

### Integrated Shield Plans for Ward Class B1 in Public Hospitals

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Benefits	[Income] IncomeShield Plan B*	[Income] Enhanced IncomeShield Basic	[AIA] HealthShield Gold Max C*	[AIA] HealthShield Gold Max B Lite	[Great Eastern] GREAT SupremeHealth B*	[Great Eastern] GREAT SupremeHealth B PLUS	[Prudential] PRUShield B*	[Singlife] Singlife Shield Plan 3	[Raffles Health Insurance] Raffles Shield B
<b>Inpatient and Day Surgery:</b>									
Daily Ward and Treatment Charges									
- Normal Ward [Note (17)]	1,000/day	As Charged	700/day	As Charged	2,300/day [Note (13)]	As Charged	750/day	As Charged	As Charged
- Intensive Care Unit Ward	1,400/day		1,200/day		7,000/day [Note (13)]		1,250/day		
- Psychiatric	7,000/yr	7,000/yr	3,500/yr (Additional post-hospitalisation psychiatric treatment of 500/yr within 200 days after Confinement)	3,500/yr (Additional post-hospitalisation psychiatric treatment of 1,000/yr within 200 days after Confinement)	3,000/yr (including post-hospitalisation benefits) [Note (16)]	4,000/yr (Including post-hospitalisation benefits) [Note (16)]	-	500/day (up to 35 days/yr)	5,000/yr (Includes post hospitalisation psychiatric treatment up to 90 days)
- Community Hospital	1,000/day (up to 45 days for each admission)	As Charged (up to 90 days for each admission)	450/day	As Charged	Sub-acute Care: 1,000/day Rehabilitation Care: 800/day	Sub-acute Care Public hospitals: As-charged Private hospitals: 1,000/day  Rehabilitation Care Public hospitals: As-charged Private hospitals: 800/day	550/day	As Charged	As Charged (up to 45 days)
- Inpatient Palliative Care (General)	-	As Charged	-	As Charged	800/day	As Charged	-	As Charged	560/day
- Inpatient Palliative Care (Specialised)									760/day
Surgical Procedures	500 - 8,200	As Charged	As Charged in Governmen/Restructured Hospitals, else subject to pro-ration factor	As Charged	1,100 - 21,900	As Charged	600 - 8,500	As Charged	As Charged
Implants	9,000/admission		7,000/treatment		10,000/treatment		8,000/treatment		
Radiosurgery	9,600/treatment course (includes Proton Beam Therapy - Category 4) [Note (15a and 15b)]		9,600/procedure		31,500/treatment course		10,000/treatment		
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma (Note (12))	-	10,000/yr	-	As Charged	14,100/treatment	20,000/yr	-	As Charged	14,040/treatment

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<b>Outpatient Treatment:</b>									
<b>Patients receiving treatment for one primary cancer</b>									
- Cancer Drug Treatment* <small>(*Refer to the Cancer Drug List on the MOH website for the applicable MediShield Life claim limit)</small>	3x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	5x MediShield Life limit/mth	3x MediShield Life limit/mth [Note (14)]	5x MediShield Life limit/mth	5x MediShield Life limit/mth
- Cancer Drug Services	3x MediShield Life limit/yr (10,800/yr)	5x MediShield Life limit/yr (18,000/yr)	5x MediShield Life limit/yr (18,000/yr)	5x MediShield Life limit/yr (18,000/yr)	5x MediShield Life limit/yr (18,000/yr)	5x MediShield Life limit/yr (18,000/yr)	3x MediShield Life limit/yr (10,800/yr) [Note (14)]	5x MediShield Life limit/yr (18,000/yr)	5x MediShield Life limit/yr (18,000/yr)
<b>Patients receiving treatment for multiple primary cancers</b>									
- Cancer Drug Treatment	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer
- Cancer Drug Services	3x MediShield Life limit for multiple primary cancers (21,600/yr)	5x MediShield Life limit for multiple primary cancers (36,000/yr)	5x MediShield Life limit for multiple primary cancers (36,000/yr)	5x MediShield Life limit for multiple primary cancers (36,000/yr)	5x MediShield Life limit for multiple primary cancers (36,000/yr)	5x MediShield Life limit for multiple primary cancers (36,000/yr)	3x MediShield Life limit for multiple primary cancers (21,600/yr) [Note (14)]	5x MediShield Life limit for multiple primary cancers (36,000/yr)	5x MediShield Life limit for multiple primary cancers (36,000/yr)
<b>Radiotherapy for Cancer</b>									
- External (Except Hemi-Body)	300/treatment	As Charged	280/treatment	As Charged	900/treatment	As Charged	550/day	As Charged	As Charged
- Brachytherapy	500/treatment		500/treatment		1,200/treatment		550/day		
- Hemi-Body	-		-		2,600/treatment		-		
- Stereotactic	2,500/treatment		2,000/treatment		6,300/treatment		2,000/treatment		
- Proton Beam Therapy - Category 1	300/treatment [Note (15a and 15b)]	Covered under Additional Benefits	-	Covered under Additional Benefits	-	Covered under Additional Benefits	-	Covered under Additional Benefits	Covered under Additional Benefits
- Proton Beam Therapy - Category 2	500/treatment [Note (15a and 15b)]								
- Proton Beam Therapy - Category 3	2,500/treatment [Note (15a and 15b)]								
Kidney Dialysis	2,500/mth	As Charged (Pro-ration factor waived for applicable treatment by preferred partners) (Note (11))	24,000/yr	As Charged	46,000/yr	As Charged	24,000/yr	As Charged	As Charged
Immunosuppressants for Organ Transplants	600/mth	As Charged	5,000/yr	As Charged	18,000/yr	As Charged	5,000/yr	As Charged	As Charged
Erythropoietin for Chronic Kidney Failure	600/mth	As Charged	5,000/yr	As Charged	5,500/yr	As Charged	5,000/yr	As Charged	As Charged
Long-Term Parenteral Nutrition	-	As Charged	-	As Charged	4,000/mth	As Charged	-	As Charged	3,980/mth

Home Ventilation and Respiratory Support Service	-	-	-	\$1,680/month	\$840/month	\$1,260/month	\$1,680/month	-	\$1,680/month
Hyperbaric Oxygen Therapy	-	-	-	\$780/month	\$780/treatment session	\$1,170/treatment session	\$1560/month	-	\$1560/month
Negative Pressure Wound Therapy	-	-	-	\$120/day	\$120/day	\$180/day	\$240/day	-	\$240/day
Paediatric Home Care	-	-	-	-	\$420/month	\$630/month	\$840/month	-	\$840/month
Pasteurized Donated Human Milk	-	-	-	\$85/day	\$85/day	\$128/day	\$170/day	-	\$170/day
Repetitive Transcranial Magnetic Stimulation	-	-	-	\$240/treatment session	\$120/treatment session	\$180/treatment session	\$240/treatment session	-	\$240/treatment session
Outpatient Parenteral Antibiotic Therapy	-	-	-	\$180/day	\$90/day	\$135/day	\$180/day	-	\$180/day

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<b>Additional Benefits Limits:</b>									
Pre-Hospitalisation Treatment (number of days indicate maximum number of days covered prior admission) (Note (1))	Limited to unused balance amount** of daily ward and treatment charges and community hospital. (Up to 90 days)  ** If the inpatient claim is made under a third party plan, Income will calculate the unused balance amount after assessing the inpatient bill based on Income's IP limits and deductibles. For more information, please check with your financial advisor or Income.	As Charged (up to 100 days)	500/confinement (Up to 100 days)	As Charged (Up to 100 days)	Pre-hospital specialist's consultation is limited to unused balance amount of room, board and medical-related services benefit.	(i) As Charged Up to 90 days  (ii) As Charged Up to 180 days for Restructured Hospital, or private hospitals under Panel Provider	-	(i) As Charged (Up to 90 days) [for non-panel specialist in a private hospital]  (ii) As Charged (Up to 180 days) [for A&E and preferred medical providers]	As Charged (Up to 90 days)
Post-Hospitalisation Treatment (number of days indicate maximum number of days covered after discharge) (Note (1))		As Charged (up to 100 days)	1,000/confinement (Up to 100 days). Additional 1,000 for an additional 100 days for 30 critical illnesses)	As Charged (Up to 100 days)	Post-hospitalisation treatment is limited to unused balance amount of room, board and medical-related services benefit.	(i) As Charged Up to 180 days  (ii) As Charged Up to 365 days for Restructured Hospital, or private hospitals under Panel Provider	-	(i) As Charged (Up to 180 days) [for non-panel specialist in a private hospital]  (ii) As Charged (Up to 365 days) [for A&E and preferred medical providers]	As Charged (Up to 90 days)
Major Organ Transplant	Covered under Daily Ward and Treatment Charges	As Charged	As Charged in Governmen/Restructured Hospitals, else subject to pro-ration factor	As Charged	Covered under existing inpatient / day surgery limits	As Charged	-	As Charged (for selected organs only)	As Charged
Living Donor Organ Transplant, coverage for insured donor (after 24 mths waiting period)	-	20,000/transplant	20,000/transplant	20,000/transplant	-	20,000/transplant (Note (2))	-	20,000/lifetime (Note (2))	20,000/transplant
Living Donor Organ Transplant, coverage for non-insured donor	-	-	20,000/transplant (Note (3))	20,000/transplant (Note (3))	-	20,000 / transplant (Note (2))	-	-	20,000/transplant (Note (3))
Pregnancy and Delivery-Related Complications Benefit* (after 10 months (or 300 days) waiting period)  * For selected conditions only - please check with your insurer for further details.	3,500/yr	As Charged	-	As Charged	Covered under existing inpatient / day surgery limits	As Charged	-	As Charged	As Charged
Congenital Abnormalities Benefit of Insured	5,000/yr (with 24 mths waiting period)	As Charged (with 12 mths waiting period)	Covered up to benefit limits of the plan	Covered up to benefit limits of the plan	Covered under existing inpatient / day surgery limits	As Charged	-	As Charged (with 12 mths waiting period)	As Charged (with 24 mths waiting period)
Congenital Abnormalities Benefit of Insured's Biological Child	-	-	-	[Only for insured female] 12,000 per lifetime Limited to 3,000 per child (with 10 mths waiting period)	-	12,000 / lifetime Limited to 3,000 / child (with 300 days waiting period)	-	-	[Only for insured female] 15,000/ lifetime Limited to 3,000/ child (with 10 mths waiting period)
Prosthesis Benefit	6,000/yr	6,000/yr	-	-	-	-	-	-	-

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<b>Additional Benefits Limits (Cont'd):</b>									
Critical Illnesses	-	-	Addtl 30,000 policy yr limit (for 30 Critical Illnesses) (Note (4))	Addtl 50,000 policy yr limit (for 30 Critical Illnesses) (Note (4))	-	-	-	Additional 50,000/yr (for 5 Critical Illnesses) (Note (4))	-
Emergency overseas treatment	Covered under Daily Ward and Treatment Charges	As Charged but limited to costs of ward class B1 in Singapore restructured hospitals	Reimburse Eligible Expenses incurred for overseas medical or surgical treatment subject to the applicable claim limits under AIA HealthShield Gold Max C. Benefit payable under Emergency Overseas (Outside Singapore) Medical Treatment Benefit limited to the level of reasonable and customary charges in a Singapore Private Hospital.	Reimburse Eligible Expenses incurred for overseas medical or surgical treatment subject to the applicable claim limits under AIA HealthShield Gold Max B Lite. Benefit payable under Emergency Overseas (Outside Singapore) Medical Treatment Benefit limited to the level of reasonable and customary charges in a Singapore Private Hospital.	Reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Class B1 ward of a Restructured Hospital, whichever is the lower, subject to the benefit limits of this plan.	Reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Class B1 ward of a Restructured Hospital, whichever is the lower, subject to the benefit limits of this plan.	Reimburse the lower of Hospital expenses incurred up to the limits covered by PRUShield B or the actual Reasonable and Customary Expenses	As Charged (pegged to costs restructured hospitals in Singapore)	As Charged (limited to Singapore Restructured Hospital Class B1 Ward charges)
Planned overseas treatment	-	-	-	-	-	-	-	As Charged (pegged to costs of restructured hospitals in Singapore) (Note (5))	-
Proton Beam Therapy Treatment (Categories 1-4)	Categories 1, 2, and 3 are covered under Radiotherapy for Cancer limits. Category 4 is covered under Radiosurgery limit.	70,000/yr [Note (15a and 15b)]	-	100,000/yr [Note (15a)]	20,000/yr [Note (15a and 15b)]	40,000/yr [Note (15a and 15b)]	-	70,000/yr [Note (15a)]	75,000/yr [Note (15a and 15b)]
Cell, Tissue and Gene Therapy - Kymriah (Note (18))	-	150,000 (one treatment per indication per lifetime)	-	250,000 (one treatment per indication per lifetime)	150,000 (one treatment per indication per lifetime) (Note (19))	150,000 (one treatment per indication per lifetime)	-	150,000 (one treatment per indication per lifetime)	191,000 (one treatment per indication per lifetime)
Cell, Tissue and Gene Therapy - Yescarta (Note (18))	-	150,000 (one treatment per indication per lifetime)	-	250,000 (one treatment per indication per lifetime)	150,000 (one treatment per indication per lifetime) (Note (19))	150,000 (one treatment per indication per lifetime)	-	150,000 (one treatment per indication per lifetime)	191,000 (one treatment per indication per lifetime)
Drug Treatment and Prophylaxis for Haemophilia A*	-	-	-	-	-	-	2,800/month	-	-
Drug Treatment and Prophylaxis for Haemophilia B*	-	-	-	-	-	-	9,600/month	-	-
Drug Treatment for Immune Thrombocytopenia and Refractory Severe Aplastic Anaemia*	-	-	-	-	-	-	3,600/month	-	-
Drug Treatment of Thalassaemia*	-	-	-	-	-	-	1,600/month	-	-
Drug Treatment of Children with Short Stature due to Conditions Associated with Growth Failure*	-	-	-	-	-	-	1,600/month	-	-
Drug Treatment for Spinal Muscular Atrophy*	-	-	-	-	-	-	14,800/month	-	-
Drug Treatment for Fabry Disease*	-	-	-	-	-	-	8,800/month	-	-
Drug Treatment for X-Linked Hypophosphataemia* (*Refer to the MediShield Life Benefit Schedule on the MOH website for the claimable Drug Treatments)	-	-	-	-	-	-	13,600/month	-	-
Final Expense Benefit (Note (10))	3,000	3,000	2,500	2,500	3,600	3,600	3,000	10,000	3,000
Waiver of Premium upon Total Permanent Disability	-	-	Waives 1 yr premium for insured	Waives 1 yr premium for insured	-	-	-	-	In the event of Death/TPD of the parent (payor), premium will be waived for the Insured until he/she reaches age 21.
<b>Other Policy Features</b>									

Pro-ration factors for Private Hospital & Private Outpatient Clinics [Note (6)] (Please check with your insurer for more information on other applicable factors)	-	Private Hospital - 35% Private Day Surgery - 40% Private Outpatient - 30%	50%	Private Hospital - 50% Private Outpatient - 65% Private Day Surgery - 65%	25% (Note (7))	25% (Note (7))	-	35%	Raffles Hospital - 60% Private Hospitals (except Raffles Hospital) - 50%
Pro-ration factors for Restructured Hospital Class A Wards	-	70%	-	80% (Note (8))	70% (Note (7))	70% (Note (7))	-	85%	80%
Pro-ration factors for Restructured Hospital Non-Subsidised Short-Stay Ward / Day Surgery / Outpatient Treatment	-	-	-	-	70% (Note (7))	70% (Note (7))	-	85%	-

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<b>Other Policy Features (Cont'd):</b>									
<b>Deductibles (per policy yr) (Note (9))</b>									
- Class C	1,500	1,500	1,500	1,500	2,500	2,000	1,500	1,500	1,500
- Class B2	2,000	2,000	2,000	2,000		2,500	2,000	2,000	2,000
- Class B1	2,500	2,500	2,500	2,500		2,500	2,500	2,500	2,500
- Class A and Private Hospital	2,500	2,500	2,500	3,500		3,500	3,500	3,500	3,500
- Subsidised Day Surgery/ Short Stay Wards	2,000	2,000	2,000	2,000		Restructured hospital 2,000 (short stay) 2,000 (day surgery)	1,500	1,500	2,000
- Unsubsidised Day Surgery/ Short Stay Wards	2,500	2,500	2,000	2,000		Restructured hospital: 2,500 (short stay) 2,500 (day surgery) Private Hospital: 3,500 (day surgery)	2,000	2,000	3,000
<b>Co-insurance</b>	10%	10%	10%	10%	10%	10%	10%	10% (max 25,500/yr for A&E and preferred medical providers)	10%
<b>Policy Year Limit</b>	150,000	250,000	150,000	300,000	250,000	500,000	120,000	500,000	300,000
<b>Lifetime Limit</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Last Entry Age</b>	75	75	75	75	75	75	75	75	75
<b>Maximum Coverage Age</b>	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime

\* This plan is no longer offered to new members. Existing members may continue to renew their policies.

Note (1): Pre & Post hospital treatment may not be available for: accident inpatient dental treatment, inpatient congenital anomalies, inpatient pregnancy complications, living donor organ transplant, inpatient psychiatric treatment and emergency overseas treatment. Please check with your insurer for more information.

Note (2):

(a) For Great Eastern plans, the living donor organ transplant applies for kidney, liver and pancreas transplants only. When Life Insured is the donor, the recipient must be a family member (parents, siblings, children or spouse) of the Life Insured.

(b) For Singlife plans, the living donor organ transplant applies for kidney and liver transplants only, where the recipient must be a family member (parents, siblings, children or spouse) of the Life Insured.

(c) For Raffles Shield B, the recipient of the organ must be a family member (parents, siblings, spouse and children) of the Life Insured.

Note (3): Expenses incurred by the non-insured living donor shall only be reimbursed under the Living Donor Organ Transplant (coverage for non-insured donor) if the organ recipient is the Life Assured and the living donor is not eligible to be reimbursed under MediShield Life, Medisave-approved Integrated Shield Plans or any other insurance plans for the organ donation.

Note (4): Singlife's and AIA's Critical Illness Benefit is provided over and above the Overall Policy yr Limit and the Overall Lifetime Limit.

Note (5): Expenses incurred under Planned overseas treatment shall only be reimbursed if the inpatient treatment or day surgery was received at an overseas hospital that has an approved working arrangement with a Medisave-accredited institution/referral centre in Singapore.

Note (6): Treatment in the following private dialysis centres will not be pro-rated: National Kidney Foundation, Kidney Dialysis Foundation and People's Dialysis Centre.

Note (7): A pro-ration factor of 90% and 80% will apply to Singapore Permanent Residents and Foreigners respectively, for expenses incurred in: 1) Class B1 or lower in restructured hospital/government-funded Community Hospital and/or government-funded Inpatient Palliative Care Institution, or 2) Subsidised short-stay ward, day surgery and/or outpatient treatment in a restructured hospital.

Note (8): A pro-ration factor of 90% will apply to Singapore Permanent Residents for expenses incurred in Class B1 ward in restructured hospital.

Note (9):

(a) For Great Eastern's SupremeHealth B Plus plan, the deductible applicable for policyholders after the age of 80 will be 150% of the listed deductible. For Great Eastern's SupremeHealth B plan, the deductible applicable for policyholders after the age of 80 will be raised by \$1,000 of the above listed deductible.

(b) For Income's IncomeShield Plan B and Enhanced IncomeShield Basic, the deductible applicable for policyholders after the age of 80 is as follows: Class C - \$2,250, Class B2/B2+ - \$3,000, Class B1/A/pte hospital - \$3,750, Subsidised Day Surgery and Short Stay ward - \$3,000, Non-subsidised Day Surgery and Short Stay ward - \$3,750

(c) For Singlife's Singlife Shield Plan 3, the deductible applicable for policyholders after the age of 80 will be 150% of the listed deductibles, except for Short-stay Ward or Day Surgery. The deductible applicable for policyholders after the age of 80 will be \$2,500 for Subsidised Short-stay Ward or Day Surgery and \$3,000 for Unsubsidised Short-stay Ward or Day Surgery respectively.

(d) For AIA's HSG Max B Lite, the deductible applicable for Insured ages of 81 is as follows: Class C - \$1,500, Class B2 - \$2,250, Class B1 - \$3,000, Class A / Private - \$4,500, Subsidised Day Surgery and Short Stay Ward - \$3,000, Non-subsidised Day Surgery and Short Stay Ward - \$3,000

(e) For Raffles Shield B, the deductibles applicable for Insureds with Age Next Birthday of 81 and above will be 150% of the listed deductibles.

Note (10): Final Expense Benefit refers to the waiver of the deductible and co-insurance up to the stipulated amounts in the event of the insured's death during hospitalisation or within a stipulated period after discharge from hospital subject to the conditions as stipulated by the insurer.

Note (11): Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The lists of approved panels and preferred partners, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.

Note (12): For the avoidance of doubt, Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma will only be claimable for treatment received in the outpatient setting. Treatment received in the inpatient setting will be covered under the prevailing inpatient limits.

Note (13): For Great Eastern's GREAT SupremeHealth B, there is an additional \$900 per day for the first 2 days for Hospitalisation in a Normal Ward and Intensive Care Unit ward.

Note (14): For PRUShield B, total claims payable for both cancer drug treatments and cancer drug services is subject to a combined annual limit for \$36,500.

Note (15): For local use of Proton Beam Therapy, refer to the MOH website for (a) the approved indications, and (b) the patient eligibility criteria for MediShield Life claims for Proton Beam Therapy.

Note (16): For Great Eastern plans, psychiatric treatments are classified under "Additional Benefits". Refer to the policy contracts for more details.

Note (17): Includes eligible Mobile Inpatient Care @ Home stays

Note (18): Subject to the indication requirements as listed within the MOH CTGTP List ([www.go.gov.sg/ctgtp-list](http://www.go.gov.sg/ctgtp-list)).

Note (19): This benefit may cover expenses for certain consultations, treatments, laboratory and examination tests which are incurred in connection with Cell, Tissue and Gene Therapy that is (a) not listed on the Cell, Tissue and Gene Therapy Product List or (b) is listed on the Cell, Tissue and Gene Therapy Product List but not covered under this Policy which will be then covered under this expense item up to \$150,000 per Lifetime for this plan.

**Information on Premiums:** Integrated Shield Plans (IPs) comprise two components: (i) A MediShield Life component run by the Central Provident Fund Board (CPF) and (ii) additional private insurance coverage run by the private insurer. The MediShield Life component provides coverage targeted at B2/C-wards in public hospitals, while the additional private insurance coverage provides additional coverage beyond MediShield Life coverage. **Premiums for IPs shown below is the total premiums comprising both premiums for MediShield Life and the additional private insurance coverage component for IPs for Class B1 in public hospitals. Premiums are inclusive of 9% GST.**

Premiums	[Income] IncomeShield Plan B*	[Income] Enhanced IncomeShield Basic	[AIA] HealthShield Gold Max C*	[AIA] HealthShield Gold Max B Lite	[Great Eastern] GREAT SupremeHealth B*	[Great Eastern] GREAT SupremeHealth B PLUS	[Prudential] PRUShield B*	[Singlife] Singlife Shield Plan 3	[Raffles Health Insurance] Raffles Shield B
Age Next Birthday:									
1 to 20	230 - 265	245 - 253	261	269	238 - 246	261	240	271 - 292	277
21 to 30	336	355 - 357	366	366	341	372	335	388 - 397	377
31 to 40	561 - 573	594 - 606	607	607	568	596 - 608	556	607 - 618	619
41 to 50	741	801 - 838	764	802 - 840	757	803 - 812	715	821 - 858	812 - 822
51 to 60	1,007 - 1021	1,148 - 1,152	1061 - 1095	1122 - 1145	1,112	1193 - 1247	985 - 995	1191 - 1227	1,233 - 1,247
61 to 65	1,366	1,572	1,404	1,498	1,469 - 1,516	1,587 - 1,719	1,310	1,624 - 1,644	1,690
66 to 70	1,784	1,923	1,718	1,917	1,916 - 1,996	2,085 - 2,316	1,681	1,921 - 1,925	2,232
71 to 73	2,282	2,664	2,314	2,519	2,586 - 2,716	2,832	2,289	2,621 - 2,682	2,990
74 to 75	2,545	2,876	2,598	2,845	2,966 - 3,067	3,217	2,566	2,885 - 2,915	3,390
76 to 78	2,905	3,295	2,954	3,422	3,335 - 3,391	3,672	3,183	3,226 - 3,406	3,839
79 to 80	3,083	3,630	3,209	3,582	3,777	4,123	3,272	3,646 - 3,726	4,272
81 to 83	2,907	3,997	3,358	3,748	3,924	4,444	3,131	3,922 - 4,102	4,450
84 to 85	3,472	4,481	3,675	4,110	4,380	4,924	3,479	4,515 - 4,614	4,828
86 to 90	3,735 - 3,904	4,843 - 5,182	3,899	4,445 - 4,715	4,835 - 5,092	5,255 - 5,461	3,726	4,884 - 5,284	5,063 - 5,510
Premiums above age 90	4,184 - 5,166	5,446 - 5,795	3,940 - 4,298	4,936 - 5,640	5,234 - 5,972	5,689 - 6,428	4,812 - 5,232	5,425 - 5,825	5,633 - 6,217

\* This plan is no longer offered to new members. Existing members may continue to renew their policies.

The premiums payable are based on your age next birthday and may increase as you enter into the next age band.

The annual Additional Withdrawal Limits for the Additional Private Insurance Premiums of Medisave-approved Integrated Shield Plan policies are:

- (a) \$300 per policy yr, where the insured person is aged 40 or less at his/her next birthday on date of policy commencement/renewal
- (b) \$600 per policy yr, where the insured person is aged between 41 to 70 yrs at his/her next birthday on date of policy commencement/renewal
- (c) \$900 per policy yr, where the insured person is aged 71 or more yrs at his/her next birthday on date of policy commencement/renewal

**Information on Premiums:** Integrated Shield Plans (IPs) comprise two components: (i) A MediShield Life component run by the Central Provident Fund Board (CPF) and (ii) additional private insurance coverage run by the private insurer. The MediShield Life component provides coverage targeted at B2/C-wards in public hospitals, while the additional private insurance coverage provides additional coverage beyond MediShield Life coverage. **This table provides a comparison of insurers' premiums for IPs for Class B1 wards in public hospitals. For the annual change in IP premium over last 3 years, the figures reflect the compound annual growth rate of the IP premium excluding MSHL premium, and inclusive of GST.**

Comparison of Integrated Shield Plan Premiums for Singapore Citizen (SC) and Permanent Resident (PR) Policyholder (Rounded to nearest \$, inclusive of GST)						
	[Income] IncomeShield Plan B*			[Income] Enhanced IncomeShield Basic		
Age Next Birthday:	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years
1 to 20	230 - 265	30 - 65	10.3% to 10.6%	245 - 253	45 - 53	11.3% to 22.9%
21 to 30	336	41	10.6%	355 - 357	60 - 62	22.9% to 24.3%
31 to 40	561 - 573	58 - 70	9.3% to 9.4%	594 - 606	91 - 103	11.8% to 12.7%
41 to 50	741	104	9.7%	801 - 838	164 - 201	12.9% to 15.3%
51 to 60	1,007 - 1,021	104 - 118	9.7% to 9.9%	1,148 - 1,152	245 - 249	16% to 18.5%
61 to 65	1,366	235	9.8%	1,572	441	13.7%
66 to 70	1,784	458	6.8%	1,923	597	8.0%
71 to 73	2,282	639	6.7%	2,644	1,001	11.5%
74 to 75	2,545	729	6.7%	2,876	1,060	7.4%
76 to 78	2,905	878	6.7%	3,295	1,268	7.4%
79 to 80	3,083	896	6.7%	3,630	1,443	7.4%
81 to 83	2,907	604	6.7%	3,997	1,694	9.8%
84 to 85	3,472	856	6.7%	4,481	1,865	7.4%
86 to 90	3,735 - 3,904	950 - 1,119	6.7%	4,843 - 5,182	2,058 - 2,397	7.4%
Premiums above age 90	4,184 - 5,166	1,358 - 2,340	6.7%	5,446 - 5,795	2,620 - 2,969	-4.5% to 4.2%

	[AIA] HealthShield Gold Max C*			[AIA] HealthShield Gold Max B Lite		
Age Next Birthday:	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years
1 to 20	261	61	0.3%	269	69	0.3%
21 to 30	366	71	0.3%	366	71	0.3%
31 to 40	607	104	0.3%	607	104	0.3%
41 to 50	764	127	0.3%	802 - 840	165 - 203	0.3%
51 to 60	1061 - 1095	158 - 192	0.3%	1122 - 1145	219 - 242	0.3%
61 to 65	1,404	273	0.3%	1,498	367	0.3%
66 to 70	1,718	392	0.3%	1,917	591	0.3%
71 to 73	2,314	671	0.3%	2,519	876	0.3%
74 to 75	2,598	782	0.3%	2,845	1,029	0.3%
76 to 78	2,954	927	0.3%	3,422	1,395	0.3%
79 to 80	3,209	1,022	0.3%	3,582	1,395	0.3%
81 to 83	3,358	1,055	0.3%	3,748	1,445	0.3%
84 to 85	3,675	1,059	0.3%	4,110	1,494	0.3%
86 to 90	3,899	1,114	0.3%	4,445 - 4,715	1,660 - 1,930	0.3%
Premiums above age 90	3,940 - 4,298	1,114 - 1,472	0.3%	4,936 - 5,640	2,110 - 2,814	0.3%

**Information on Premiums:** Integrated Shield Plans (IPs) comprise two components: (i) A MediShield Life component run by the Central Provident Fund Board (CPF) and (ii) additional private insurance coverage run by the private insurer. The MediShield Life component provides coverage targeted at B2/C-wards in public hospitals, while the additional private insurance coverage provides additional coverage beyond MediShield Life coverage. **This table provides a comparison of insurers' premiums for IPs for Class B1 wards in public hospitals. For the annual change in IP premium over last 3 years, the figures reflect the compound annual growth rate of the IP premium excluding MSHL premium, and inclusive of GST.**

Comparison of Integrated Shield Plan Premiums for Singapore Citizen (SC) and Permanent Resident (PR) Policyholder (Rounded to nearest \$, inclusive of GST)						
	[Great Eastern] GREAT SupremeHealth B*			[Great Eastern] GREAT SupremeHealth B PLUS		
Age Next Birthday:	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years
1 to 20	238 - 246	38 - 46	0.3%	261	61	2.0% to 8.0%
21 to 30	341	46	0.3%	372	77	0.3% to 9.7%
31 to 40	568	65	0.3%	596 - 608	93 - 105	1.6% to 8.6%
41 to 50	757	120	0.3%	803 - 812	166 - 175	3.7% to 6.5%
51 to 60	1,112	209	0.3%	1193 - 1247	290 - 344	3.0% to 8.5%
61 to 65	1,469 - 1,516	338 - 385	0.3%	1,587 - 1,719	456 - 588	1.9% to 9.3%
66 to 70	1,916 - 1,996	590 - 670	0.3%	2,085 - 2,316	759 - 990	1.3% to 8.7%
71 to 73	2,586 - 2,716	943 - 1,073	0.3%	2,832	1,189	2.8% to 7.4%
74 to 75	2,966 - 3,067	1,150 - 1,251	0.3%	3,217	1,401	3.9% to 6.2%
76 to 78	3,335 - 3,391	1,308 - 1,364	0.3%	3,672	1,645	2.6% to 7.2%
79 to 80	3,777	1,590	0.3%	4,123	1,936	3.6% to 5.9%
81 to 83	3,924	1,621	0.3%	4,444	2,141	4.0% to 6.0%
84 to 85	4,380	1,764	0.3%	4,924	2,308	4.5% to 5.6%
86 to 90	4,835 - 5,092	2,050 - 2,307	0.3%	5,255 - 5,461	2470 - 2676	3.8% to 5.9%
Premiums above age 90	5,234 - 5,972	2,408 - 3,146	0.3%	5,689 - 6,428	2863 - 3602	3.8% to 6.1%

	[Prudential] PRUShield B*			[Singlife] Singlife Shield Plan 3			[Raffles Health Insurance] Raffles Shield B		
Age Next Birthday:	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years	IP Premium (incl. MSHL)	IP Premium (excl. MSHL)	Annual change in IP premium (excl. MSHL) over last 3 years
1 to 20	240	40	0.3%	271 - 292	71 - 92	0.2% to 9.2%	277	77	11.0%
21 to 30	335	40	0.3%	388 - 397	93 - 102	8.1% to 11.5%	377	82	11.1%
31 to 40	556	53	0.3%	607 - 618	104 - 115	1.0% to 4.4%	619	116	11.3%
41 to 50	715	78	0.3%	821 - 858	184 - 221	0.4% to 3.8%	812 - 822	175 - 185	11.3% to 13.4%
51 to 60	985 - 995	82 - 92	0.3%	1191 - 1227	288 - 324	0.9% to 3.9%	1,233 - 1,247	330 - 344	13.5% to 13.6%
61 to 65	1,310	179	0.3%	1,624 - 1,644	493 - 513	0.6% to 1.9%	1,690	559	13.6%
66 to 70	1,681	355	0.3%	1,921 - 1,925	595 - 599	-6.4% to -6.2%	2,232	906	13.6%
71 to 73	2,289	646	0.3%	2,621 - 2,682	978 - 1,039	-5.6% to -3.7%	2,990	1,347	13.6%
74 to 75	2,566	750	0.3%	2,885 - 2,915	1,069 - 1,099	-7.6% to -6.7%	3,390	1,574	13.6%
76 to 78	3,183	1,156	0.3%	3,226 - 3,406	1,199 - 1,379	-14.7% to -10.6%	3,839	1,812	13.6%
79 to 80	3,272	1,085	0.3%	3,646 - 3,726	1,459 - 1,539	-9.1% to -7.5%	4,272	2,085	13.7%
81 to 83	3,131	828	0.3%	3,922 - 4,102	1,619 - 1,799	-14.3% to -11.3%	4,450	2,147	13.8%
84 to 85	3,479	863	0.3%	4,515 - 4,614	1,899 - 1,998	-9.9% to -8.3%	4,828	2,212	6.6%
86 to 90	3,726	941	0.3%	4,884 - 5,284	2,099 - 2,499	-11.7% to -7.7%	5,063 - 5,510	2,278 - 2,725	3.7% to 4.9%
Premiums above age 90	4,812 - 5,232	1,986 - 2,406	0.3%	5,425 - 5,825	2,599 - 2,999	-8.9% to -8.2%	5,633 - 6,217	2,807 - 3,391	1.3% to 2.7%