the following order when computing **your** claim:

(i) <u>All benefits (except major outpatient treatment)</u>

(a) eligible expenses
(b) **pro-ration factor**
(c) limit of **benefits**
(d) **annual deductible**
(e) **co-insurance**
(f) **policy year limit**

(ii) <u>Major outpatient treatment</u>

(a) eligible expenses
(b) **pro-ration factor**
(c) **co-insurance**
(d) limit of **benefits**
(e) **policy year limit**

We will pay the claim once **we** are satisfied that all requirements are fully met. Any payment made under this clause will entirely release **us** from any obligations and any further liability for the claim.

If the amount **we** pay to a **hospital** under the letter of guarantee issued to the **hospital** is not payable, **you** must fully indemnify and reimburse **us** for the amount within 30 days from the date of **our** notice asking for reimbursement.

We have the right to have our appointed **doctor** examine the **life assured**, whenever and as often as **we** may reasonably want:

- before **we** admit or pay any claim, and
- during the duration of a claim,

under **your policy**.

We have the right to ask for a post-mortem where this is not forbidden by law.

2.3. Limits of Liability

Our liability for each **benefit** and type of plan under **your policy** is limited to the amounts shown in the **benefits schedule**. **We** will apply the:

- **pro-ration factor**,
- **annual deductible**, and
- **co-insurance** (if applicable),

before **we** pay any benefit.

(a) Annual deductible

Annual deductible applies to all claims made under **your policy** except for all major outpatient treatments.

We will apply a new **annual deductible** for every 12 months of **hospital**isation.

If the **hospital**isation period:

(a) is less than 12 months and crosses into the next **policy year**, **we** will apply the **annual deductible** from the previous **policy year**;

(b) is more than 12 months, **we** will apply the **annual deductible** from the previous **policy year** and next **policy year**

(b) Co-insurance

Co-insurance applies to all claims made under **your policy**.

(c) Pro-ration factor

We will apply the **pro-ration factor** if the **life assured** is admitted as an **inpatient** to a room or **hospital** above what the **life assured** is entitled to under **your policy** or receive major outpatient treatment at a private **hospital** or medical institution.

The benefit **we** pay will be reduced by first applying the **pro-ration factor** to:

- the original final bills showing the actual charges which the **life assured** has to pay, or
- **reasonable expenses**,

whichever is lower.

Except where the **life assured** receives **inpatient** treatment in:

- a luxury suite,
- a deluxe suite, or
- any other special room of a **hospital**,

if the **life assured** changes the type of room during his stay as an **inpatient**, **we** will use the type of room he was staying in immediately before his discharge to decide if **we** will apply the **pro-ration factor**.

The **pro-ration factor** does not apply to expenses which the **life assured** has to pay at:

- a **public hospital** for:
  - major outpatient treatment, and
  - day **surgery**, or
- a subsidised dialysis or cancer centre in Singapore for major outpatient treatment.

How we apply the pro-ration factor, annual deductible and co-insurance in each policy year
(Figures are purely for illustration only.)

Example 1
Plan: Singlife Shield Standard Plan
Hospital: **Public hospital**
Ward of discharge: 4-bed Standard Ward

Expenses	Benefit Limits	Amount incurred & covered by Singlife Shield Standard Plan
Daily room, board and medical related services (for 4 days)	S$2,250 per day (S$2,550 per day for first 2 days of **hospital**isation)	$2,600
Surgical benefit (MOH surgical operation fees table 1A)	$590 per **surgery**	$400
Total bill		$3,000
Annual deductible	$2,500	
Co-insurance (10% x ($3,000-$2,500))	$50	
You pay	$2,550 ($2,500+$50)	
We pay	$450 ($3,000-$2,550)	

Example 2
Plan: Singlife Shield Standard Plan
Hospital: Private **hospital**
Ward of discharge: Standard Single Bed

Expenses	Benefit Limits	Amount Incurred	Pro-rated Amount (50% **pro-ration factor**)	Amount Covered by Singlife Shield Standard Plan
Daily room, board and medical related services (for 4 days)	S$2,250 per day (S$2,550 per day for first 2 days of **hospital**isation)	$8,000	$4,000	$4,000
Surgical benefit (MOH surgical operation fees table 1A)	$590 per **surgery**	$2,000	$1,000	$590
Total bill		$10,000	$5,000	$4,590
Annual deductible	$2,500			
Co-insurance (10% x ($4,590 - $2,500))	$209			
You pay	$8,119 ($10,000-$1,881)			
We pay	$1,881 ($4,590 - $2,500 - $209)			

3. Your responsibilities

3.1. Full disclosure

You and the **life assured** must always disclose to **us** completely and truthfully all material facts and circumstances that may affect **our** decision whether or not to:

- cover the **life assured**, or
- add any further terms and conditions on **your policy**.

This applies to all information given to **us** for **our** assessment of **your** application for cover.

If **you** do not give **us** this information or misrepresent any information, **we** may:

- declare **your policy** "void" from the **cover start date** or the last **reinstatement date** (whichever is applicable), or
- end the cover for the **life assured**,

and either refund **you**:

- all **premiums** paid to **us** if **you** have not made any claim under **your policy**, or
- the **premium** paid to us in the first **policy year** immediately following the **policy year** in which **you** made the last claim under **your policy**.

If the **life assured** is a Singapore citizen or a Singapore permanent resident, the **life assured** will continue to be covered under **MediShield Life** without any exclusion.

3.2. Premium

You must pay the **premium** every year in order to receive the **benefits**.

We give **you** 60 days' **grace period** from the **renewal date** to pay the **premium**. During this **grace period**, **your policy** will stay in effect. **You** must first pay any **premium** or other amounts owing to **us** before **we** pay any claim under **your policy**. If **you** do not pay the **premium** by the last day of the **grace period**, **your policy** will end on the **renewal date**.

You are responsible for making sure that **your premium** is paid up to date.

We may deduct **your premium** from the designated Medisave account according to the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the **CPF Act**, as may be amended, extended, or re-enacted from time to time.

You must pay the **premium** or any part of it in cash if:

- the **premium you** owe is more than the maximum Additional Withdrawal Limit set by the **CPF Board**,
- there are not enough funds in **your** Medisave account to pay the **premium** due, or
- the **premium**, or part of it is not taken from the designated Medisave account for any reason.

3.3. Change of citizenship

You must tell **us**, as soon as possible, when the **life assured**'s citizenship status changes. **We** have the right to end **your policy** when **your** citizenship status changes.

4. When your policy ends

Your policy ends on the date:

- the **life assured** dies,
- **we** end the cover for the **life assured** under **clause 3.1**,
- **we** end **your policy** under **clause 3.3**,
- **we** receive **your** written notice requesting cancellation of **your policy** under **clause 5.2**,
- **we** do not receive **your premium** after the **grace period**,
- **you** fail to give **us** any information or document which **we** require from **you**, on which date will be determined by **us**,
- **you** fail or refuse to refund any amount **you** owe **us**, of which the date will be determined by **us**,
- fraud under **clause 7.9** takes place,
- **you** or the **life assured** does not meet the eligibility requirements set out under **clause 7.1**,
- the cover of **your policy** ends, or
- the **life assured** is covered under another Medisave-approved integrated shield plan,

whichever is the earliest.

When **your policy** ends, **you** have no further claims or rights against **us** even if **your** claim arose directly or indirectly from a covered condition which occurred before **your policy** ended.

Ending **your policy** does not affect the **life assured**'s cover under **MediShield Life**. The **life assured** will continue to be covered under **MediShield Life** as long as he is eligible under the **act** and **regulations**.

5. What you can do with your policy

5.1. Reinstate your policy

If **your policy** terminates because **you** have not paid the **premium**, **you** may apply to **us** within 30 days from the date of notice of termination to reinstate **your policy** if **you** meet all of the following conditions:

- **you** must pay all **premium**s **you** owe before **we** will reinstate **your policy**,
- **you** have given **us** satisfactory proof of insurability for each **life assured** at **your** expense, and
- if **you** are covered under **moratorium underwriting option** and **we** reinstate **your policy**, the moratorium period of 5 years will restart from the **reinstatement date**.

If **we** agree to reinstate **your policy**, **we** will issue **you** a notice of reinstatement. If there is any change in the **life assured**'s medical or physical condition, **we** may add exclusions from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium** after **your policy** has ended, it does not mean **we** will not enforce **our** rights under **your policy** or **we** will create any liability for **us** in terms of any claim. **We** will not pay for treatment provided to the **life assured** after the date **your policy** ends and within 30 days from the **reinstatement date** unless treatment was received as an **inpatient** for **injuries** caused by an **accident** which took place after the **reinstatement date**.

5.2. Cancel your policy

You may cancel the policy with effect from any **renewal date** by giving **us** at least 30 days' written notice of **your** intention not to renew **your policy**. The **life assured**'s cover under **your policy** will end on the **renewal date**.

You may also cancel **your policy** during the **policy year** and after the free look period by giving **us** at least 30 days' written notice. **We** will refund **you** the pro-rated **premium** for the unexpired period of cover.

5.3. Change your plan

Subject to the eligibility requirements and prevailing terms and conditions for the applicable Singlife Shield plan, **you** may write to **us** at any time and ask to **upgrade** the **life assured**'s **plan**.

If **you** ask to **upgrade** the **life assured**'s **plan**, **you** must give **us** satisfactory proof of insurability for the **life assured** and pay for the costs involved. Any claim that arises from a **pre-existing condition** after the **upgrade** will be assessed based on the terms and conditions of **your** Singlife Shield Standard plan before the **upgrade**. If the claim is admitted, **we** will pay according to the terms and conditions and up to the limits of **your** Singlife Shield Standard plan before the **upgrade**. If **we** approve **your** request to **upgrade** the **life assured**'s **plan**, **we** will write to tell **you** when the new Singlife Shield **plan** will take effect. The **policy year** and **period of insurance** for **your** existing **plan** will end on the day immediately before the day on which **your** new Singlife Shield **plan** takes effect. The period of insurance for the new Singlife Shield **plan** will be a 12-month term from the date on which the new Singlife Shield **plan** takes effect and the limits shown in the **benefits schedule**, the **annual deductible** and **co-insurance** for the new Singlife Shield **plan** will apply from the date on which the new Singlife Shield plan takes effect. The **benefits** which **we** pay on a per lifetime basis will not be paid again in the new **policy year** if **you** have made a claim on these **benefits** and **we** have paid 100% of the limits shown in the **benefits schedule** for these **benefits** before **your upgrade**.

A **pre-existing condition** which has been excluded under **clause 7.8** will remain permanently excluded under the **upgrade**.

6. What your policy does not cover

The following treatment items, procedures, conditions, activities and their related or consequential expenses are not covered under **your policy**. However, some of these exclusions may be covered under **MediShield Life**. For exclusions that are covered under **MediShield Life**, **we** will deal with **your** claim according to the terms and conditions and benefit limits of **MediShield Life**. If **we** say that because of an exclusion or any other term or condition of **your policy**, any loss, damage, cost or expense is not covered by **your policy**, the burden is on **you** to prove otherwise.

(a) all expenses for treatment as an **inpatient**, if the **life assured** was admitted to the **hospital** before the **cover start date**,

(b) any **pre-existing condition** (unless **we** cover it under **clause 7.8**),

(c) overseas medical treatment,

(d) transport for trips made to obtain medical treatment such as ambulance fees, **emergency** evacuation, or send home a body or ashes (unless **we** cover it as part of Mobile Inpatient Care @ Home (MIC@Home)),

(e) private nursing charges and nursing home services (unless **we** cover it under **inpatient** palliative care service or as part of Mobile Inpatient Care @ Home (MIC@Home)),

(f) **inpatient** room and board charges for **surgery** which can be done as day **surgery**, unless inpatient **admission** is medically indicated,

(g) admission as an **inpatient** for medical services, examination or treatment which can be done on an outpatient basis including but not limited to X-ray, CT scan or MRI scan (unless **we** cover it under day **surgery**),

(h) health screenings (including endoscopy for health screening purposes) and primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. General medical / health screening packages, general physical checkups, vaccinations, etc.),

(i) medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye,

(j) elective cosmetic treatments and plastic **surgery** unless the **surgery** is necessary for:
- repair of damage caused by an **accident**. The **surgery** must be done within 365 days from the date of **accident**, or
- breast reconstruction after mastectomy due to breast cancer. The breast reconstruction must be done within 365 days from the date of mastectomy. Any **surgery** or reconstruction of the other breast to produce a symmetrical appearance will not be covered,

(k) any treatment claimed to prevent **illness**, promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers,

(l) dental treatment or oral **surgery** related to teeth (unless a dental or oral **surgery** is required as a result of an **accident**),

(m) palliative care, rest cures and services or treatment at any home, spa, hydrotherapy or aquatherapy facility or clinic, sanatorium or hospice, or long-term care facility (unless **we** cover it under **inpatient** palliative care service),

(n) infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations,

(o) treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres,

(p) pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related **hospital**isation or treatment (unless **we** cover it under **inpatient hospital** benefit),

(q) treatment for obesity, weight reduction, weight improvement or procedure for weight management,

(r) treatment for birth defects, including hereditary conditions and disorders and congenital anomalies,

(s) prosthesis, corrective devices and medical equipment and appliances including the buying or renting of the following for use at home (unless **we** cover it as part of Mobile Inpatient Care @ Home (MIC@Home)) or as an outpatient:

- braces,
- special / medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances,
- corrective devices,
- wheelchairs,
- walking aids,
- home aids,
- kidney dialysis machines,
- iron lungs,
- oxygen machines,
- **hospital** beds,
- any other **hospital** type equipment,
- replacement organs.

(t) alternative or complementary treatments, including traditional Chinese medicine (TCM), naturopathic, homeopathic, podiatric, chiropractic or osteopathic treatment,

(u) stay in any health-care establishment for social or non-medical reasons,

(v) costs relating to cornea, muscular, skeletal or human organ or tissue transplant (unless **we** cover it under surgical benefit or major organ transplant – approved immunosuppressant drugs),

(w) all costs relating to the stem cell transplant such as cost of harvesting, laboratory test, investigations, storage, transport and cell culture,

(x) treatment resulting from drug addiction or being under the influence of any controlled drugs listed under the First Schedule to the Misuse of Drugs Act 1973,

(y) treatment for psychological, emotional or mental problems or conditions (unless **we** cover it under **inpatient** psychiatric treatment),

(z) experimental or pioneering medical or surgical techniques and medical devices including medical treatments that were of an investigational or research nature, not approved by Health Science Authority or other relevant authority in Singapore,

(aa) clinical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the **Health Sciences Authority**,

(bb) drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved by **Health Sciences Authority** or not prescribed in accordance to **Health Sciences Authority**'s approved clinical indications (except drugs on the **CDL** for outpatient treatment only),

(cc) **injury** or **illness** arising from or in connection with any illegal act such as imprisonment,

(dd) injury or **illness** arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby,

(ee) costs arising out of any litigation or dispute between the **life assured** and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by **your policy**,

(ff) any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:
- ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel,
- radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component,
- any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter,

(gg) death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:

i. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power, or

ii. any act of terrorism including but not limited to:
- the use or threat of force or violence,
- harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear, or
- any action taken to control, prevent, suppress or in any way relating to (i) or (ii),

(hh) sexually transmitted diseases,

(ii) any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:
i. HIV infection acquired through blood transfusion in Singapore, or
ii. HIV acquired while performing regular professional duties in a medical profession in Singapore,

(jj) charges for non-necessary medical goods or services such as but not limited to telephone, television or newspapers,

(kk) fees or payment made to third party administrators or patient referral services,

(ll) claims incurred directly or indirectly as a result of violation or attempted violation of any law, subsidiary legislation, governmental notice, policy or other statutory requirement, or any change thereof,

(mm) charges for outpatient **cancer drug** treatments that are not on the **CDL** (**Non-CDL**),

(nn) vaccinations,

(oo) any medical-related charges from being in or on an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger or crew member on an aircraft (including when the aircraft is on ground) on a regular scheduled route operated by a recognised airline;

(pp) all other exclusions for **MediShield Life** Scheme set out in the **CPF Act** and its regulations or not allowed by **MediShield Life Claims Rules**, unless otherwise provided under this **policy**.

7. What you need to note

7.1. Eligibility

To be eligible for Singlife Shield Standard Plan, **you** must:
- be a Singapore citizen or Singapore permanent resident, and
- have a Medisave account,

and the **life assured** must be a Singapore citizen or Singapore permanent resident.

Your **dependants** are also eligible for cover as long as they are Singapore citizens or Singapore permanent residents. A new-born is eligible for cover 15 days after birth or after discharge from **hospital**, whichever is later.

7.2. Geographical scope

The **life assured** must seek treatment in Singapore. Any treatment provided to the **life assured** outside Singapore is not covered by **your policy**.

7.3. Other insurance

If **you** or the **life assured** have other insurance policies which provide reimbursement of medical expenses, **you** or the **life assured**, must first claim from these policies before making any claim under **your policy**. **Our** obligations to pay under **your policy** will only arise after **you** have fully claimed under these policies.

If **we** have paid any **benefit** to **you** first before **you** make a claim under the other medical insurance policies, the other medical insurers or **your** employer must refund **us** their share. **You** must file **your** claim with the other medical insurers or **your** employer so that **we** can get back their share of the claim **we** have paid. For every claim, the total reimbursement **we** make will not be more than the expenses actually paid.

7.4. Co-operation

We will not pay under **your policy** unless **you**, the **life assured** and his personal representatives:

- co-operate fully with **us** and **our** medical advisers,
- fully and faithfully disclose all material facts and matters, and
- sign all documents required to empower **us** to obtain relevant information from any **doctor**, **hospital** or other sources.

You, the **life assured** and his personal representatives must pay for any costs involved.

7.5. Guaranteed renewal

We will renew **your policy** automatically every year. **We** guarantee to do this for life as long as:

- **we** receive the **premium** before the **grace period** ends, and
- the cover for the **life assured** has not been ended under **clause 4**.

7.6. Change of policy terms or conditions

We may change the **benefits**, cover, **premiums** or terms and conditions of **your policy** or revoke **your policy** at any time without notice if:

- **we** are required to do so by any law, regulation, governmental notice, policy or other statutory requirement, or
- there is incorrect or incomplete information in **your application documents**, or any information or document given to **us**.

Other than the above circumstances, **we** may change **your policy** or adjust **benefits** by giving **you** at least 30 days' prior notice.

7.7. Entry age of the life assured

The **premium** is based on the **life assured**'s **age**.

If the **life assured**'s **age** is misstated, **we** have the right to adjust **premiums** according to the correct **age**. **We** will collect any shortfall in **premium** and refund any extra **premium** paid without interest.

7.8. Pre-existing conditions

(a) All **pre-existing conditions** are excluded under **your policy** unless **you** have declared the **pre-existing condition** and it has been accepted by **us** in writing.

(b) Subject to **Clause 5.1**, if **you downgrade** to this Singlife Shield Standard plan from a Singlife Shield plan and the **life assured** is covered under **moratorium underwriting option** in **your** Singlife Shield plan, **moratorium underwriting option** will continue to apply to the **life assured** under the new Singlife Shield Standard policy upon **downgrade**. Any **pre-existing conditions** excluded under **your** Singlife Shield plan before the **downgrade** will remain permanently excluded under the new Singlife Shield Standard policy.

(c) The following list of **pre-existing conditions** are permanently excluded from **your policy** if **you** choose the **moratorium underwriting option** before 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 transplant,
- systemic lupus erythematosus (SLE),
- muscular dystrophy,
- multiple sclerosis,
- Alzheimer's disease,
- dementia,
- any form of cancer (other than skin cancer),
- autism.

7.9. Fraud

If there is any fraud, **we** will cancel **your policy** immediately and **you** will forfeit all **benefits** and **premiums** paid.

7.10. Trust

We do not recognise and **our** rights will not be affected by any notice of trust, charge or assignment relating to this **policy**.

7.11. Currency

We pay all **benefits** in Singapore dollars. **We** will convert bills which are shown in foreign currency to Singapore currency at the exchange rate **we** decide to use on the date **we** process the claim.

7.12. Applications and notices

All applications and notices to **us** must:

- be in writing on **our** prescribed form (if any),
- contain all required relevant information,
- contain correct and complete information,
- be supported by documentary proof acceptable to **us**, and
- be signed by **you**.

We must be satisfied that the application or notice and supporting documents are authentic. **We** may ask **you** to provide additional information or documents to **us** before **we** act on the application or notice.

An application or notice to **us** will be treated as received by **us** only if the original application or notice is sent to **our** registered office. However, **we** may act on any application or notice received by facsimile, email or other electronic means.

7.13. Dispatch of documents, notices and cheques

We will post any documents, notices and cheques to **your** address held in **our** records at the relevant time. **You** will receive documents and notices electronically if **you** choose to receive e-documents. The notices, cheques and documents are considered delivered 7 days after the date **we** sent them.

We will not be responsible for any consequences if **you** fail to inform **us** of any change of address.

7.14. Excluding third party rights

Anyone not a party to this **policy** cannot enforce it under the Contracts (Rights of Third Parties) Act 2001.

7.15. Integration with MediShield Life

Your policy is integrated with **MediShield Life** to form a Medisave-approved integrated shield plan. The **life assured** will enjoy all benefits under **MediShield Life**.

If the **life assured**'s cover under **your policy** ends, the **life assured's** cover under **MediShield Life** will continue as long as the **life assured** meets the eligibility conditions shown in the **act** and **regulations**.

7.16. Applicable law

Your policy is governed by and interpreted according to the law of Singapore. The Singapore courts have exclusive jurisdiction.

7.17. Legal proceedings

You will not bring any action in law or equity for or relating to any claim under **your policy** before 60 days have expired from the date **you** give **us** satisfactory proof of claim according to the terms and conditions of **your policy**.

7.18. Arbitration

Any difference of medical opinion regarding the results of an **accident**, **illness**, death or expense will be settled by 2 medical experts appointed respectively in writing by **you** and **us**. Any difference of opinion between the 2 medical experts will be referred to an umpire appointed by the medical experts at the outset.

7.19. Severability

If any provision (or part of a provision) of **your policy** is invalid or unenforceable, it does not affect the remaining provisions. **We** will consider the affected provision (or part of the provision) as cut off.

7.20. Non-waiver

If **we**

- fail to enforce any provision of **your policy**, or
- accept any **premium** with actual or implied knowledge of any non-disclosure, misrepresentation, fraud and/or breach of **your policy** or of the law,

it does not mean **we** waive of **our** rights under **your policy** or at law.

We will still have the right to enforce every provision of the **policy** even if **we** have not done so in the past.

7.21. 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 **us** or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

8. Definitions

A&E means the accident and emergency unit of a **hospital**.

A&E treatment means the accident and emergency treatment received by the **life assured** in an **A&E unit**.

Accident means an unexpected incident that results in an **injury**. Except for **injury** caused specifically by drowning, choking on food, food poisoning or suffocation by smoke, fumes or gas, the **injury** must be caused entirely by violent, external and visible means and not by sickness, disease or gradual physical or mental process.

Act means the MediShield Life Scheme Act 2015, as amended, extended or re-enacted from time to time.

Age means age next birthday.

Annual deductible means the cumulative total amount of medical expenses which **you** have to bear during any one **policy year** before any **benefits** are payable under **your policy** as shown in the **benefits schedule**.

Application documents mean the application form and any related document attached to **your policy**.

Approved Cancer Drug means any active ingredient (or combination of active ingredients) in the dosage form and strength listed in the **CDL** and administered for the corresponding clinical indication listed in the **CDL**.

Benefits means the benefits set out in **your policy** and the **benefits schedule**.

Benefits schedule means the schedule attached to **your policy** which sets out the benefits payable under **your policy**, as amended by **us** from time to time.

Cancer Drug means any drug, including any **approved cancer drug** used for the treatment of neoplasms.

Cancer Drug List / CDL means the list of clinically proven and more cost-effective **cancer drug** treatments on the **MOH** website: https://go.gov.sg/moh-cancerdruglist. Outpatient **cancer drug** treatments are only claimable under **your policy** if used according to the clinical indications specified in the **CDL**, unless otherwise stated in **your policy**. **MOH** may update the **CDL** from time to time.

CPF Act means the Central Provident Fund Act 1953, as amended, extended or re-enacted from time to time.

CPF Board means the Central Provident Fund Board of Singapore.

Co-insurance means the amount that **you** need to co-pay on the claimable amount after the **annual deductible**s have been paid. The **co-insurance** percentages for the **benefits** are shown in the **benefits schedule**.

Community hospital means any approved community hospital under the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the CPF Act as amended, extended or re-enacted from time to time that provides an intermediate level of care for individuals who have simple **illness**es that do not need care in a **hospital**.

Cover start date means the date shown in the **policy schedule**, on which cover for a **benefit** starts.

Dependant means **your** legal spouse, parents, siblings, grandparents and/or biological or legally adopted children who are at least 15 days old.

Doctor means a doctor with a recognised degree in western medicine who is legally licensed to practise in the country in which treatment is provided but should not be **you**, the **life assured** or **your** or the **life assured**'s relative, sibling, spouse, child or parent.

Downgrade means a change of **plan** from a Singlife Shield plan to this Singlife Shield Standard plan with lower benefits.

Emergency means a medical condition that needs urgent treatment to avoid death or serious impairment. **We** reserve the right to determine if the condition or injury is deemed as **emergency**.

Grace period means the grace period in **clause 3.2**.

GST means goods and services tax levied in Singapore.

Health Sciences Authority means the Health Sciences Authority of Singapore.

Hospital means: A **public hospital**,
A private **hospital**,
A **community hospital**, or
Any other medical institution **we** accept.

Illness means a physical condition marked by pathological deviation from the normal healthy state.

Injury means bodily injury caused solely and directly by an **accident**.

Inpatient means a person admitted to a **hospital** for treatment for at least 6 consecutive hours who is charged a daily room and board charge by the **hospital**. It includes admission, for any length of time, for **surgery** and any preparation or procedure connected with **surgery** which does not have a room and board charge.

Intensive care unit (ICU) means the intensive care unit of a **hospital**.

Life assured means the person named as the life assured in the **policy schedule**.

MOH means Ministry of Health, Singapore.

MediShield Life means the basic tier of insurance protection scheme run by the **CPF Board** and governed by the **act** and **regulations**.

MediShield Life Claims Rules means rules which guide whether a claim is appropriate for **MediShield Life** (refer to **MOH** website).

Moratorium underwriting option means the underwriting option available under Singlife Shield policy where no full medical declaration is required.

Multiple primary cancers means 2 or more cancers arising from different sites and/or are of a different histology or morphology group.

Necessary medical treatment means the services and supplies provided by a **doctor** which, according to the standards of good medical practice, and supported by the guidelines of **MOH** (where available such as **MediShield Life** Claims Rules), is consistent with the diagnosis and treatment of the **life assured**'s condition, is required for reasons other than the convenience of the **life assured** or the **doctor** and the most appropriate supply or level of service which can be safely provided to the **life assured**. **GST** on **necessary medical treatment** is included.

Non Cancer Drug List / Non-CDL treatments means **cancer drug** treatments that are excluded from the **Cancer Drug List** and classified as **Non-CDL** treatments in the **Non-CDL** Classification Framework developed by the Life Insurance Association, Singapore, as set out in https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf.

Period of insurance means each 12-month term of cover under **your policy** and starts on the **cover start date** or the **renewal date**, whichever is later.

Plan means the type of plan that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

Policy schedule means the schedule attached to **your policy** which sets out the particulars of **your policy**, as amended by **us** from time to time.

Policy issue date means the date that **we** issue the **policy** to **you** as shown in the **policy schedule**.

Policy year means a period of 12 months starting from the **cover start date** and each consecutive 12-month period for which **your policy** is renewed.

Policy year limit means, in respect of each **life assured**, the maximum amount shown in the **benefits schedule** which can be claimed under **your policy** for that **life assured** during any one **policy year**.

Pre-existing condition means any **illness**, **injury,** condition or symptom:

- for which the **life assured** asked for or received treatment, medication, advice or diagnosis from a **doctor** before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later,
- which existed or were evident before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment, or
- which was foreseeable or known, by **you** or the **life assured,** to exist before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later, whether or not the **life assured** asked for treatment, medication, advice or diagnosis.

Premium means the amount shown in the **policy schedule** which **you** must pay **us** to apply for the **benefits** and keep the **benefits** in force.

Pro-ration factor means the percentage shown in the **benefits schedule** and is more particularly described in **clause 2.3(c)** of these General Provisions.

Public hospital means a **hospital** in Singapore that:

- is run as a private company owned by the Singapore Government,
- is governed by broad policy guidance from the Singapore Government through **MOH**, and
- receives a yearly government subsidy to provide subsidised medical services to its patients.

Reasonable expenses mean expenses paid for medical services or treatment which **we** or **our** medical advisers consider reasonable and customary and which could not have reasonably been avoided without negatively affecting the **life assured**'s medical condition. These expenses must not be more than the general level of charges of other medical care providers with similar standing in Singapore, for giving like or comparable treatment, services or supplies to individuals of the same gender, of comparable **age**, for a similar **illness** or **injury**.

Regulations mean any subsidiary legislation made under the **act**, as amended, extended or re-enacted from time to time.

Reinstatement date means the date on which **your policy** is reinstated after it has ended due to **you** not paying **premiums** within the **grace period**. **We** will tell **you** when **your policy** is reinstated.

Renewal date means the date on which **your policy** is renewed for a further **period of insurance**.

Serious pregnancy and delivery-related complications means:

(a) Eclampsia and pre-eclampsia

(b) Cervical incompetency
- Diagnosis by an obstetrician of cervical incompetency requiring cervical cerclage.

(c) Accreta placenta
- Diagnosis by an obstetrician of abnormal trophoblast invasion into the myometrium of the uterine wall, requiring cesarean hysterectomy during delivery.

(d) Placental abruption
- Diagnosis by an obstetrician of partial or complete placental detachment prior to delivery of the foetus in a pregnancy over 20 weeks in duration.

(e) Placenta praevia
- Diagnosis by an obstetrician of the presence of placental tissue extending over the internal cervical os, resulting in an indication for cesarean delivery.

(f) Antepartum, intrapartum and postpartum haemorrhage
- Diagnosis by an obstetrician of severe abnormal bleeding from the female genital tract at or after 20 weeks of pregnancy before or during childbirth.

(g) Placental insufficiency and Intrauterine growth restriction
- Diagnosis by an obstetrician of placental insufficiency leading to intrauterine growth restriction.

(h) Gestational diabetes mellitus
- Diagnosis by an obstetrician of gestational diabetes mellitus. The Diagnosis must have been made through a 75g oral glucose tolerance test.

(i) Acute fatty liver of pregnancy
- Diagnosis by an obstetrician of severe acute fatty liver occurring during pregnancy and where at least three (3) of the following criteria must be fulfilled:
  - Imaging studies consistent to the diagnosis of a fatty liver;
  - Bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least five (5) days;
  - Renal impairment; and/or
  - Coagulopathy.

Liver damage in the presence eclampsia, pre-eclampsia and viral hepatitis shall be excluded.

(j) Obstetric cholestasis

(k) Twin to twin transfusion syndrome
- There should be ultrasonic evidence of a single monochorionic placenta with twin oligohydroamnios / polyhydramnios sequence.

(l) Infection of amniotic sac and membranes

(m) Amniotic fluid embolism

(n) Fourth degree perineal laceration
- Perineal laceration less than fourth degree or without identified degree are excluded.

(o) Uterine rupture
- Diagnosis by an obstetrician of the uterine rupture, defined as the complete disruption of all uterine layers, including the serosa, leading to change in maternal or fetal status

(p) Postpartum inversion of uterus
- Diagnosis by an obstetrician of a condition in which the uterine fundus collapses into the endometrial cavity, turning the uterus partially or completely inside out.

(q) Obstetric injury or damage to pelvic organs
- Diagnosis by an obstetrician of injuries to the pelvic organs or surrounding structures as a consequence of vaginal delivery.

(r) Complications resulting in a caesarean hysterectomy
- Removal of the uterus during a caesarean section delivery in cases where removal of the uterus is solely due to complications that have arisen during the pregnancy or delivery.

(s) Retained placenta and membranes
- Diagnosis by an obstetrician of the retention of the placenta or other products of conception in the uterus after delivery.

(t) Abscess of breast
- Abscess of breast associated with childbirth and breastfeeding**.**

(u) Ectopic pregnancy, hydatidiform mole and subsequent complications
- Ectopic pregnancy is defined as diagnosis by an obstetrician of a condition in which implantation of a fertilised ovum occurs outside the uterine cavity, and its subsequent complications.

Hydatidiform mole is defined as occurrence of a histologically confirmed hydatidiform mole, and its subsequent complications.

(v) Medically necessary abortions

(w) Still-birth
- Diagnosis by an obstetrician of the death of the foetus of the Insured after 22 weeks of pregnancy which meets the definition of still birth in the Registration of Births and Deaths Act 2021 (or any subsequent revision of such definition by the Act), and is a result of a sudden unforeseen and involuntary event and not any voluntary or malicious act on the part of the **life assured**.

(x) Maternal death

The complications must be first diagnosed by a registered obstetrician after a **waiting period** of 10 months. Please note that delivery charges are not covered, except in the event of caesarean section with hysterectomy.

Specialist means a qualified and licensed **doctor**, who has the necessary extra qualifications and expertise to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine, like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, dermatology and physiotherapy.

Standard room means the class of hospital ward (including the high dependency ward) which is categorised as standard by the hospital in which the **life assured** is staying as an **inpatient.** For this Singlife Shield Standard Plan, **standard room** means a B1 standard ward of a **public hospital**.

Surgery means an invasive procedure performed by a surgeon involving general or local anaesthesia for:

- the correction of deformities or defects,
- the repair of **injuries**, or
- the diagnosis or cure of **illness**es,

that are listed in **MOH**'s Table of Surgical Procedures - Table 1 to 7.

Upgrade means a change of this Singlife Shield Standard plan to a new Singlife Shield plan with higher benefits.

Waiting period means the period starting from:

- the **cover start date**, or
- the last **reinstatement date**,

whichever is later, before the specific **benefit** to which it applies becomes payable.

We, us, our means Singapore Life Ltd.

You, **your** means the owner of the policy who is named as the assured in the **policy schedule**.