

**AIA HEALTHSHIELD GOLD MAX STANDARD
Policy contract (version 202510)**



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SAMPLE

General conditions

When any word or term appears in bold in this policy contract, it has the meaning shown in the definitions section towards the end of the document.

We have issued **your policy** under a joint insurance arrangement with the **CPF Board**. Under that arrangement, the **insured** also has cover under the MediShield Life Scheme Act 2015.

This policy contract sets out the benefits, terms and conditions that apply to the AIA HealthShield Gold Max private medical insurance (not the **MediShield Life** cover).

Any changes **MOH**, the **CPF Board** or any other relevant government authority makes to **MediShield Life**, or to the joint insurance agreement with the **CPF Board**, will apply to **your policy** (where appropriate).

If the **insured** stops being a Singapore citizen or Singapore permanent resident, **you** must tell **us** in writing.

Our agreement

Your policy is a legally binding agreement between **you** and **us**. In exchange for the premiums **you** pay, **we** agree to pay the benefits set out in the documents that make up **your policy**.

When deciding whether or not to accept **your** application for **your policy**, **we** relied on the information **you** and the **insured** gave **us** in **your** application. If any of the information **you** or the **insured** gave **us** was incorrect or incomplete (or if **you** or the **insured** give **us** incorrect or incomplete information in the future), **we** can:

- void **your policy** (that is, treat it as if it had never existed);
- refuse to accept any claim under **your policy**; or
- apply additional terms and conditions to **your policy**.

Your policy is governed by and interpreted according to the laws of the Republic of Singapore.

Changes to your policy

We may change the premiums, benefits and cover provided by **your policy**, or change any of the terms or conditions set out in this policy contract, by giving **you** 31 days' notice in writing.

The terms and conditions of **your** specific **policy** can only be changed by **us** issuing an endorsement signed by **our** duly authorised officer.

If **we** need to change any of the terms and conditions of **your policy** to meet legal or regulatory requirements (such as the Insurance Act 1966), **we** will tell **you** when the changes will apply from.

Handling proceedings

You and the **insured** must not admit any liability, or give any offer, promise or payment to any third party, without **our** permission in writing. **We** can start, take over and conduct all proceedings relating to claims in **your** or the **insured's** name, and can agree the settlement of any claim. **You** and the **insured** must give **us** all the information and help **we** may need in connection with any proceedings.

Taking over your rights of recovery

If **we** pay a claim under **your policy**, **we** will have all rights to recover the amount **we** paid from any person, company or organisation liable for the event that gave rise to the claim. **You** must provide **us** with any document **we** need to exercise those rights, and **you** and the **insured** must not take any action that would affect those rights.

Claim amount above the limits of compensation

If, at the time any claim arises, the **limits of compensation** for the relevant benefit are less than the total amount of the claim, **you** or the **insured** must pay the excess amount over the **limits of compensation**.

Declared age of the insured

If the **insured's** age given in **your** application was not correct, **we** will adjust **your** premium to reflect their correct age.

If **we** increase the premium, **you** must pay the amount **you** have underpaid from the **policy date**. If **we** reduce the premium, **we** will refund the amount **you** have overpaid from the **policy date**, without interest. **We** will refund the overpaid premiums to **your MediSave** account, or directly to **you**, depending on how **your premiums** were paid.

We may need proof of the **insured's** age to process any claim under **your policy**.

Currency

All amounts to be paid by **us** or to **us** will be in the currency shown in **your policy schedule**.

Free-look period

Your policy has a 'free-look' provision, which allows **you** to cancel **your policy** within a specific number of days (the free-look period) and get a full refund (without interest), less any premium for **MediShield Life**, as long as no claim has been made under **your policy**.

The free-look period is 21 days from the date **you** receive the policy documents.

- If **you** chose to receive electronic copies of the policy documents, the 21-day free-look period will start when **you** receive **our** SMS text message or email telling **you** that the policy documents are available for **you** to view by logging in to the customer portal on **our** website.
- If **you** chose to receive the policy documents by post, the 21-day free-look period will start seven days after **we** post them.
- If **you** chose to have the policy documents delivered to **you** by hand, the 21-day free-look period will start seven days from the date **we** give the policy documents to the postal or courier company, or **your** insurance representative.

During the free-look period, **you** can cancel **your policy** by writing to **us** and **we** will refund any premium **you** have paid, without interest, as long as no claim has been made under **your policy**. **We** will refund the premium to **your MediSave** account, or directly to **you**, depending on how **your premiums** were paid.

Cancelling your policy after the free-look period

After the free-look period, **you** can cancel **your policy** by giving **us** 30 days' notice in writing. This would not affect any claim that arose before **you** gave notice to cancel **your policy**.

If no claim has arisen, **we** will refund an amount of premium that relates to the period from the date **your policy** ends, less any amount for **MediShield Life**. **We** will refund the premium to **your MediSave** account, or directly to **you**, depending on how **your premiums** were paid.

If a claim has arisen, **we** will not make any refund.

We will not be liable for any claim that arises after the date **your policy** ends.

Electronic communications

If **you** have chosen to receive electronic communications for **your policy** (such as premium notices and policy statements), or to give **us** instructions electronically, **we** may send communications for **you** to view online by logging in to the customer portal on **our** website. **We** will send and receive electronic communications in any way **we** consider appropriate. **We** will not be liable for the security of electronic communications.

Rights of third parties under the Contracts (Rights of Third Parties) Act 2001

The terms and conditions of **your policy** cannot be enforced by anybody other than **you** (or **your** estate after **your** death) or **us**.

Non-participating

Your policy is 'non-participating', meaning that it does not receive a share of profits in the form of bonuses from **our** participating life fund.

Voiding your policy

We will void **your policy** (treat it as if it had never existed) if **we** find that any information or document **you** or the **insured** provided was incorrect in any way, or if **you** or the **insured** failed to provide any information or document that would have affected **our** decision to provide cover or the terms and conditions of the cover.

Your policy will be void from:

- the **policy date** (if **you** or the **insured** provided the incorrect information or document, or failed to provide the relevant information or document, when **you** applied for **your policy**);
- the last **reinstatement date** (if **you** or the **insured** provided the incorrect information or document, or failed to provide the relevant information or document, when **you** applied to reinstate **your policy**); or
- the date a change to **your policy** came into effect (if **you** or the **insured** provided the incorrect information or document, or failed to provide the relevant information or document, when requesting a change to **your policy**).

Except in the case of fraud, if **we** void **your policy**, the following will apply.

- a) If no claims have been made, **we** will refund the premium that relates to the period after the date **your policy** becomes void, less any amount for **MediShield Life**.
- b) If any claim has been made, **we** will refund only the premiums paid for **policy years** following the **policy year** in which the last claim was made, less any amount for **MediShield Life**.

We will refund the premiums to **your MediSave** account, or directly to **you**, depending on how **your** premiums were paid.

If **we** discover that **you** have made a claim that is fraudulent or exaggerated, **your policy** will become void immediately and **we** will not refund any premium. **We** can recover any payment **we** have made for fraudulent or exaggerated claims.

Changing the type of plan

You may ask to change the type of plan **you** have (to upgrade, downgrade or convert it) by writing to **us**.

If **we** agree to the change, the following will apply.

- a) The plan type will change on the date **we** tell **you**.
- b) Any claim that arises before the **policy date** for the new plan type will be settled in line with the plan type **you** had before the change.
- c) If **you** upgrade **your** plan, **we** will assess and settle any claim that arises on or after the **policy date** of the upgraded plan in line with that plan type. However, **we** will assess and settle any claim for a **pre-existing condition** that was present before the upgrade in line with the terms and conditions of the plan type **you** had before the upgrade, unless **you** told **us** about the **pre-existing condition** in the application for the upgraded plan and **we** agreed to cover it under that plan. Any **pre-existing condition** that was specifically not covered under the plan type **you** had before the upgrade will not be covered under the upgraded plan.

When your policy ends

Your policy will automatically end when:

- any premium remains unpaid at the end of the **grace period**;
- a **MediSave**-approved **integrated shield plan** with another insurer starts to cover the **insured**;
- the **insured** dies;
- the **insured** stops being a Singapore citizen or Singapore permanent resident; or
- **your policy** is cancelled;

whichever happens first.

If **your policy** ends, this will not automatically end the **MediShield Life** cover, or affect any claim that arose before the date **your policy** ended. **We** will not, under any circumstance, pay benefit for any expense that arose on or after the date **your policy** ended, whether or not:

- the expense is a direct result of a condition the **insured** had before **your policy** ended or was cancelled; or
- **we** accepted any premium paid after **your policy** ends.

If **your policy** ends for a reason other than a premium remaining unpaid after the **grace period**, **we** will refund the premium that relates to the period after **your policy** ended, less any amount for **MediShield Life**. **We** will refund the premium to **your MediSave** account, or directly to **you**, depending on how **your** premiums were paid.

SAMPLE

Benefit conditions

While **your policy** is in force, **we** will pay up to the relevant **limits of compensation** shown in the schedule of benefits (appendix 1) to cover **your eligible expenses**, less any **deductible** and **co-insurance** shown in the schedule of benefits, as long as **you** have kept to all the terms and conditions of **your policy**.

We will only pay **eligible expenses** for **hospitalisation**, medical treatments or services provided by a **MediShield Life**-accredited medical institution (such as a **hospital**, licensed medical centre or clinic) or through **Mobile Inpatient Care @ Home**.

All benefits are paid as a reimbursement of **eligible expenses** paid by the **insured**, and depend on the terms, conditions and limits set out in the schedule of benefits (appendix 1) and **your policy**.

The amount **we** pay for **eligible expenses** will be either the benefits covered by **your policy** or the amount covered by **MediShield Life**, whichever is higher. When **we** calculate the payment, **we** will:

- decide whether any particular charge is **reasonable and customary** (by, for example, referring to information **we** have on other claims, relevant publications or information on fees set by the government, relevant authorities and appropriate medical associations); and
- adjust any amounts relating to a charge that is not, in **our** opinion or the opinion of **our** medical advisor, **reasonable and customary**.

If a claim relates to a medical condition or procedure for which **MOH**, or an official medical body such as the Agency for Care Effectiveness (ACE), has published official guidelines on fees and the most appropriate course of care or treatment, **we** will take account of those guidelines when assessing and paying claims.

All claims will be assessed and paid in line with the terms and conditions of **your policy** and the **MediShield Life** Claims Rules (as shown in the **MOH** website (www.moh.gov.sg)). In the case of a conflict, the terms and conditions of **your policy** will apply over and above the **MediShield Life** Claims Rules (or any terms and conditions stated in the **MOH** website).

We will not pay benefit for any expense which arose before the **policy date** or after **your policy** ended or was cancelled, whether or not the expense is a direct result of a condition the **insured** had before **your policy** ended or was cancelled.

Part A – Hospitalisation and surgical benefits

a) Daily room and board charges

This benefit is equal to the **eligible expenses** for room and board charges for a **standard room** (including on a high-dependency ward), or equivalent charges for inpatient care provided through **Mobile Inpatient Care @ Home**, for each day of the **insured's hospitalisation** due to an **illness** or **injury**. For this benefit, room and board charges include costs for meals, prescriptions and investigations, professional fees, and miscellaneous medical charges.

b) Daily intensive care unit charges

This benefit is equal to the **eligible expenses** for **intensive care unit** charges (including costs for meals, prescriptions and investigations, professional fees, and miscellaneous medical charges) for each day of the **insured's hospitalisation** in the **intensive care unit** of a **hospital** due to an **illness** or **injury**.

c) Community hospital charges

This benefit is equal to the **eligible expenses** for room and board charges for a **standard room** for each day the **insured** needs inpatient treatment in a **community hospital** following:

- a period of **hospitalisation** in a **hospital**; or
- treatment in a **public hospital's** accident and emergency department.

The inpatient treatment in the **community hospital** must:

- have been recommended by a **physician** at the **hospital** or the accident and emergency department; and
- be for a continuous period of at least six hours.

For this benefit, room and board charges include costs for meals, inpatient prescriptions, investigations, professional fees, and miscellaneous medical charges.

d) Surgical charges

This benefit is equal to the **eligible expenses** for **surgical procedures**, surgical implants, approved medical consumables and **radiosurgery** (including category-4 proton beam therapy), including operating theatre and anaesthesia fees, that are required by the **physician** during **hospitalisation** due to an **illness** or **injury**.

We will only cover category-4 proton beam therapy if it is provided for an **MOH**-approved proton beam therapy indication (that is, if **MOH** has approved the therapy for the **insured's** condition) and the **insured** meets the eligibility criteria for proton beam therapy under **MediShield Life**. The proton beam therapy indications and the eligibility criteria are set out on the **MOH** website (<https://go.gov.sg/pbt-approved-indications>). **MOH** may update these from time to time.

For the purpose of this cover, approved medical consumables are:

- intravascular electrodes (devices placed inside blood vessels or arteries) for electrophysiological procedures (tests doctors use to evaluate the electrical activity of **your** heart);
- percutaneous transluminal coronary angioplasty balloons (balloon catheters inflated in an artery to widen it); and
- intra-aortic balloons (balloons that are inflated in the aorta to control the flow of blood).

Any surgical procedure that is not listed in table 1 to table 7 of the 'Table of Surgical Procedures' on the **MOH** website is not covered.

e) Hospice inpatient palliative care (general or specialised)

This benefit is equal to the **eligible expenses** for general or specialised inpatient palliative care (care to improve quality of life, rather than to cure) provided in a **hospice** if the **insured** has a terminal illness (a disease or condition which is expected to result in death within 12 months of a **diagnosis** made by a relevant **specialist**).

For this benefit to apply, a **physician** or **specialist** must have referred the **insured** to the **hospice** for the general or specialised palliative care in line with the relevant guidelines from **MOH**, and they must stay in the **hospice** for a continuous period of at least six hours.

f) Continuation of autologous bone marrow transplant for multiple myeloma

This benefit is equal to the **eligible expenses** for outpatient treatment for autologous bone marrow transplant treatment for multiple myeloma (a type of bone marrow cancer).

Autologous bone marrow transplant is a procedure in which a patient's healthy stem cells (blood-forming cells) that were collected before radiotherapy or chemotherapy are then transplanted back to the patient after the treatment, to replace the stem cells that were destroyed.

For this benefit to apply, the autologous bone marrow transplant must be required by the **physician** or **specialist**. The costs covered include consultation fees and the cost of necessary laboratory tests, investigations, approved medical consumables and drugs needed for:

- stem cell mobilisation (a procedure which stimulates stem cells out of the bone marrow and into the bloodstream);
- harvesting (collecting) healthy stem cells from the blood;
- pre-transplant work-up (procedures, such as blood tests, before the transplant);
- high-dosage chemotherapy to destroy cancer cells;
- transplanting the healthy stem cells; and
- monitoring the **insured** after the transplant.

This benefit only applies if the **insured** receives the treatment as an outpatient. If the **insured** needs to receive the treatment as an inpatient, they may be covered for daily room and board charges or daily **intensive care unit** charges (or both).

g) Serious pregnancy and delivery-related complications

We will pay the **eligible expenses** that arise if the **insured** needs **hospitalisation** in a **hospital** to undergo medical or surgical treatment due to one of the following serious pregnancy and delivery-related complications, according to an obstetrician's **diagnosis**.

- Ectopic pregnancy, hydatidiform mole (molar pregnancy) and subsequent complications
- Pre-eclampsia or eclampsia
- Acute fatty liver during pregnancy
- Stillbirth
- Cervical incompetency
- Accreta placenta
- Placental abruption
- Placenta praevia
- Antepartum, intrapartum and postpartum haemorrhage
- Placental insufficiency which leads to intrauterine growth restriction
- Gestational diabetes mellitus
- Obstetric cholestasis
- Twin-to-twin transfusion syndrome
- Infection of amniotic sac and membranes
- Amniotic fluid embolism
- Fourth-degree perineal laceration
- Uterine rupture
- Postpartum inversion of uterus
- Obstetric injury or damage to pelvic organs
- Complications resulting in a caesarean hysterectomy
- Retained placenta and membranes
- Abscess of the breast
- **Medically necessary** abortion
- Maternal death

The serious pregnancy and delivery-related complication must have been first diagnosed after the **insured** has been covered by **your policy** for a continuous period of 10 months or more after:

- the **policy date** of **your policy**;
- the last **reinstatement date** (if any) of **your policy**; or
- the date of a plan upgrade (if any);

whichever is latest.

Eligible expenses arising in connection with serious pregnancy and delivery-related complications are covered under:

- part A (a) – Daily room and board charges;
- part A (b) – Daily intensive care unit charges;
- part A (c) – Community hospital charges; and
- part A (d) – Surgical charges.

We do not cover delivery charges unless a hysterectomy is carried out during a caesarean section.

h) Inpatient psychiatric treatment

We will pay the **eligible expenses** for medical or surgical treatment, including daily room and board charges (including costs for meals, prescriptions and investigations, professional fees, and miscellaneous medical charges) for a **standard room**, during the period the **insured** is **hospitalised** in a **hospital** to receive inpatient psychiatric treatment or undergo relevant investigations.

During any **policy year** we will only pay **eligible expenses** for up to a total of 60 days of inpatient psychiatric treatment.

The **hospitalisation**, investigations and psychiatric treatment must be recommended or approved in writing by a **psychiatrist**.

Part B – Outpatient benefits

This benefit will be equal to the **eligible expenses** that arise during or for the following.

- Radiotherapy for cancer (see (a) below)
 - External (except hemi-body)
 - Brachytherapy
 - Hemi-body
 - Stereotactic
 - Proton beam therapy (categories 1, 2 and 3)
- Cancer drug treatment on the **Cancer Drug List** (see (b) below)
- **Cancer drug services** (see (c) below)
- Kidney dialysis
- Treatment with erythropoietin for chronic kidney failure
- Treatment with immunosuppressant drugs that are approved by the Health Sciences Authority and were prescribed for the **insured** following an organ transplant (see (d) below)
- Long-term parenteral nutrition (see (e) below)

We will also pay the **eligible expenses** for consultations and laboratory tests that are related to the outpatient treatment if they are recommended and performed by the **physician** within 30 days before the outpatient treatment.

- (a) **We** will only cover proton beam therapy (categories 1, 2, and 3) if it is provided for an **MOH**-approved proton beam therapy indication (that is, if **MOH** has approved the therapy for the **insured's** condition) and the **insured** meets the eligibility criteria for proton beam therapy under **MediShield Life**. The proton beam therapy indications and the eligibility criteria are set out on the **MOH** website (<https://go.gov.sg/pbt-approved-indications>). **MOH** may update these from time to time.
- (b) For cancer drug treatments listed on the **Cancer Drug List** (CDL treatments), the treatment must be provided in line with the indications specified on the **Cancer Drug List**. **We** will not cover any cancer drug treatment that is listed on the **Cancer Drug List** but not used in line with the specified indications.

Insured receiving treatment for only one primary cancer

If the CDL treatment involves more than one drug, **we** allow a drug to be removed from the treatment, or replaced with another drug indicated 'for cancer treatment' on the **Cancer Drug List**, if this is necessary due to intolerance or contraindications (for example, allergic reactions). In such cases, the **limits of compensation** for the unaltered CDL treatment will apply.

If more than one CDL treatment is given in a particular month, and any of them have an indication that states 'monotherapy', only CDL treatments with the indication 'for cancer treatment' will be covered in that month.

If more than one CDL treatment is given in a particular month and none of them has an indication that states 'monotherapy' the following will apply.

- If more than one of the CDL treatments have an indication that is not 'for cancer treatment', only CDL treatments with the indication 'for cancer treatment' will be covered in that month.
- If one or none of the CDL treatments has an indication that is not 'for cancer treatment', all the CDL treatments will be covered in that month.

Cancer drug treatments that are not listed on the **Cancer Drug List** will be considered to have an indication that is not 'for cancer treatment'.

We will pay up to the highest limit from among the covered CDL treatments in that month.

Insured receiving treatment for multiple primary cancers

We will pay up to the total of the highest limits from among the covered CDL treatments given for each primary cancer in that month, as long as **we** assessed and approved the course of treatment for **multiple primary cancers**. More information can be found on **our** website at www.aia.com.sg.

- (c) **We** will double the **limits of compensation** for **cancer drug services** if the **insured** has received treatment for **multiple primary cancers** at any time during the **policy year**, as long as **we** assessed and approved the course of treatment for **multiple primary cancers**. More information can be found on **our** website at www.aia.com.sg.

- (d) For treatment involving immunosuppressant drugs after an organ transplant, **we** will not pay the costs for the immunosuppressant drugs if the organ transplant was illegal or arose from any illegal practice.
- (e) For treatment involving long-term parenteral nutrition (that is, providing nutrition directly into the veins):
- **we** will cover the costs for the parenteral nutrition bags and replaceable parts necessary for administering the parenteral nutrition; and
 - the **insured** must meet all **MediShield Life's** criteria for long-term parenteral nutrition.

The **insured** does not need **hospitalisation** for benefit to be paid under this part B (Outpatient benefits). No **deductible** applies to the **eligible expenses** covered for outpatient benefit, but **you** do have to pay **co-insurance**.

Pro-ration factor

If **eligible expenses** arise:

- for medical care or treatment in a private **hospital** or private medical institution in Singapore;
- for medical care or treatment, except for outpatient treatment covered under part B, in an A-class ward of a **public hospital**; or
- for medical care or treatment, except for outpatient treatment covered under part B, in a B1-class ward of a **public hospital** (if the **insured** is a Singapore permanent resident);

the amount of **eligible expenses** **we** will pay will be reduced by multiplying the **eligible expenses** by the pro-ration factor as shown in the schedule of benefits (appendix 1) before **we** apply any **deductible** and **co-insurance**.

Limit per policy year and limit per lifetime

If **we** accept any claim covered by **your policy**, the amount **we** pay will be taken off the **limit per policy year** for the appropriate **policy year**.

If the **insured** is admitted to a **hospital**, and the **hospitalisation** (or any outpatient consultations and treatments arising from it) extends into the following **policy year**, the **limit per policy year** for the claim will be that for the **policy year** the **hospitalisation** started in.

For any re-admission within 24 hours after a discharge from the same **hospital** for the same **diagnosis** the **limit per policy year** and **deductible** for the claim will be that for the **policy year** the previous **hospitalisation** started in.

If a claim covered by **your policy** does not involve **hospitalisation**, the **eligible expenses** that **we** will pay for outpatient consultations and treatments will be based on the **limit per policy year** that applies on the date the medical expenses become due, regardless of the actual date the medical services are used.

Deductibles will be applied to each **policy year** before **we** pay any benefit under **your policy**.

You must pay any amount over the **limits of compensation, limit per policy year** and **limit per lifetime**.

General exclusions

We will not cover any **pre-existing condition** unless it was declared in the application for **your policy** or any application to reinstate **your policy**, and **we** specifically agreed to cover it, except that any **pre-existing condition** covered under **MediShield Life** will be covered up to the **MediShield Life** limits, as long as the terms of conditions of **MediShield Life** are met.

Your policy also does not cover any claims resulting directly or indirectly from or in connection with any of the following.

- (1) The full period of any inpatient **hospitalisation**, in a **hospital** or medical institution, that started before the **policy date**.
- (2) Experimental or investigational medical or surgical techniques that are not approved by the Institutional Review Board, and medical trials for medicinal products (whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore).
- (3) Medical devices that are not registered under the Health Products Act 2007 and listed on the Health Sciences Authority of Singapore's website (www.hsa.gov.sg).
- (4) Congenital abnormality (including hereditary conditions and birth defects), and physical injuries and conditions arising from childbirth.
- (5) Pregnancy, miscarriage, abortion, childbirth, sterilisation or contraception, except where covered under part A (g) (Serious pregnancy and delivery-related complications benefit).
- (6) Infertility, sub-fertility (lower than normal fertility), assisted conception, erectile dysfunction, impotence, any contraceptive operation or any sex change operation.
- (7) Any injury or illness directly or indirectly caused by:
 - intentional self-neglect, intentional self-inflicted injury or attempted suicide which resulted in the **insured** being **hospitalised** in a **hospital**, as an inpatient, before 1 April 2023;
 - misuse or abuse of drugs or alcohol, or drug overdose, which resulted in the **insured** being **hospitalised** in a **hospital**, as an inpatient, before 1 April 2023;
 - an addiction to, or the influence of, any controlled drug that is specified in the First Schedule in the Misuse of Drugs Act 1973; or
 - injuries caused as a direct result of the **insured's** criminal actions;
 whether the **insured** was sane or insane.
- (8) Any injury or illness resulting from the **insured** taking part in a dangerous activity or sport which they could or would earn an income from.
- (9) Any sexually transmitted disease, including AIDS (Acquired Immune Deficiency Syndrome) and AIDS-related complications. For the purpose of considering whether this general exclusion applies, **we** will:
 - use the definition of AIDS published by the World Health Organization in 1987, or any subsequent revision of that definition; and
 - consider whether blood tests or other relevant tests indicate, in **our** opinion or in the opinion of **our** medical advisor, the presence of HIV or antibodies to it.
- (10) Treatment for mental illnesses or psychiatric disorders, except where covered under part A (h) (Inpatient psychiatric treatment benefit).
- (11) Treatment for, arising from or related to obesity, weight loss, weight improvement or weight management, regardless of whether it is for medical or psychological reasons.
- (12) Injuries caused during war (whether or not war has been declared), civil commotion, riot, revolution, strike, nuclear incident, terrorist activities or any war-like event.
- (13) The costs of buying or renting medical devices or appliances, equipment or machines, braces or corrective devices, prostheses, wheelchairs, walking aids, home aids, kidney dialysis machines, iron lungs, oxygen machines, hospital beds or any hospital equipment for use at home or as an outpatient (including the cost of locating and transporting the item and administrative costs), unless this is covered by **MediShield Life** for inpatient care provided through **Mobile Inpatient Care @ Home**.
- (14) Dental treatment, unless the **insured's** natural teeth (not dentures, dental implants and dental crowns) need to be repaired, due to an **injury**, within 365 days of the **accident** that caused the **injury**.

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- (15) Cosmetic or plastic surgery, unless it is
- to repair an **injury** within 365 days of the **accident** that caused the **injury**; or
 - breast reconstruction after mastectomy (surgery to remove all or part of the breast) following a **diagnosis** of breast cancer, and is performed within 365 days of the mastectomy.
- Any surgery or reconstruction of the breast (or breasts) to produce a symmetrical appearance after a mastectomy or to alter the breast size or shape will not be covered.
- (16) Correcting refractive errors (imperfections of the eye that prevent it from focusing light properly), such as short-sightedness.
- (17) Routine eye and ear examinations, and the costs of glasses, contact lenses and hearing aids.
- (18) Charges for private nursing and home-based nursing services, unless the nursing is covered by **MediShield Life** for inpatient care provided through **Mobile Inpatient Care @ Home**.
- (19) Care provided in a **hospice**, unless covered under part A (e) (Hospice inpatient palliative care (general or specialised)), rest cures (periods of rest or leisure intended to improve physical or mental health), nursing at home or as an outpatient, care in a convalescent home, nursing home or similar establishment, or outpatient rehabilitation services such as counselling and physical rehabilitation, unless this is covered by **MediShield Life** for inpatient care provided through **Mobile Inpatient Care @ Home**.
- (20) Transport-related services, including ambulance fees and transport used for emergency evacuation and repatriation (returning a person or their remains to their home country), unless this is covered by **MediShield Life** for inpatient care provided through **Mobile Inpatient Care @ Home**.
- (21) Any treatments, medical services or supplies which are for primary prevention (medical services for generally healthy people when there are no signs or symptoms that would indicate the need for the medical services, or to prevent an **illness** from occurring), for health screening or for improving general health, including genetic tests, vitamins, health supplements, dietary replacements and non-prescribed drugs.
- (22) Vaccinations.
- (23) Medical treatment or **hospitalisation** outside Singapore.
- (24) Non-medical items such as parking fees, **hospital** administration and registration fees, fees for laundry, television rental and newspapers, and the cost of medical reports.
- (25) Alternative or complementary treatments, including traditional Chinese medicine, podiatric, chiropractic or osteopathic treatment, or a stay in any healthcare establishment for social or non-medical reasons.
- (26) Any inpatient **hospitalisation**, in a **hospital**, for X-rays, general check-ups and medical services carried out mainly for primary prevention (medical services for generally healthy people when there are no signs or symptoms that would indicate the need for the medical services, or to prevent an **illness** from occurring).
- (27) Breaking (or intending to break) the law, resisting arrest, or any detention or imprisonment.
- (28) **Hospitalisation**, medical treatment or services at a medical institution that is not accredited by **MediShield Life**.
- (29) **Hospitalisation**, medical treatment or services that are not **medically necessary**.
- (30) Outpatient cancer drug treatments not on the **Cancer Drug List**.
- (31) Outpatient consultations (including medical or health screening), and diagnostic and laboratory tests and treatments, except where covered under part B (Outpatient benefits).
- (32) Cell, tissue and gene therapy treatments not on the 'Cell, Tissue and Gene Therapy Product List' developed by **MOH**. The list is on the **MOH** website (<https://go.gov.sg/ctgtp-list>) and may be updated from time to time.
- (33) High-cost drugs treatments used for the medical conditions indicated under **MediShield Life**, which are not listed on the **MediShield Life**'s benefit schedule (<https://go.gov.sg/mshlbenefits>). The website may be updated from time to time.

Premium conditions

Paying the premium

Your premium includes **GST**.

You must pay **your** premium on or before the **premium due date** each year. **We** may deduct it from **your MediSave** account. If the premium is more than the **MediSave** maximum withdrawal limit, or the balance in **your MediSave** account is not enough to pay the full premium due, **you** must pay the shortfall, in cash, within the **grace period**. If **you** don't, **your policy** will automatically end.

We will tell **you** the premium **you** must pay under **your policy**, based on premium rates decided by **us**.

Premium rates

The premium rates **we** use are not guaranteed and **we** will change them from time to time to reflect **our** claims experience, medical inflation (medical trends and developments, and the increase in cost to support them) and the general cost of treatments, supplies and medical services in Singapore.

We must send **you** a written notice at least 31 days before any change in premium rate comes into force.

Automatic renewal

Your policy is guaranteed to renew each year, on the policy anniversary, if:

- **your policy** is in force on the policy anniversary; and
- **you** pay, and **we** receive, the renewal premium before the end of the **grace period**.

The renewal premium will be in line with the premium rate for the **insured's** age next birthday on the date of renewal.

Reinstating your policy

If **your policy** automatically ends because a premium remains unpaid after the **grace period**, **we** may agree to reinstate it within two years from the date it ended, as long as **you** meet the criteria and requirements that apply at the time. **We** may apply additional terms, including exclusions, to **your** reinstated **policy**. **Your** reinstated **policy** will only cover **hospitalisation**, surgery and treatment that arises after the **reinstatement date**.

Claim conditions

Claims for hospitalisation

All claims must be submitted to **us** by the **hospital** or medical institution through the system set up by **MOH**, in line with the terms and conditions that apply under the Central Provident Fund Act 1953 and the MediShield Life Scheme Act 2015 (where appropriate).

If claims for consultation and laboratory tests covered under part B (Outpatient benefits) cannot be submitted to **us** through the system set up by **MOH**, **you** must make these claims online through the 'Claims EZ' portal on **our** website.

All claims must be made within 60 days from the date the **insured** is discharged from the **hospital** or the date they receive outpatient treatment. **You** must provide all the details **we** ask for about the **insured** and the claim.

You must provide, at **your** own expense, any supporting documents and proof **we** ask for, including:

- proof of the treatment or surgery; and
- the **hospital's** original final bills, receipts and statements.

If **we** do not believe the **diagnosis** is appropriate or correct, **we** can:

- require the **insured** to have a medical examination; and
- analyse the evidence used for the **diagnosis**.

We will appoint an independent **specialist** in the relevant field to carry out this examination and analysis.

Paying benefits

All benefits due under **your policy**, will be paid to **you**, **your** legal representative, the **hospital** or **community hospital**, or any other relevant party **we** choose.

Last-payer status

If **you** have any other medical insurance which covers the **insured's** medical expenses, **you** must first claim payment from that insurance before making any claim under **your policy**. If **you** have received payment under **your policy**, **you** must make a claim with **your** other medical insurers for them to reimburse **us**.

The total payment **you** receive under all policies must not be more than the actual expenses.

We do not pay claims where the medical expenses have been paid by other medical insurance or from any other source.

Definitions

In this policy contract, the words and terms below have the meanings shown whenever they appear in bold.

Accident

An unexpected and involuntary event.

Cancer Drug List

A list of clinically proven and cost-effective cancer drug treatments developed by **MOH**. The list is on the **MOH** website (<https://go.gov.sg/moh-cancerdruglist>) and may be updated from time to time.

Cancer drug services

Services that are part of any outpatient cancer drug treatment, including outpatient cancer drug treatments not on the **Cancer Drug List**, (such as consultations, scans, lab investigations, preparing and administering the treatment, supportive-care drugs and blood transfusions) which are **medically necessary**. It does not include services provided before a **diagnosis** or after the cancer drug treatment has ended.

Co-insurance

The amount **you** need to pay after the **deductible** (if any). The co-insurance amounts for the benefits are shown in the schedule of benefits (appendix 1).

Community hospital

A public health institution that provides medical services and short-term care for patients who have just been discharged from **hospital**, and is classified as a community hospital by **MOH**.

CPF Board

The body that administers the Central Provident Fund, which is a social security savings scheme funded by contributions from employers and employees. The Central Provident Fund was established under the Central Provident Fund Act 1953.

Day surgery

Scheduled surgery that is performed as outpatient treatment by a **physician** at a **hospital** or clinic.

Deductible

The part of the **eligible expenses** per **policy year** which **you** must pay before **you** can claim any benefit under **your policy**. The different deductibles are shown in the schedule of benefits (appendix 1).

Diagnosis

A **physician's** definitive conclusion of the nature of an **illness**, based on radiological, clinical, histological or laboratory evidence acceptable to **us**.

A diagnosis must be supported by **our** medical advisor, who may base his or her opinion on evidence provided by **you** or the **insured**, or any other evidence he or she receives.

Eligible expenses

The expenses for **medically necessary** treatment, supplies or medical services. The expenses are limited to:

- **reasonable and customary** charges for the relevant treatment, supplies or medical services; and
- the **limits of compensation** for the particular benefit, as shown in the schedule of benefits (appendix 1), at the time the expenses arise.

Eligible expenses can be reduced by a pro-ration factor, as shown in the schedule of benefits (appendix 1), for a higher class of ward.

Grace period

The 60-day period **we** give **you** to pay **your** premiums. The grace period starts on the **premium due date**.

GST

Goods and services tax, which is applied in line with the GST Act 1993.

Hospice

A medical facility approved by **MOH** to provide medical and care services that aim to improve the quality of life of patients with terminal illnesses. This does not include convalescent centres, **hospitals**, **community hospitals**, or nursing or care homes.

Hospital

An institution that is lawfully run to care for and treat injured or ill patients, and which has facilities for diagnosing conditions, performing major surgery and providing full-time nursing care. This does not include **community hospitals**, convalescent centres, any institution used mainly as a nursing or care home, similar establishments, or facilities used mainly for the treatment of alcohol or drug addiction.

Institutions in Singapore must be registered as a hospital and accredited by **MOH** in line with the MediShield Life Scheme Act 2015. Institutions outside Singapore must be recognised by **our** medical advisor as a facility that is equivalent to an institution in Singapore.

Hospitalisation (also hospitalised)

This is any of the following.

- (a) Being in a **hospital**, as an inpatient, for a period during which daily room and board charges become due
- (b) Being on a short-stay ward in the accident and emergency department of a **hospital** for eight hours or more for medical treatment, examination or observation
- (c) Being in a **hospital** or medical institution accredited by **MOH** under the MediShield Life Scheme Act 2015, for any period, for a **surgical procedure**
- (d) Receiving inpatient treatment at home under the **Mobile Inpatient Care @ Home** programme (only for **public hospitals**)

Illness

A disease or period of sickness affecting the body or mind.

Injury

A bodily injury caused directly as a result of an **accident**.

Insured

The person named as the insured in **your policy schedule**.

Intensive care unit

A unit within a **hospital** which:

- provides 24-hour care and treatment for patients in a critical medical condition; and
- is equipped to provide specialist nursing and medical services not available elsewhere in the **hospital**; including a coronary care unit, cardiac care unit or critical care unit in a **hospital**.

Limits of compensation

The limits of compensation shown in the schedule of benefits (appendix 1), which **we** will pay for each benefit depending on the plan type and hospital ward entitlement.

Limit per lifetime

The maximum amount **we** will pay in total over the life of **your policy**. The limit per lifetime is shown in the schedule of benefits (appendix 1). The limit per lifetime includes the **MediShield's Life** lifetime limit (if any).

Limit per policy year

The maximum amount **we** will pay in total under **your policy** in one **policy year**, as shown in the schedule of benefits (appendix 1). The limit per policy year includes the **MediShield's Life** limit.

Medically necessary

A medical treatment, service or supply is medically necessary if all of the following apply.

- The **physician's** or **specialist's** opinion on medical treatment, service or supply is appropriate and consistent with the symptoms, findings, **diagnosis** and relevant clinical circumstances of the **illness** or **injury**.
- It is a customary treatment, service or supply for the **illness** or **injury**.
- It is in line with standards of good medical practice and consistent with current standards of professional medical care.
- It has proven medical benefits.
- It is not for the convenience of the **insured**, the **physician** or the **specialist** (for example, if treatment that could be provided out of a **hospital** is being provided as inpatient treatment in a **hospital**).
- It is not experimental or for investigation or research.
- It is not preventive or for health screening.
- Not providing it would have a negative effect on the **insured's** medical condition.

MediSave

A national medical-savings scheme that helps people set aside part of their income to pay for their or eligible dependants' inpatient care and treatment, **day surgery** and certain outpatient expenses, as well as their healthcare needs in old age.

MediShield Life

Basic health insurance that is administered by the **CPF Board** and governed by the MediShield Life Scheme Act 2015 (as amended from time to time). There is more information on MediShield Life on the **MOH** website (www.moh.gov.sg).

Mobile Inpatient Care @ Home

A care-delivery model, covered under **MediShield Life**, that allows patients who a **physician** assesses as being clinically suitable to receive inpatient treatment in their own homes, instead of a **public hospital**. This type of care has to be recommended by a **physician**.

MOH

The Ministry of Health of Singapore.

Multiple primary cancers

Two or more cancers that arise from different sites of the body or are of different histology or morphology groups (that have a different microscopic structure, form or shape), which are diagnosed by an oncologist.

The higher claim limits for patients receiving treatment for **multiple primary cancers** are granted on the basis of an application, which the **physician** would need to send to **MOH** (for **MediShield Life** claims) and **us** (for **MediSave**-approved integrated shield plan claims) for review and approval. More information can be found on our website at www.aia.com.sg.

The **diagnosis** of **multiple primary cancers** must be proven to **our** satisfaction and at **your** own expense. The proof **we** must receive includes:

- evidence provided by the appropriate **physician** or **specialist**, as the case may be;
- appropriate medical investigations or reports, or both, including (but not limited to) clinical, radiological, histological and laboratory evidence; and
- any other documents **we** ask for.

Physician

Any person who is registered and legally qualified as a medical practitioner, has a medical degree in Western medicine, is authorised or licensed by the relevant authority in the country they work in, and is not:

- **you** or the **insured**;
- **your** or the **insured's** husband, wife, unmarried partner, father, mother, brother, sister, or biological or legally adopted child, or a child **you** or the **insured** is legally responsible for; or
- any other person related to **you** or the **insured** in any way, including by marriage or adoption.

Policy

Your AIA HealthShield Gold Max policy, made up of the following documents (the policy documents).

- This policy contract
- **Your policy schedule**
- **Your** application
- Any endorsements
- Any supplementary agreements **we** issue

Policy date

The policy date shown in **your policy schedule** or endorsements (if any). The policy date is the date **your** insurance cover started or was renewed. It determines the policy anniversaries, **policy years** and months for **your policy**.

Policy schedule

This is:

- the schedule that was issued when **you** first took out **your policy**; or
- the policy schedule issued when **your policy** was last renewed;

as appropriate.

It shows details of **your policy**, benefits and premiums.

Policy year

Each 12-month period starting from the **policy date** shown in **your policy schedule** or an endorsement (if any).

Pre-existing condition

Any **illness**, disease or condition that the **insured**:

- was diagnosed with; or
- received (or should have received) treatment, medication, or advice from a **physician** for; or
- had symptoms or signs of (and which would have led a reasonable and sensible person to get medical advice or treatment from a **physician**);

before the **policy date** or the last **reinstatement date**, whichever is later.

Premium due date

The date **your** premium becomes due, as shown in **your policy schedule** or an endorsement (if any).

Psychiatrist

A medical practitioner who has a medical degree in psychiatric treatment, is legally registered with, authorised by or licensed by the relevant authority for the area they provide psychiatric treatment in, is working within the scope of their registration, licence or authorisation, and is not:

- **you** or the **insured**;
- **your** or the **insured's** husband, wife, unmarried partner, father, mother, brother, sister, or biological or legally adopted child, or a child **you** or the **insured** is legally responsible for; or
- any other person related to **you** or the **insured** in any way, including by marriage or adoption.

Public hospital

A Singapore government **hospital** or Singapore government medical institution which is approved by **MOH** under the MediShield Life Scheme Act 2015.

Reasonable and customary

A charge is reasonable and customary if it:

- is charged for medical treatment, supplies or services that are **medically necessary** to treat an **illness** or **injury** in a way that is in line with acceptable standards of good medical practice;
- does not include fees or charges that would not have been made if no insurance had existed; and
- is not (in **our** opinion or the opinion of **our** medical advisor) more than:
 - the usual level of charges for similar medical treatment, supplies or services in Singapore;
 - the relevant fee benchmark (recommended charge for doctors and hospital fees in the private sector) published by the Singapore Government, **MOH**, or official bodies such as the Health Sciences Authority and the Allied Health Professions Council; or
 - **our** limits for similar diagnoses or procedures.

Reinstatement date

The date **your policy** was reinstated, as shown in an endorsement.

Specialist

A **physician** who has been accredited as a medical specialist by the Specialist Accreditation Board, is registered as a specialist with the Singapore Medical Council (or, for a specialist outside Singapore, registered with the relevant specialist board and medical councils), and is not:

- **you** or the **insured**;
- **your** or the **insured's** husband, wife, unmarried partner, father, mother, brother, sister, or biological or legally adopted child, or a child **you** or the **insured** is legally responsible for; or
- any other person related to **you** or the **insured** in any way, including by marriage or adoption.

Standard room

A room equipped to the minimum standard, with:

- a suitable bed, mattress, pillow, chair and locker;
- screens around the bed;
- adequate lighting and ventilation;
- an effective nurse-call system; and
- adequate toilet facilities and washbasin.

This does not include deluxe rooms, luxury suites, superior rooms, super rooms and other special rooms that may also be available at a **hospital** (or at a **community hospital**, for the purposes of community hospital charges benefit).

For a single room in a private **hospital**, **we** will only pay up to the room and board rates charged for a standard single room.

Radiosurgery

Non-surgical radiotherapy used to treat abnormalities and small tumours of the brain. It delivers precisely targeted radiation in fewer high-dose treatments than traditional radiotherapy. The types of radiosurgery covered are 'gamma knife' and 'novalis shaped beam'.

Surgical procedures

The types of surgical operations listed in table 1 to table 7 of the 'Table of Surgical Procedures' for **MediSave** and **MediShield Life** (see the **MOH** website (www.moh.gov.sg)).

We, us or our

AIA Singapore Private Limited (registration number 201106386R).

You or your

The policy owner named in **your policy schedule**.

Where appropriate, words that are singular also mean the plural.

SAMPLE

Appendix 1 – Schedule of benefits

Part A – Hospitalisation and surgical benefits

Limits of compensation
(Figures include GST.)

B1-class ward (or lower) in a public hospital

(a) Daily room and board charges (or equivalent charges for inpatient care provided through Mobile Inpatient Care @ Home)	S\$2,550 per day for the first two days, then S\$2,250 per day
(b) Daily intensive care unit charges	\$7,150 per day for the first two days, then S\$6,850 per day
(c) Community hospital charges	
<ul style="list-style-type: none"> • Rehabilitation • Sub-acute 	<p style="text-align: right;">S\$760 per day</p> <p style="text-align: right;">S\$960 per day</p>
(d) Surgical charges	
<ul style="list-style-type: none"> • Surgical procedures shown in the 'Table of Surgical Procedures' <ul style="list-style-type: none"> ◦ From table 1A ◦ From table 1B ◦ From table 1C ◦ From table 2A ◦ From table 2B ◦ From table 2C ◦ From table 3A ◦ From table 3B ◦ From table 3C ◦ From table 4A ◦ From table 4B ◦ From table 4C ◦ From table 5A ◦ From table 5B ◦ From table 5C ◦ From table 6A ◦ From table 6B ◦ From table 6C ◦ From table 7A ◦ From table 7B ◦ From table 7C • Surgical implants and approved medical consumables • Radiosurgery, including category-4 proton beam therapy (see note 1) 	<p style="text-align: right;">S\$590</p> <p style="text-align: right;">S\$1,050</p> <p style="text-align: right;">S\$1,050</p> <p style="text-align: right;">S\$1,800</p> <p style="text-align: right;">S\$2,300</p> <p style="text-align: right;">S\$2,370</p> <p style="text-align: right;">S\$3,290</p> <p style="text-align: right;">S\$4,240</p> <p style="text-align: right;">S\$4,760</p> <p style="text-align: right;">S\$5,970</p> <p style="text-align: right;">S\$8,220</p> <p style="text-align: right;">S\$8,220</p> <p style="text-align: right;">S\$8,920</p> <p style="text-align: right;">S\$9,750</p> <p style="text-align: right;">S\$11,030</p> <p style="text-align: right;">S\$15,910</p> <p style="text-align: right;">S\$15,910</p> <p style="text-align: right;">S\$17,300</p> <p style="text-align: right;">S\$21,840</p> <p style="text-align: right;">S\$21,840</p> <p style="text-align: right;">S\$21,840</p> <p style="text-align: right;">S\$9,800 per hospitalisation</p> <p style="text-align: right;">S\$31,300 per course of treatment</p>
(e) Hospice inpatient palliative care	
<ul style="list-style-type: none"> • General • Specialised 	<p style="text-align: right;">S\$560 per day</p> <p style="text-align: right;">S\$760 per day</p>
(f) Continuation of autologous bone marrow transplant for multiple myeloma	S\$14,040 per course of treatment
(g) Serious pregnancy and delivery-related complications	As covered for benefits under part A (a) (Daily room and board charges), (b) (Daily intensive care unit charges), (c) (Community hospital charges), and (d) (Surgical charges)
(h) Inpatient psychiatric treatment	S\$680 per day

**Part B – Outpatient benefits
(No deductible, but co-insurance applies.)**

Limits of compensation
(Figures include GST.)

B1-class ward (or lower) in a public hospital

Radiotherapy for cancer (per treatment)		
• External beam (except hemi-body irradiation)		S\$880
• Brachytherapy		S\$1,100
• Hemi-body irradiation		S\$2,510
• Stereotactic radiotherapy		S\$6210
• Proton beam therapy – category 1 (see note 1)		S\$880
• Proton beam therapy – category 2 (see note 1)		S\$1,100
• Proton beam therapy – category 3 (see note 1)		S\$6,210
Cancer drug treatments on the Cancer Drug List	Patients receiving treatment for one primary cancer	Patients receiving treatment for multiple primary cancers
	3 x (MediShield Life's limit for one primary cancer per month) (see note 2 below)	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer per month (see note 2 below)
Cancer drug services	Patients receiving treatment for one primary cancer	Patients receiving treatment for multiple primary cancers
	2 x (MediShield Life's limit for one primary cancer per policy year) (see note 3 below)	2 x (MediShield Life's limit for multiple primary cancers per policy year) (see note 3 below)
Kidney dialysis		S\$3,740 per month
Erythropoietin		S\$450 per month
Immunosuppressants for organ transplant		S\$1,480 per month
Long-term parenteral nutrition		S\$3,980 per month

Maximum claim limit		
Limit per policy year	S\$200,000	
Limit per lifetime	Unlimited	
Pro-ration factor		
	Singapore citizen	Singapore permanent resident
<ul style="list-style-type: none"> • Inpatient <ul style="list-style-type: none"> ◦ C-class ward ◦ B2-class ward (or B2+) ◦ B1-class ward ◦ A-class ward ◦ Private hospital (except day surgery) • Day surgery <ul style="list-style-type: none"> ◦ Public hospital ◦ Private hospital • Outpatient treatment <ul style="list-style-type: none"> ◦ Public hospital ◦ Private hospital 	<ul style="list-style-type: none"> 100% 100% 100% 80% 50% 100% 65% 100% 65% 	<ul style="list-style-type: none"> 100% 100% 90% 80% 50% 100% 65% 100% 65%
Deductible per policy year		
	Age 80 next birthday or younger	Age 81 next birthday or older
<ul style="list-style-type: none"> • Inpatient <ul style="list-style-type: none"> ◦ C-class ward ◦ B2-class ward (or B2+) ◦ B1-class ward ◦ A-class ward ◦ Private hospital • Day surgery or short-stay ward <ul style="list-style-type: none"> ◦ Subsidised ◦ Unsubsidised 	<ul style="list-style-type: none"> S\$1,500 S\$2,000 S\$2,500 S\$2,500 S\$2,500 S\$1,500 S\$2,000 	<ul style="list-style-type: none"> S\$2,000 S\$3,000 S\$3,000 S\$3,000 S\$3,000 S\$2,000 S\$3,000
Co-insurance		
	10%	
Maximum period of cover		
	Lifetime	

Notes

Note 1

The **MOH**-approved proton beam therapy indications and eligibility criteria are set out on the **MOH** website (<https://go.gov.sg/pbt-approved-indications>). **MOH** may update these from time to time.

Note 2

The latest **MediShield Life** limit per month is shown in the **Cancer Drug List**, under 'MediShield Life Claim Limit per month', on the **MOH** website (<https://go.gov.sg/moh-cancerdruglist>).

MOH may update the list from time to time. The latest limit will apply to cancer drug treatments received on and from the date the list was updated.

Note 3

For the latest **MediShield Life** limit for **cancer drug services**, check 'Cancer Drug Services' under 'MediShield Life Benefit' on the **MOH** website (<https://go.gov.sg/mshlbenefits>).

MOH may update this from time to time. The latest limit will apply to **cancer drug services** received within the **policy year** during which the list was updated.