

Integrated Shield Plans for Ward Class A in Public Hospitals

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Integrated Shield Plans: 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. IPs therefore do not provide duplicate coverage with MediShield Life. **This table provides a comparison between IPs for Class A wards in public hospitals.**

Comparison of Private Integrated Shield Plans for Class A in Public Hospitals

Benefits	Income IncomeShield Plan A*	Income Enhanced IncomeShield Advantage	AIA HealthShield Gold Max B	Great Eastern Supreme Health A*	Great Eastern Supreme Health A Plus	Prudential PruShield A*	Prudential PruShield A Plus	Aviva MyShield Plan 2	AXA Shield Plan B
Inpatient and Day Surgery:									
Daily ward and treatment charges	1,200/day	As Charged	As Charged	1,800/day	As Charged	900/day	As Charged	As Charged	As Charged
Daily ward and treatment charges in ICU	1,700/day			3,000/day		1,400/day			
Surgery	600 - 9,400			800 - 17,000		800 - 10,000			
Surgical Implants and approved medical consumables	11,000/admission			12,000/treatment		10,000/treatment			
Gamma Knife	12,600/procedure			12,000/procedure		16,000/treatment			
Confinement in Community Hospital	1,200/day (up to 45 days for each admission)	As Charged (up to 90 days for each admission)	-	750/day	900/day	As Charged (up to 45 days)	As Charged (up to 45 days)		
Inpatient Psychiatric Treatment	7,000/yr	As Charged, up to 7,000/yr	4,000/yr (Additional post-hospitalisation psychiatric treatment of 2,500/yr within 200 days after Confinement)	-	22,000/yr (Including pre & post hospitalisation benefits)	-	3,500/yr	(i) As Charged (up to 45 days) [with 10 mth waiting period] (ii) \$500/day (up to 35 days) [without waiting period]	Up to \$4,000, capped at 35 days per policy year
Outpatient Treatment:									
Kidney Dialysis	3,000/mth	As Charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 36,000/yr. Pro-ration only apply for charges above 36,000 /yr.	48,000/yr	As Charged	36,000/yr	As Charged	As Charged	As Charged
Cancer treatment:									
Radiotherapy (i) External or Superficial (ii) Brachytherapy	(i) External or Superficial:400/session (ii) Brachytherapy: 500/session	As Charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 500/session. Pro-ration only apply for charges above 500/session.	(i) External or Superficial: 780/session (ii) Brachytherapy: 1,400/session	As Charged	600/day	As Charged	As Charged	As Charged
Chemotherapy	3,500/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 36,000/yr. Pro-ration only apply for charges above 36,000 /yr.	35,000/year		42,000/year			
Immunotherapy	1,000/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 24,000/yr. Pro-ration only apply for charges above 24,000 /yr.	15,000/year		15,000/year			
Stereotactic Radiotherapy	3,000/session		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 4,000/session. Pro-ration only apply for charges above 4,000 /session.	3,500/course		3,500/treatment			
Immunosuppressants for organ transplants	700/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 7,200/year. Pro-ration only apply for charges above 7,200/year.	12,000/yr		7,200/year			
Erythropoietin	700/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 7,200/year. Pro-ration only apply for charges above 7,200/year.	8,000/yr		7,200/year			

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Additional Benefits Limits:									
Pre-Hospitalisation Treatment (number of days indicate maximum number of days covered prior admission) (Note (1))	Limited to unused balance amount** of room, board and medical-related services, intensive care unit (ICU) and medical-related services benefits and staying in a community hospital (Up to 90 days)	As Charged (Up to 90 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.	As Charged (Up to 120 days)	-	As Charged (Up to 180 days)	As Charged (Up to 90 days)	As Charged (Up to 180 days)
Post-Hospitalisation Treatment (number of days indicate maximum number of days covered after discharge) (Note (1))	** 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, with additional 100 days for 30 critical illnesses)	Post-hospitalisation treatment is limited to unused balance amount of room, board and medical-related services benefit.	As Charged (Up to 180 days)	-	As Charged (Up to 365 days)		As Charged (Up to 365 days)
Major Organ Transplant	Covered under Inpatient and Day surgery limits	As Charged	As Charged	-	As Charged	-	As Charged (for selected organs)	As Charged (for selected organs)	As Charged (for selected organs)
Living Donor Organ Transplant, coverage for insured donor (after 24 mths waiting period) (Note (2))	-	As Charged up to 40,000/transplant	40,000/transplant	-	40,000 / transplant	-	40,000/yr	30,000/lifetime	\$40,000 per transplant
Living Donor Organ Transplant, coverage for non-insured donor (after 24 mths waiting period) (Note (3))	-	-		-	40,000 / transplant	-		-	
Pregnancy Complications Benefit (after 10 months waiting period) (for selected conditions only - please check with your insurer for further details)	5,000/yr	As Charged	As Charged	-	As Charged	-	As Charged	As Charged	As Charged
Congenital Abnormalities Benefit of Insured	7,500/yr (with 24 mths waiting period)	As Charged (with 12 mths waiting period)		-	(i) 15,000/yr (Within 730 days of last policy effective date) (ii) As Charged (After 730 days from last policy effective date)	-	As Charged (with 24 mths waiting period)	As Charged (with 24 mths waiting period)	As Charged (after a waiting period of 365 days)
Congenital Abnormalities Benefit of Insured's biological child from birth [only for insured females]	-	-	16,000/ lifetime Limited to 4,000/child [with 10 month waiting period]	-	[For both female and male insureds] 16,000 / lifetime Limited to 4,000 / child [with 300 days waiting period]	-	-	-	-
Prosthesis Benefit	6,000/yr	As Charged, up to 6,000/yr	-	-	-	-	-	-	-
Critical Illnesses	-	-	Additional 75,000 policy yr limit (for 30 Critical Illnesses) (Note (4))	-	-	-	-	Additional 100,000/yr (for 5 Critical Illnesses) (Note (4))	-
Emergency overseas treatment	Covered under Inpatient and Day surgery limits	As Charged but limited to costs of ward class A in Singapore restructured hospitals	Reimburse the Eligible Expenses incurred for overseas medical or surgical treatment subject to the Hospitalisation and Surgical Benefits Limits of Compensation applicable under AIA HealthShield Gold Max B. Benefit payable under Emergency Overseas (Outside Singapore) Medical Treatment Benefit shall be 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 Private Hospital, whichever is the lower, subject to the benefit limits of Supreme Health A.	As Charged (But limited to Singapore Restructured Hospitals, Class A Ward charges)	Reimburse the lower of Hospital expenses incurred up to the limits covered by PruShield A or the actual Reasonable and Customary Expenses	As Charged (paying the lower of: - the overseas charges; or - in accordance with a Singapore Restructured Hospital's charges)	As Charged (pegged to costs of Singapore General Hospital)	As Charged (pegged to costs of Singapore Restructured hospitals)
Planned overseas treatment	-	-	-	-	-	-		As Charged (pegged to costs of Singapore General Hospital) (Note (5))	-

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Other Policy Features									
Proration factors (Pls check with your insurer for more information on other applicable factors)	-	Private Hospitals - 65%	Private Hospitals - 70%	-	Private Hospitals - 70%	-	Private Hospitals - 65%	Private hospitals/ Hospitals outside Singapore -50%	Private Hospitals - 70%
Proration factors for Private Outpatient Clinics (Note (6))	-	65%	70% (Note (7))	-	70%	-	-	50%	70%
Deductibles (Per Policy Year) (Note (8))									
Class C	1,500	1,500	1,500	3,500	1,500	1,500	1,500	1,500	1,500
Class B2	2,000	2,000	2,000		2,000	2,000	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	3,500	3,500	3,500		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 1,500 (short stay) 2,000 (day surgery)	1,500	1,500	3,000 (day surgery) 2,000 (subsidised short stay ward) 3,500 (unsubsidised short stay ward)
Unsubsidised Day Surgery/ Short Stay Wards	Insured age 80 years or below at next birthday: 3,500 Insured age over 80 years at next birthday:5,250	Insured age 80 years or below at next birthday: 3,500 Insured age over 80 years at next birthday:5,250	2,000	2,000	Restructured hospital: 2,000 (short stay) 2,500 (day surgery) Private Hospital: 3,500 (short stay and day surgery)	2,000	2,000		
Co-insurance	10%	10%	10%	10%	10%	10%	10%	10% (max \$25,500/yr)	10%
Policy Year Limit	200,000	500,000	450,000	250,000	1,000,000	150,000	600,000	600,000	550,000
Lifetime Limit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Final Expense Benefit (Note (9))	5,000	5,000	3,500	6,000	6,000	5,000	3,000	10,000	-
Free new-born benefit (Note (10))	-	-	-	-	-	-	-	50,000 / yr	-
Preventive treatment for cancer	-	-	-	-	-	-	-	As charged	-
Waiver of Premium upon Total Permanent Disability	-	-	Waives 1 year premium	-	-	-	-	-	-
Last Entry Age	75	75	75	75	75	75	75	75	75
Maximum Coverage Age	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime

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 A in public hospitals.**

Integrated Shield Plan Premiums for Singapore Citizen (SC) and Permanent Resident (PR) Policyholder (Rounded to nearest \$)									
Age Next Birthday:	Income IncomeShield Plan A*	Income Enhanced IncomeShield Advantage	AIA HealthShield Gold Max B	Great Eastern Supreme Health A*	Great Eastern Supreme Health A Plus	Prudential PruShield A*	Prudential PruShield A Plus	Aviva MyShield Plan 2	AXA Shield Plan B
	SC & PR								
1 to 20	187-204	199-217	223	200-214	189-200	197	199	214	208
21 to 30	253	266	294	279	265	262	266	291	285
31 to 40	394-400	414-438	463	422	418	401	423	472	466
41 to 50	601-613	647-659	733	649	642	603	654	738-765	664 - 747
51 to 60	870-887	973-1,009	1,048-1,085	943	967	880-894	982-998	1,085-1,110	1,041 - 1,098
61 to 65	1,168	1,358	1,419	1,200	1,299	1,227	1,360	1,505	1,422
66 to 70	1,467	1,727	2,102	1,648	1,758	1,607	1,785	1,998	1,762
71 to 73	1,811	2,184	2,664	2,123	2,295	2,166	2,278	2,639	2,163
74 to 75	2,080	2,519	2,899	2,423	2,648	2,479	2,630	3,021	2,535
76 to 78	2,485	3,007	3,868	2,934	3,481	3,345	3,453	3,787	2,877
79 to 80	2,722	3,344	3,924	2,997	3,557	3,304	3,531	4,056	3,132
81 to 83	2,667	3,492	4,051	3,050	3,606	3,130	3,852	4,865	3,443
84 to 85	3,136	3,991	4,474	3,284	4,284	3,606	4,450	5,106	3,884
86 to 90	3,604-3,881	4,349-4,652	4,646-4,817	4,103-4,257	5,249-5,308	3,863	4,740	5,873-5,979	4,249 - 4,578
Premiums above age 90	4,231-5,282	5,017-6,515	5,128-6,203	4,280-5,261	5,358-6,622	5,546-6,202	4,879-5,924	6,051-6,401	5,975 - 6,373

* 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, emergency overseas treatment and free new-born benefit. Please check with you insurer for more

Note (2): (a) For GE 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 Aviva 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.

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 if the living donor is not eligible to be reimbursed under MediShield Life, Medisave-approved Integrated Shield Plans or any

Note (4): AIA and Aviva's Critical Illness Benefit is provided over and above the Overall Policy Year 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): The pro-ration will only apply after the specified amount for each outpatient treatment is exceeded

Note (8): (a) For GE's Supreme Health plan, the deductible applicable for policyholders after the age of 85 will be raised by \$1,000 of the above listed deductible.

(b) For GE's Supreme Health Plus plan, the deductible applicable for policyholders after the age of 85 will be 150% of the listed deductibles

(c) For AIA Plans, the deductible applicable for policyholders after the age of 82 are: Class C-\$1,500, Class B2-\$2,250, Class B1-\$3,000, Class A and pte hospital-\$4,500, day surgery and short-stay ward-\$3,000

(d) For Prudential PruShield A Plus, the deductible applicable for policyholders after the age of 85 will be 150% of the above listed deductible.

(e) For Income's IncomeShield Plan A and Enhanced IncomeShield Advantage, the deductible applicable for policyholders after the age of 80 is as follows: Class C - \$2,250, Class B2/B2+ - \$3,000, Class B1 - \$3,750, Class A and pte hosp - \$5,250, Subsidised Day Surgery and Short Stay Ward - \$3,000, Non-

subsidised Day Surgery and Short Stay Ward - \$5,250

(f) For Aviva's MyShield Plan and AXA's AXA Shield Plan, the deductible applicable for policyholders after the age of 80 will be 150% of the listed deductibles.

Note (9): 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 (10): Applicable to new-born child(ren) from 15 days old or the date of discharge from hospital after birth, whichever is later. The benefit ends on the date the new-born is 6 months old or takes up a Medisave-approved integrated shield plan, whichever is earlier. Both parents must be covered under plan 1 or plan 2

continuously for at least 10 months from the cover start date of their respective policies on the new-born's date of birth.

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 year, where the insured person is aged 40 or less at his/her next birthday on date of policy commencement/renewal

(b) \$600 per policy year, where the insured person is aged between 41 to 70 years at his/her next birthday on date of policy commencement/renewal

(c) \$900 per policy year, where the insured person is aged 71 or more years at his/her next birthday on date of policy commencement/renewal