GREAT EASTERN LIFE
GREAT SUPREMEHEALTH

POLICY VERSION AC04/23

In THIS POLICY, "THE COMPANY" is THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED and "THE POLICYHOLDER" is the Policyholder named in Schedule A. "LIFE ASSURED" refers to any person named as the Life Assured in Schedule A or in an endorsement on this Policy.

SCHEDULE A defines the scope of the insurance under this Policy, including the Plan Type for the Life Assured, and all terms and conditions must be read in conjunction with this Schedule A. Schedule A may be varied by endorsements on this Policy. From time to time, the Company may issue a fresh Schedule A which consolidates all variations made since the last Schedule A was issued. Upon issue, the new Schedule A will take effect from the stated Effective Date and all previous Schedules A will be void from that date.
THIS

(a) Policy;
(b) Schedules;
(c) Endorsements;
(d) the written Proposal and Declarations (which form the basis of this Contract);
(e) all subsequent written notices given by the Company to the Policyholder; and
(f) all subsequent written statements given by the Policyholder to the Company,

will make up the whole of the Contract of Insurance between the Company and the Policyholder.

THIS GREAT SUPREMEHEALTH Insurance is subject to the terms contained in this Policy and in endorsements, if any, attached to this Policy. No change in or endorsement on this Policy is valid unless approved by a duly authorised personnel of the Company.

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The table of contents, headings and sub-headings in this Policy are inserted merely for convenience of reference and will be ignored in the interpretation of the terms and conditions contained in this Policy.

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SCHEDULE B: TABLE OF BENEFITS (inclusive of MediShield Life Limits)

LIMITS ON EXPENSES (All Amounts in S$)			
Plan Type	**P PLUS**	**A PLUS**	**B PLUS**
Hospital / Ward Class Entitlement	**Private & Restructured Hospitals**	**Restructured Hospitals, Class A Wards & lower**	**Restructured Hospitals, Class B1 Wards & lower**
EXPENSE ITEM	**BENEFIT LIMIT**	**BENEFIT LIMIT**	**BENEFIT LIMIT**
1. INPATIENT / DAY SURGERY BENEFITS			
A. HOSPITALISATION AND SURGERY BENEFITS			
Normal Ward	As Charged [1]	As Charged [1]	As Charged [1]
Intensive Care Unit (ICU)	As Charged [1]	As Charged [1]	As Charged [1]
Short-stay Ward	As Charged [1]	As Charged [1]	As Charged [1]
Examination and Laboratory Tests	As Charged [1]	As Charged [1]	As Charged [1]
Miscellaneous Hospital Services	As Charged [1]	As Charged [1]	As Charged [1]
Daily In-Hospital Medical Doctor's Visit	As Charged [1]	As Charged [1]	As Charged [1]
Surgery	As Charged [1]	As Charged [1]	As Charged [1]
Surgical Implants / Approved Medical Consumables	As Charged [1]	As Charged [1]	As Charged [1]
Radiosurgery	As Charged [1]	As Charged [1]	As Charged [1]
B. ADDITIONAL INPATIENT BENEFITS			
Pregnancy and Childbirth Complications	As Charged [1]	As Charged [1]	As Charged [1]
Breast Reconstruction after Mastectomy	As Charged [1]	As Charged [1]	As Charged [1]
Accidental Dental Treatment	As Charged [1]	As Charged [1]	As Charged [1]
Stem Cell Transplant	As Charged [1]	As Charged [1]	As Charged [1]
Organ Transplant	As Charged [1]	As Charged [1]	As Charged [1]
Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV	As Charged [1]	As Charged [1]	As Charged [1]
C. PRE & POST HOSPITALISATION BENEFITS			
Pre-Hospital Specialist's Consultation (within 120 days before Hospitalisation)	As Charged [1]	As Charged [1]	As Charged [1]
Post-Hospitalisation Treatment (i) within 180 days from Hospital discharge (ii) within 365 days from Hospital discharge [2]	As Charged [1]	As Charged [1]	As Charged [1]

[1] "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

[2] Post-Hospitalisation Treatment provided after 180 days must be provided in a Restructured Hospital or prescribed by a Specialist Doctor who is a Main Panel Provider or Extended Panel Provider, that had ordered the Planned Hospitalisation of the Life Assured. Refer to Clause 1.2.17 for details.

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LIMITS ON EXPENSES (All Amounts in S$)			
Plan Type	**P PLUS**	**A PLUS**	**B PLUS**
Hospital / Ward Class Entitlement	**Private & Restructured Hospitals**	**Restructured Hospitals, Class A Wards & lower**	**Restructured Hospitals, Class B1 Wards & lower**
EXPENSE ITEM	**BENEFIT LIMIT**	**BENEFIT LIMIT**	**BENEFIT LIMIT**
2. OUTPATIENT BENEFITS			
Erythropoietin	As Charged [1]	As Charged [1]	As Charged [1]
Immunosuppressants for organ transplant: (a) Cyclosporin (b) Tacrolimus (c) Other Immunosuppressant drugs	As Charged [1]	As Charged [1]	As Charged [1]
Kidney Dialysis Treatment	As Charged [1]	As Charged [1]	As Charged [1]
Radiotherapy for cancer (a) External (Except Hemi-Body) (b) Brachytherapy (c) Hemi-Body (d) Stereotactic	As Charged [1]	As Charged [1]	As Charged [1]
Outpatient Cancer Drug Treatment on the Cancer Drug List	5x of MediShield Life limit per month [3]	5x of MediShield Life limit per month [3]	5x of MediShield Life limit per month [3]
Outpatient Cancer Drug Services	5x of MediShield Life limit per Period of Insurance [4]	5x of MediShield Life limit per Period of Insurance [4]	5x of MediShield Life limit per Period of Insurance [4]
Long-term Parenteral Nutrition	As Charged [1]	As Charged [1]	As Charged [1]
3. ADDITIONAL BENEFITS			
Inpatient Sub-acute Care	$ 1,200 per day	$ 1,100 per day	$ 1,000 per day
Inpatient Rehabilitation Care	$ 800 per day	$ 780 per day	$ 750 per day
Inpatient Palliative Care	$ 800 per day	$ 780 per day	$ 750 per day
Outpatient Autologous Bone Marrow Transplant (for Multiple Myeloma)	$ 30,000 per Period of Insurance	$ 25,000 per Period of Insurance	$ 20,000 per Period of Insurance
Proton Beam Therapy	$ 50,000 per Period of Insurance	$ 40,000 per Period of Insurance	$ 30,000 per Period of Insurance
Cell, Tissue and Gene Therapy	$ 200,000 per Period of Insurance	$ 150,000 per Period of Insurance	$ 100,000 per Period of Insurance
Psychiatric Treatment (including Pre & Post Hospitalisation Benefits)	$ 25,000 per Period of Insurance	$ 22,000 per Period of Insurance	$ 20,000 per Period of Insurance

[1] "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

[3] The benefit limit for outpatient cancer drug treatment varies in accordance with the MediShield Life limit per month (pursuant to the Cancer Drug List found on the Ministry of Health's website (go.gov.sg/moh-cancerdruglist)). The Ministry of Health may update this from time to time. For the purposes of assessing the MediShield Life limit, "per month" shall mean the particular calendar month in which the outpatient cancer drug treatment was administered and/or received.

[4] The benefit limit for Cancer Drug Services varies in accordance with the MediShield Life limit per Period of Insurance (found on the Ministry of Health's website(https://go.gov.sg/mshlbenefits)). The Ministry of Health may update this from time to time.

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LIMITS ON EXPENSES (All Amounts in S$)				
Plan Type		**P PLUS**	**A PLUS**	**B PLUS**
Hospital / Ward Class Entitlement		**Private & Restructured Hospitals**	**Restructured Hospitals, Class A Wards & lower**	**Restructured Hospitals, Class B1 Wards & lower**
EXPENSE ITEM		**BENEFIT LIMIT**	**BENEFIT LIMIT**	**BENEFIT LIMIT**
Living Donor Organ Transplant (Kidney / Liver / Pancreas)	Life Assured is the Organ Donor – Covers Expenses Incurred by Life Assured	$ 60,000 per Transplant	$ 40,000 per Transplant	$ 20,000 per Transplant
	Life Assured is the Organ Recipient - Covers Expenses Incurred by the Organ Donor	$ 60,000 per Transplant	$ 40,000 per Transplant	$ 20,000 per Transplant
Congenital Abnormalities of the Life Assured		As Charged [1]	As Charged [1]	As Charged [1]
Congenital Abnormalities of the Life Assured's Biological Child	Within (and including) 730 days from the date of Birth of the Child	$ 20,000 per Lifetime [5] ($ 5,000 per child)	$ 16,000 per Lifetime [5] ($ 4,000 per child)	$ 12,000 per Lifetime [5] ($ 3,000 per child)
Emergency Medical Treatment outside Singapore [6]		As Charged [1] (*Limited to Private Hospitals charges*)	As Charged [1] (*Limited to Restructured Hospitals, Class A ward charges*)	As Charged [1] (*Limited to Restructured Hospitals, Class B1 ward charges*)
4. FINAL EXPENSES BENEFIT				
		$ 7,000	$ 6,000	$ 3,600

Plan Type	**P PLUS**	**A PLUS**	**B PLUS**
PRO-RATION FACTORS			
Expenses incurred in Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic [7]	NA [9]	70%	50% [10]
Expenses incurred in Restructured Hospital - Class A ward / government-funded Community Hospital - Class A ward / government-funded Inpatient Palliative Care Institution - Class A ward [8]	NA [9]	NA [9]	80% [10]
Expenses incurred in non-subsidised Short-stay Ward / day Surgery / outpatient treatment in Restructured Hospital [8]	NA [9]	NA [9]	80% [10]
Expenses incurred for Specially-Approved Medical Treatments, Services and/or Supplies (excluding cancer drug treatments)	50%	50%	50% [10]

[1] "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

[5] The benefit limit refers to per Lifetime of the Life Assured.

[6] Covers all Expenses incurred if the Life Assured requires treatments, medical services and/or supplies as a result of an Emergency while outside Singapore up to limits stated above.

[7] Refers to private sector outpatient clinics in Singapore.

[8] Does not apply to Expenses incurred by the Life Assured in a Restructured Hospital on an outpatient basis for Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin, Immunosuppressants for organ transplant, Long-term Parenteral Nutrition and Proton Beam Therapy.

[9] NA means Not Applicable.

[10] In addition, Pro-ration Factors will apply to Singapore permanent residents and Foreigners insured under Plan Type B PLUS for Expenses incurred in a Class B1 ward or lower ward of a Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution or a subsidised Short-stay Ward, day Surgery or outpatient treatment in Restructured Hospital. Refer to Clause 3.3.3 on details of the applicable Pro-ration Factor.

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Plan Type	P PLUS	A PLUS	B PLUS
DEDUCTIBLE [11]			
Per Period of Insurance (up to and including age 85 years next birthday on the Renewal Date)	Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic [7] / Hospital or medical clinic outside Singapore: All ward types & day Surgery: $ 3,500 Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution: Ward A : $3,500 Ward B1 : $2,500 Ward B2+/B2: $2,000 Ward C : $1,500 Short-stay Ward (non-subsidised): $ 2,000 Short-stay Ward (subsidised) : $ 1,500 Day Surgery (non-subsidised): $ 2,500 Day Surgery (subsidised) : $ 2,000		
Per Period of Insurance (following age 85 years next birthday on the Renewal Date)	Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic [7] / Hospital or medical clinic outside Singapore: All ward types & Day Surgery: $ 5,250 Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution: Ward A : $ 5,250 Ward B1 : $ 3,750 Ward B2+/B2: $ 3,000 Ward C : $ 2,250 Short-stay Ward (non-subsidised): $ 3,000 Short-stay Ward (subsidised): $ 2,250 Day Surgery (non-subsidised): $ 3,750 Day Surgery (subsidised) : $ 3,000		
CO-INSURANCE			
	10%	10%	10%
LIMITS ON BENEFITS PAYABLE			
Annual Benefit Limit	$ 1,500,000	$ 1,000,000	$ 500,000
Lifetime Benefit Limit	Unlimited	Unlimited	Unlimited

[7] Refers to private sector outpatient clinics in Singapore.

[11] Does not apply to Expenses incurred by the Life Assured on an outpatient basis for Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin, Immunosuppressants for organ transplant and Long-term Parenteral Nutrition and Proton Beam Therapy.

1 POLICY DEFINITIONS

The following terms are defined as stated below and apply wherever they appear in this Policy:

1.1 Special Definitions

1.1.1 Accident

An event that results in a sudden, unforeseen and involuntary Injury, and that event occurs independently of an illness, disease or any other causes.

1.1.2 Act

The Act refers to the MediShield Life Scheme Act 2015 and/or any other revised edition of the Act.

1.1.3 Aggregate Eligible Expenses

The Aggregate Eligible Expenses for the Life Assured is the sum of all Eligible Expenses incurred by the Life Assured during the Period of Insurance. On the Commencement Date of Insurance and on each subsequent Renewal Date of this Policy, the Aggregate Eligible Expenses for the Period of Insurance which follows that date is nil.

1.1.4 Annual Benefit Limits

Annual Benefit Limits refer to the benefit limits for the Plan Type insured, as set out in Schedule B, during the Period of Insurance.

1.1.5 Benefit Limits

Benefit Limits refer to the benefit limits for the Plan Type insured, as set out in Schedule B.

1.1.6 Cancer Drug List

Cancer Drug List refers to a list of clinically-proven and more cost-effective cancer drug treatments developed by Ministry of Health. Outpatient cancer drug treatments are only claimable under this Policy if used according to the clinical indications specified in the Cancer Drug List, unless otherwise stated in this Policy. The list may be updated periodically and can be found on the Ministry of Health's website (https://go.gov.sg/moh-cancerdruglist).

1.1.7 Cancer Drug Services

Cancer Drug Services refer to services that are ancillary to the administration of any cancer drug treatment (including such services for Outpatient Cancer Drug Treatment not on the Cancer Drug List), such as consultations, scans, lab investigations, treatment preparation and administration, supportive care drugs and blood transfusions.

1.1.8 Certificate of Pre-authorisation

A certificate issued in writing by the Company at its discretion, and subject to such conditions as it may impose from time to time, to the Life Assured to pre-authorise a claim on Eligible Expenses incurred for a Planned Hospitalisation, Surgery and/or treatment. The Certificate of Pre-authorisation must be issued prior to the commencement of that Planned Hospitalisation, Surgery and/or treatment.

1.1.9 Co-insurance

The proportion of the Expenses that needs to be borne by the Policyholder after the deduction of Deductible (where applicable), as set out in Schedule B.

1.1.10 Commencement Date of Insurance

The Commencement Date of Insurance refers to the Commencement Date, as set out in Schedule A which denotes the date when this Policy commences.

1.1.11 Community Hospital

Any “approved community hospital” as defined in the Regulations.

1.1.12 Country of Issue

The country in which this Policy is issued as set out in Schedule A.

1.1.13 Date of Reinstatement

The date when the Application for Reinstatement (as described in Clause 7.1.1) is approved by the Company or when the full reinstatement premium is received by the Company, whichever is later.

1.1.14 Day Surgery Centre

Any accredited medical clinic or centre approved by the Ministry of Health for the purposes of the Act and Regulations to provide day surgical treatment. Day Surgery Centre does not include dental day surgery centre.

1.1.15 Deductible

The amount which must be borne by the Policyholder before any benefit becomes payable under this Policy as set out in Schedule B. Expenses incurred for Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin, Immunosuppressants for organ transplant, Long-term Parenteral Nutrition and Proton Beam Therapy provided to the Life Assured on an outpatient basis will not be subject to Deductible.

1.1.16 Effective Date of Cancellation

The date of cancellation as advised by the Policyholder in his notice of cancellation or date of receipt of the notice of cancellation by the Company, whichever is later.

1.1.17 Electronic Claims Filing System

The electronic claims filing system set up by the Ministry of Health, Singapore.

1.1.18 Eligible Expenses

Eligible Expenses refers to Expenses which have been subject to the following;

(a) Pro-ration Factor;

(b) the deduction of Deductibles and Co-insurance; and

(c) Benefit Limits of this Policy,

unless otherwise stated in this Policy.

For the purposes of determining which Period of Insurance an Eligible Expense was incurred, the date when the Life Assured was admitted to a Hospital, has undergone a Surgery or sought treatment listed under Outpatient Benefits as set out in Schedule B for the same Injury or sickness that the Eligible Expense was incurred for shall be used as the date of reference, regardless of when the Eligible Expense was actually incurred.

1.1.19 Emergency

Emergency refers to a sudden or unexpected occurrence of a serious medical condition or Injury, which in our opinion and as evidenced by documentation that sets out the relevant diagnosis, requires urgent remedial treatment to avoid death or serious impairment to the Life Assured’s immediate or long-term health. The Company has the absolute discretion to determine if such sudden or unexpected occurrence of a serious medical condition or Injury is deemed as an Emergency, which determination shall be final and conclusive and binding on the Policyholder/Life Assured.

1.1.20 Expenses

Expenses refer to the Reasonable and Customary Charges (inclusive of Goods & Services Tax in Singapore but does not include any other governmental taxes payable in any jurisdiction) incurred by the Life Assured in respect of the treatments, medical services and/or supplies (which must be Medically Necessary) listed under Clause 1.2 below.

1.1.21 Extended Panel Provider

A Specialist doctor or medical service provider who is not a Main Panel Provider but is approved by the Company and meets other criteria such as being on other integrated shield plan provider's approved list of panel Specialist Doctors or medical service providers. The list of Extended Panel Providers can be found on the Company's corporate website. The Company reserves the right to amend or remove the list of Extended Panel Providers from time to time without prior notice.

1.1.22 Foreigner

A person who is neither a citizen nor a permanent resident of Singapore.

1.1.23 Free-look Period

Free-look Period refers to the period within twenty one (21) days after the date on which the Policyholder receives the Policy which first informs him of the Commencement Date of Insurance. The Policy shall be deemed to have been received by the Policyholder on the seventh (7th) day after the date of posting.

1.1.24 Goods & Services Tax

Goods & Services Tax refers to the goods and services tax as defined in Goods and Services Tax Act (Chapter 117A).

1.1.25 Government

The government of the Republic of Singapore.

1.1.26 Hospital

An establishment which is:

(a) a Restructured Hospital;

(b) a Private Hospital;

(c) a Day Surgery Centre; or

(d) a hospital overseas that is recognized and accepted by the Company.

For the avoidance of doubt, the term "Hospital" does not refer to a clinic, an alcoholic or drug rehabilitation centre, a nursing, rest or convalescent home, a spa or a hydroclinic, a Community Hospital, Inpatient Palliative Care Institution or similar establishment.

1.1.27 Hospitalisation

Confinement of the Life Assured in a Hospital:

(a) for 12 consecutive hours or longer;

(b) for which a room and board charge is made in connection with such confinement; or

(c) which is required because of a Surgery.

1.1.28 Injury

Damage of bodily tissues that is not sustained as a result of an illness or disease.

1.1.29 Inpatient Palliative Care Institution

Any "approved in-patient palliative care institution" approved by the Ministry of Health for the purposes of the Act and Regulations to provide inpatient palliative care.

1.1.30 Last Policy Effective Date

The latest date of:

(a) the Commencement Date of Insurance;

(b) the last Date of Reinstatement of the Policy; or

(c) the last effective date of upgrading of the Policy.

1.1.31 Main Panel Provider

A Specialist Doctor or medical service provider who is on the Company-approved main panel. The list of Main Panel Providers can be found on the Company's corporate website. The Company reserves the right to amend or remove the list of Main Panel Providers from time to time without prior notice.

1.1.32 Medical Doctor

Any person qualified by degree in Western medicine and legally licensed and authorised to practise medicine and surgery in the geographical area of his practice, other than the Policyholder, the Life Assured or a family member of either.

1.1.33 Medically Necessary

Medically Necessary refers to treatments, medical services and/or supplies which, in the Company's opinion, are:

(a) pursuant to an order of a Medical Doctor;

(b) consistent with the diagnosis and customary medical treatment for a covered illness, disease or Injury, in accordance with generally accepted medical practice in Singapore;

(c) in accordance with the standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;

(d) approved by the Institutional Review Board, the Centre of Medical Device Regulation, Health Sciences Authority (HSA) or other relevant authority in Singapore;

(e) not purely for the convenience of the Life Assured or the Medical Doctor, and unable to be reasonably rendered in an outpatient setting if admitted as an inpatient;

(f) not of an experimental or research nature (including but not limited to experimental, pioneering medical or surgical techniques and medical devices);

(g) as regards to medicinal products, not on medical trials whether or not these trials have a clinical trial certificate issued by the HSA or other relevant authority in Singapore; and

(h) not for Primary Prevention, preventive measures which are not also therapeutic in nature or for health enhancement (including but not limited to dietary replacement or supplement) in purpose.

The Company has the discretion to determine whether or not a treatment, medical service and/or supply is Medically Necessary.

1.1.34 MediSave

MediSave refers to the Central Provident Fund MediSave account.

1.1.35 MediShield Life

MediShield Life refers to the plan operated by the Central Provident Fund ("CPF") Board, which is governed by the Act and the Regulations.

1.1.36 Period of Insurance

The Period of Insurance refers to the period of insurance, as set out in Schedule A.

1.1.37 Plan Type

Plan Type refers to the plan type for the Life Assured, as set out in Schedule A.

1.1.38 Planned Hospitalisation

Planned Hospitalisation refers to the confinement of the Life Assured in a Hospital for which the Life Assured was not admitted through the accident and emergency department of a Hospital.

1.1.39 Pre-existing Condition

(a) Any illness, disease, disability, defect or impairments from which the Life Assured was suffering prior to the Commencement Date of Insurance; or

(b) Any illness, disease, disability, defect or impairment of which signs or symptoms had existed in the 12 months immediately preceding the Commencement Date of Insurance, for which:

(i) the Life Assured had sought or received medical advice or treatment, prescription of drugs, counselling, investigation or diagnostic tests, surgery, hospitalisation; or
(ii) an ordinarily prudent person would have sought medical advice or treatment, prescription of drugs, counselling, investigation or diagnostic tests, surgery, hospitalisation.

1.1.40 Primary Prevention

Primary Prevention refers to medical services for generally healthy individuals to, in the absence of any signs or symptoms that would indicate the need for a service, prevent a disease from ever occurring, including but not limited to general medical / health screening, general physical check-ups, vaccinations, medical certificates and examinations for employment or travel.

1.1.41 Private Hospital

Any Singapore private hospital approved by the Ministry of Health for the purposes of the Act and Regulations that is not a Restructured Hospital.

1.1.42 Pro-ration Factor

Pro-ration Factor refers to the pro-ration factor as described in Clause 3.3 below.

1.1.43 Reasonable & Customary Charges

Any fee or expense which is charged for treatments, medical services and/or supplies which in the Company's opinion does not:

(a) exceed the usual level of charges for similar treatments, medical services and/or supplies in Singapore; and

(b) include fees or charges that would not have been incurred had no insurance existed.

The Company may determine whether any particular Expenses incurred for treatments, medical services and/or supplies are Reasonable and Customary Charges by taking into account what it determines to be relevant factors, including taking reference from the Company's claims data as well as relevant publication, information or schedule(s) of fees prescribed by the Government, official medical bodies, relevant authorities and recognised medical associations in the locality, which will outline the most appropriate course of care for a specific Illness, Surgery or procedure. We reserve the right to adjust, at our sole discretion, the benefits payable under this Policy for any treatments, medical services and/or supplies to take into account any fees or expenses that are not Reasonable and Customary Charges. The Company has the discretion to determine whether or not a fee or expense is a Reasonable & Customary Charge.

1.1.44 Regulations

The Regulations refer to the MediShield Life Scheme Regulations 2015 and/or any other revised future edition of the Regulations.

1.1.45 Renewal Date

The date immediately following the last day of any Period of Insurance.

1.1.46 Restructured Hospital

Any "approved restructured hospital" as defined in the Regulations.

1.1.47 Specialist Doctor

A Medical Doctor who is accredited by the Specialist Accreditation Board and registered with the Registry of Specialist, maintained by the Singapore Medical Council to practice in a specific field of medicine in the geographical area of his practice.

1.1.48 Specially-Approved Treatments, Medical Services and/or Supplies

Treatments, medical services and/or supplies that:

(a) are not registered with, but have received special authorisation from the HSA and/or the Government solely for the purposes of treating the illness, disease or Injury (as the case may be) of the Life Assured; and

(b) have been approved by an overseas regulatory agency, which is recognised by HSA as one of its reference drug regulatory agencies, for the purposes of treating that illness, disease or Injury (as the case may be) of the Life Assured,

but does not, include the items that are excluded pursuant to Clause 4.1(c).

1.2 Expense Items

The following is a list of treatments, medical services and supplies referred to in Clause 1.1.20 (Expenses) above:

1.2.1 Normal Ward

Accommodation in a Hospital including meals and general nursing during confinement as a bed-paying patient in a standard room. This includes Expenses incurred arising from the high dependency ward. For deluxe rooms, luxury suites or other special rooms that are available in the Hospital, Expenses incurred will be reimbursed only up to the room and board rates for a standard room in that Hospital.

1.2.2 Intensive Care Unit (ICU)

Confinement in the intensive care unit of a Hospital.

1.2.3 Short-stay Ward

Confinement in the short-stay ward in an accident and emergency department of a Restructured Hospital for patients who need a short period of inpatient monitoring and treatment.

1.2.4 Examination and Laboratory Tests

Examinations using instruments and laboratory tests performed during the period of Hospitalisation where such examinations and tests are ordered by a Specialist Doctor and is directly related to the medical condition for which the Hospitalisation was required.

1.2.5 Miscellaneous Hospital Services

Drugs and medicines, dressings, splints and plaster casts, intravenous infusions and blood transfusions, anaesthetics (other than that required for Surgery) and oxygen and their administration supplied to the Life Assured during Hospitalisation.

1.2.6 Daily In-Hospital Medical Doctor's Visit

Consultation by a Medical Doctor who attends to and treats the Life Assured during Hospitalisation.

1.2.7 Surgery

Surgery solely refers to surgical operations that are listed in the "Table of Surgical Procedures" under the MediSave Scheme operated by the Ministry of Health and performed in a Hospital and/or Day Surgery Centre (regardless of whether the Life Assured is hospitalised or not). The surgery must be performed by a Medical Doctor and involves local or general anaesthesia. The surgical Expenses include fees and charges for anaesthetics and oxygen and their administration and use of operating theatre and facilities. Surgery excludes Accidental Dental Treatment.

1.2.8 Surgical Implants / Approved Medical Consumables

Surgical Implant refers to an implant inserted into the body of the Life Assured during Surgery and remains in the body of the Life Assured on completion of the Surgery.

Approved Medical Consumables includes any of the following:

(a) intravascular electrodes used for electrophysiological procedures;

(b) Percutaneous Transluminal Coronary Angioplasty (PTCA); or

(c) inter-aortic balloons (or balloon catheters).

1.2.9 Radiosurgery

Gamma knife treatment or novalis radiosurgery performed by a Medical Doctor during the Hospitalisation of the Life Assured.

1.2.10 Pregnancy and Childbirth Complications

One of the following complications arising from a pregnancy or childbirth, even if it results in caesarean section, vacuum extraction or forceps delivery. The relevant diagnosis must be made by an obstetrician.

(a) Abscess of breast - Abscess of breast associated with childbirth;

(b) Accreta placenta - Abnormal trophoblast invasion into the myometrium of the uterine wall, requiring cesarean hysterectomy during delivery;

(c) Acute fatty liver pregnancy - Severe acute fatty liver occurring during pregnancy and where at least three (3) of the following criteria must be fulfilled:

- Imaging studies consistent to the diagnosis of a fatty liver;
- Bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least five (5) days;
- Renal impairment; and/or
- Coagulopathy.

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

(d) Amniotic fluid embolism - Entering of amniotic fluid into the maternal circulation that has caused life threatening pulmonary edema or cardiac arrest in the mother or foetal death;

(e) Antepartum and intrapartum haemorrhage - The severe abnormal bleeding from the female genital tract at or after twenty (20) weeks of pregnancy before or during childbirth;

(f) Breech delivery - The delivery of a foetus (unborn baby) hind end first;

(g) Choriocarcinoma and hydatidiform mole - Occurrence of a histologically confirmed choriocarcinoma and/or molar pregnancy;

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

(i) Disseminated intravascular coagulation - Only disseminated intravascular coagulation caused as a result of pregnancy complications is covered;

(j) Ectopic pregnancy - A condition in which implantation of a fertilised ovum occurs outside the uterine cavity;

(k) Fourth degree perineal laceration - Perineal laceration following vaginal delivery which involves the perineal structures, external anal sphincter, internal anal sphincter and rectal mucosa. Perineal laceration less than fourth degree or without identified degree are excluded;

(l) Infection of amniotic sac and membranes - Infection of the amniotic sac or membranes;

(m) Still birth - The birth of a baby after twenty eight (28) weeks gestation, which has not, at any time after being expelled completely from the mother, breathed or showed any sign of life. Elective termination of pregnancy and abortion are specifically excluded;

(n) Maternal death;

(o) Miscarriage - The death of the foetus (unborn baby) after thirteen (13) weeks of pregnancy as a result of a sudden unforeseen and involuntary event and must not be due to a voluntary or malicious act;

(p) Obstetric cholestasis;

(q) Obstetric injury or damage to pelvic organs - Injuries to the pelvic organs or surrounding structures as a consequence of vaginal delivery;

(r) Placenta previa - The presence of placental tissue extending over the internal cervical os, resulting in an indication for cesarean delivery;

(s) Placental abruption - Premature separation of the placentae from the uterine wall after the twentieth (20th) week gestation that has caused foetal death or has required emergency caesarean section;

(t) Postpartum haemorrhage requiring hysterectomy - Ongoing uterus bleeding (secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus) requiring hysterectomy.

(u) Postpartum inversion of uterus - Condition in which the uterine fundus collapses into the endometrial cavity, turning the uterus partially or completely inside out;

(v) Pre-Eclampsia or eclampsia;

(w) Retained placenta and membranes - The retention of the placenta or other products of conception in the uterus after delivery;

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

(y) Uterine rupture - The complete disruption of all uterine layers, including the serosa. A surgery must be performed to correct the abnormality.

The complication must be first diagnosed after 300 days from the Last Policy Effective Date. For the avoidance of doubt, expenses incurred for normal delivery and managing the pregnancy (prior or after the diagnosis of the above complications) will not be covered.

1.2.11 Breast Reconstruction after Mastectomy

Reconstructive surgery of the breast on which a mastectomy has been performed as a treatment of breast cancer. The breast reconstruction Surgery or any subsequent follow-up Surgery on that breast reconstruction surgery must be performed by a Medical Doctor within 365 days from the date of the first mastectomy. The breast cancer must be first diagnosed after the Last Policy Effective Date. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered. Any complications from reconstruction of the breast after mastectomy and arising after 365 days from the date of that mastectomy will not be covered.

1.2.12 Accidental Dental Treatment

Dental surgeries performed by a duly qualified dental surgeon to restore or replace sound natural teeth lost or damaged caused by an Accident. The surgery must be performed during the Hospitalisation of the Life Assured.

1.2.13 Stem Cell Transplant

Expenses incurred by the Life Assured arising from and directly attributed to the stem cell transplant treatment including surgeon's fees, anaesthetist fees, Hospital's operating theatre and facilities fees due to an illness or a medical condition.

Outpatient therapy such as injection or extraction where there is no Surgery or Hospitalisation involved will not be covered under this expense item. For the avoidance of doubt, all other costs incurred by or in respect of any donor who is not the Life Assured arising from or in relation or incidental to the stem cell transplant including costs of donor searches, harvesting and laboratory tests, investigations, storage, transportation and cell culture are expressly excluded.

1.2.14 Organ Transplant

Expenses incurred by the Life Assured when Life Assured is the recipient of the following human organ(s) transplant - lung(s), kidney(s), heart, liver, cornea(s), skin, pancreas and musculoskeletal tissue which arise from and directly attributed to the said transplant. The transplant must be performed by a Specialist Doctor during the Hospitalisation of the Life Assured.

For the avoidance of doubt, all Expenses incurred from an illegal transplantation or arising from any illegal transaction or practice will not be covered.

1.2.15 Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV

1.2.15.1 Infection with the HIV through a blood transfusion, provided that all of the following conditions are met:

(a) the blood transfusion was Medically Necessary or given as part of a medical treatment;

(b) the blood transfusion was received in Singapore after the Last Policy Effective Date; and

(c) the source of the infection is established to be from the Hospital that provided the blood transfusion and the Hospital is able to trace the origin of the HIV tainted blood.

1.2.15.2 Infection with HIV which resulted from an Accident occurring after the Last Policy Effective Date , whilst the Life Assured was carrying out the normal professional duties of his or her own occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

(a) proof that the Accident involved a definite source of the HIV infected fluids;

(b) proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and

(c) proof that the Life Assured is a medical practitioner, a houseman in a Hospital, medical student, registered nurse, medical laboratory technician, dental surgeon, dental nurse or paramedical worker, working in a medical centre or medical clinic in Singapore.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

1.2.16 Pre-Hospital Specialist's Consultation

Expenses incurred by the Life Assured for a Specialist Doctor's consultation, including the examinations using instruments and laboratory tests ordered by a Specialist Doctor, and treatments of a medical condition, for which the Specialist Doctor recommends and the Life Assured undergoes (as a result of such recommendation) Hospitalisation or Surgery.

The Pre-Hospital Specialist's Consultation including the examinations using instruments and laboratory tests, must be related to the medical condition that results in Hospitalisation or Surgery and take place:

(a) in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such consultations and treatments; and

(b) not more than 120 days before the Hospitalisation or Surgery.

The Company reserves the right to reject Expenses incurred in connection with any medical second opinions, in its sole discretion. Pre-Hospital Specialist's Consultation excludes consultations and treatments provided by that Specialist Doctor during and after the recommended Hospitalisation or Surgery.

For the avoidance of doubt, the Company will not pay for any Expenses incurred by the Life Assured for any allied health services, including but not limited to physical therapy, occupational therapy and speech therapy, provided prior to the Hospitalisation or Surgery.

1.2.17 Post-Hospitalisation Treatment

Post-Hospitalisation treatment refers to treatment, including examinations using instruments and laboratory tests ordered by a Medical Doctor, received by the Life Assured after the discharge from a Hospital. The Post-Hospitalisation Treatment must be prescribed by a Medical Doctor and resulted directly from the condition for which Hospitalisation was required.

The Post-Hospitalisation Treatment refers to any of the following:

(a) general outpatient services provided by a non-Specialist Doctor (general practitioner) in a Hospital or in a medical clinic where the Medical Doctor customarily provides such services; or

(b) specialist outpatient services provided by a Specialist Doctor in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such services.

(c) speech therapy recommended in writing by the treating Medical Doctor as one of the medical treatments arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation or Surgery. The speech therapy session has to be performed by a qualified speech therapist for the purpose of restoring the Life Assured's impaired speech function.

For the avoidance of doubt, this expense item shall not include speech therapy which:

(i) aims to improve speech skills which are not fully developed;

(ii) is educational in nature;

(iii) is intended to maintain speech communication;

(iv) aims to improve speech or language disorders (such as stammering); or

(v) is a result of learning difficulties, developmental problems (such as dyslexia), attention-deficit hyperactivity disorder or autism.

(d) occupational therapy recommended in writing by the treating Medical Doctor as one of the medical treatments arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation or Surgery. The occupational therapy session has to be performed by a qualified occupational therapist for the purpose of improving the Life Assured's functional ability to perform normal activities of daily living.

(e) physical therapy recommended in writing by the treating Medical Doctor as one of the medical treatments arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation or Surgery. The physical therapy session has to be performed by a qualified therapist for the purpose of assisting the Life Assured to restore physical mobility to perform normal activities of daily living. The types of therapy covered include but are not limited to physiotherapy and hydrotherapy.

The Post-Hospitalisation Treatment must be administered within 180 days from the date of discharge from a Hospital. The Company will extend the period from 180 days to 365 days provided that:

(a) the Life Assured was discharged from:

(i) a Restructured Hospital; or

(ii) a Private Hospital; and

(b) such Post-Hospitalisation Treatment must be:

(i) provided in a Restructured Hospital; or

(ii) provided or prescribed by the admitting and/or main treating Specialist Doctor, who is a Main Panel Provider or Extended Panel Provider, that had ordered for Planned Hospitalisation of the Life Assured.

This extended period from 180 days to 365 days will not apply if the Life Assured is discharged from an overseas Hospital.

Any pre-purchased treatments, medical services and supplies which are not used within the said period shall be excluded. For the avoidance of doubt, Post-Hospitalisation Treatment received by the Life Assured, that arises from or is covered under any Outpatient Benefits, will not be covered.

1.2.18 Kidney Dialysis Treatment

Inpatient or outpatient kidney dialysis treatment performed at a Hospital or at an approved MediSave / MediShield Life accredited dialysis centre.

The following Expenses incurred in connection with kidney dialysis treatment will be covered;

(a) consultations by a Specialist Doctor including Specialist Doctor's consultations, treatments, laboratory and examination tests that is directly related to a medical condition which results in kidney dialysis treatment. Such consultation must take place:

(i) in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such consultations; and

(ii) not more than 120 days before the kidney dialysis treatment; and/or

(b) laboratory and examination tests ordered by a Specialist Doctor during the course of the treatment and/or

(c) Post-Hospitalisation Treatment, provided that the Life Assured received inpatient kidney dialysis treatment.

The Kidney Dialysis Treatment includes the formulated solution prescribed by a Specialist Doctor and purchased from a Hospital or at an approved MediSave / MediShield Life accredited dialysis centre for peritoneal dialysis, which is not required to be performed at a Hospital or at an approved MediSave / MediShield Life accredited dialysis centre.

Any additional formulated solution not prescribed by the Specialist Doctor will not be covered. In addition, the cost of purchase or rental of the machine and apparatus for peritoneal dialysis and the costs for prescribed medications apart from Erythropoietin will not be covered.

1.2.19 Outpatient Cancer Drug Treatment on the Cancer Drug List and Outpatient Cancer Drug Services

Outpatient Cancer Drug Treatments on the Cancer Drug List and Outpatient Cancer Drug Services provided by a Hospital or at an approved MediSave / MediShield Life accredited oncology clinic where the Specialist Doctor customarily provides such treatments and services.

A cancer drug treatment shall be considered to fall within the Cancer Drug List if it was included in the Cancer Drug List as at the date of administration of such treatment to the Life Assured.

For Outpatient Cancer Drug Treatment on the Cancer Drug List that involves more than one drug, the Company will allow drug omission or replacement with another drug on the Cancer Drug List with the indication "for cancer treatment", only if it is due to intolerance or contraindications. In such cases, the MediShield Life limit of the original Outpatient Cancer Drug Treatment on the Cancer Drug List will apply.

For cases where multiple outpatient cancer drug treatments are administered in a month,

(a) if any of the Outpatient Cancer Drug Treatment on the Cancer Drug List have an indication of “monotherapy”, the Company will only cover Outpatient Cancer Drug Treatments on the Cancer Drug List with the indication “for cancer treatment” in that month.

(b) if none of the outpatient cancer drug treatments have an indication of “monotherapy”, the following will apply:

  (i) if more than one of the outpatient cancer drug treatments administered in a month have an indication other than “for cancer treatment”, the Company will only cover Outpatient Cancer Drug Treatments on the Cancer Drug List with the indication “for cancer treatment” in that month.

  (ii) if one or none of the outpatient cancer drug treatments administered in a month has an indication other than “for cancer treatment”, the Company will cover all Outpatient Cancer Drug Treatments on the Cancer Drug List in that month.

The Company will pay up to the highest limit among the Outpatient Cancer Drug Treatments on the Cancer Drug List that the Company covers in that month.

For Outpatient Cancer Drug Treatments on the Cancer Drug List, the indications refer to the clinical indications of the drug as specified in the Cancer Drug List on the Ministry of Health’s website (go.gov.sg/moh-cancerdruglist). Outpatient Cancer Drug Treatments not on the Cancer Drug List will be considered as having an indication other than “for cancer treatment”.

If the Life Assured incurs expenses for Outpatient Cancer Drug Services, such expenses will only be covered if they are incurred not more than 120 days before the Life Assured receives the outpatient cancer drug treatment(s).

For the avoidance of doubt, Cancer Drug Services incurred after the cancer has gone into remission, or once the course of treatment has ceased, will not be covered.

1.2.20 Radiotherapy for cancer

Inpatient or outpatient Radiotherapy for cancer treatment provided by a Hospital or at an approved MediSave / MediShield Life accredited oncology clinic.

The following Expenses incurred in connection with cancer treatment will be covered;

(a) consultation by a Specialist Doctor including Specialist Doctor's consultations, treatments, laboratory and examination tests that is directly related to a medical condition which results in Radiotherapy for cancer. Such consultation must take place:

  (i) in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such consultations; and

  (ii) not more than 120 days before the cancer treatment; and/or

(b) laboratory and examination tests ordered by a Specialist Doctor during the course of the treatment; and/or

(c) Post-Hospitalisation Treatment, provided that the Life Assured received inpatient Radiotherapy for cancer treatment.

1.2.21 Long-term Parenteral Nutrition

Expenses incurred by the Life Assured for parenteral nutrition bags and consumables necessary for administration of parenteral nutrition as outpatient treatment. The Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for long-term parenteral nutrition under MediShield Life.

1.2.22 Inpatient Sub-acute Care, Rehabilitation Care and/or Palliative Care

Expenses incurred by the Life Assured for sub-acute care, rehabilitation care and/ or palliative care, including accommodation, meals and general nursing, during the Life Assured's confinement as a bed-paying patient in a standard room of a Hospital, Community Hospital or Inpatient Palliative Care Institution, provided that:

(a) the Life Assured has undergone Hospitalisation and/or Surgery in a Hospital ("that Hospital") or treatment from the accident and emergency department of that Hospital after the Last Policy Effective Date and a Medical Doctor in that Hospital has recommended in writing that the Life Assured is to be confined in a Hospital or Community Hospital for further sub-acute care and/or rehabilitation care arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation in that Hospital or treatment from the accident and emergency department of that Hospital; and/or

(b) a Medical Doctor in a Hospital has recommended in writing that the Life Assured is to be confined in a Hospital or Inpatient Palliative Care Institution for further palliative care. Such recommendation must be in accordance to the guidelines set by Ministry of Health at the point of such recommendation.

For the avoidance of doubt, all Expenses incurred for sub-acute care, rehabilitation care and/or palliative care are expressly excluded under other expense items and does not refer to services provided under any home hospice or day hospice.

1.2.23 Outpatient Autologous Bone Marrow Transplant

The following Expenses incurred by the Life Assured arising from continuation of an outpatient autologous bone marrow transplant treatment due to Multiple Myeloma:

(a) Stem-cell mobilization;

(b) Harvesting of healthy stem cells;

(c) Pre-transplant workup;

(d) Use of high dosage chemotherapeutic drugs to destroy the cancerous cells;

(e) Engraftment of healthy stem cells; and

(f) Post-transplant monitoring.

All other expenses incurred by Life Assured which are directly related to the continuation of an outpatient autologous bone marrow transplant treatment ordered by a Medical Doctor or Specialist Doctor, such as Medical Doctor's consultation, Examinations and Laboratory Tests and Miscellaneous Hospital Services will be covered under this expense item.

1.2.24 Proton Beam Therapy

Inpatient, day surgery and outpatient proton beam therapy provided by a Hospital or at an accredited medical clinic for proton beam therapy approved by the Ministry of Health for the purposes of the Act and Regulations.

The following Expenses incurred in connection with cancer treatment will be covered;

(a) consultation by a Specialist Doctor including Specialist Doctor's consultations, treatments, laboratory and examination tests that is directly related to a medical condition which results in proton beam therapy. Such consultation must take place:

  (i) in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such consultations; and

  (ii) not more than 120 days before the proton beam therapy; and/or

(b) laboratory and examination tests ordered by a Specialist Doctor during the course of the treatment; and/or

(c) Post-Hospitalisation Treatment, provided that the Life Assured received inpatient proton beam therapy.

For the avoidance of doubt, Expenses incurred for Proton Beam Therapy is expressly excluded under other expense items.

1.2.25 Cell, Tissue and Gene Therapy

Inpatient, day surgery and outpatient cell, tissue and gene therapy provided by a Hospital or at an accredited medical clinic approved by the Ministry of Health for the purposes of the Act and Regulations.

The following Expenses incurred in connection with Cell, Tissue and Gene Therapy will be covered;

(a) consultation by a Specialist Doctor including Specialist Doctor's consultations, treatments, laboratory and examination tests that is directly related to a medical condition which results in cell, tissue and gene therapy. Such consultation must take place:

  (i) in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such consultations; and

  (ii) not more than 120 days before the cell, tissue and gene therapy; and/or

(b) laboratory and examination tests ordered by a Specialist Doctor during the course of the treatment; and/or

(c) Post-Hospitalisation Treatment, provided that the Life Assured received inpatient cell tissue and gene therapy.

For the avoidance of doubt, Expenses incurred for Cell, Tissue and Gene Therapy is expressly excluded under other expense items.

1.2.26 Psychiatric Treatment

Psychiatric treatment provided to the Life Assured by a Medical Doctor during Hospitalisation.

The following Expenses incurred by the Life Assured in connection with Psychiatric Treatment will also be covered under this expense item:

(a) Pre-Hospital Specialist's Consultation;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

1.2.27 Living Donor Organ Transplant (Kidney / Liver / Pancreas)

1.2.27.1 Life Assured is the Organ Donor – Covers Expenses Incurred by Life Assured

Transplanting Life Assured's kidney, liver or pancreas where the recipient of the kidney, liver or pancreas is the Life Assured's family member, and where the recipient's kidney, liver or pancreas failure is only first diagnosed after 730 days from the Last Policy Effective Date. For the purpose of this benefit, family members refer to the parents, siblings, children and spouse.

Only the following Expenses incurred by the Life Assured in connection with Living Donor Organ Transplant (Kidney/Liver/ Pancreas) are covered under this expense item:

(a) Pre-Hospital Specialist's Consultation;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

1.2.27.2 Life Assured is the Organ Recipient - Covers Expenses Incurred by the Organ Donor

Transplanting of a non-life assured's kidney, liver or pancreas where the Life Assured is the recipient, subject to the following:

(a) the Expenses incurred by the Life Assured when Life Assured is a recipient is covered under Clause 1.2.14;

(b) the expenses incurred must be directly attributed to the surgery where the organ is retrieved from the non-life assured for the Life Assured's Organ Transplant Surgery and shall be limited to the following costs:

(i) confinement in Hospital; and/or

(ii) surgery to remove the organ from the non-life assured; and

(c) if the organ donor is eligible for reimbursement for his organ donation surgery under MediShield Life administered by the CPF Board or under a policy pursuant to the PMIS or any other insurance policies ("collectively referred to as "Non-life Assured's Policies"), the Company will only pay for the expenses in excess of the total amount paid by the Non-life Assured's Policies in respect to the non-life assured's confinement in Hospital and surgery to remove the organ from the non-life assured, up to the actual expenses incurred. For the avoidance of doubt, reimbursement of these expenses must first be sought from the Non-Life Assured's Policies before a claim may be made under this Policy.

The following expenses incurred by the non-life assured who is the organ donor in connection with Living Donor Organ Transplant (Kidney / Liver / Pancreas) will not be covered under this expense item:

(a) Pre-Hospital Specialist's Consultation;

(b) Examination & Laboratory Tests;

(c) Post-Hospitalisation Treatment; and/or

(d) Other costs such as investigation, storage, transportation of the organ.

For the avoidance of doubt, all Expenses incurred from an illegal transplantation or arising from any illegal transaction or practice will not be covered.

1.2.28 Congenital Abnormalities of the Life Assured

Treatment provided to the Life Assured by a Medical Doctor during Hospitalisation, relating to birth defects, including hereditary conditions, and congenital sickness or abnormalities first diagnosed from the Last Policy Effective Date.

The following Expenses incurred by the Life Assured in connection with the Congenital Abnormalities of the Life Assured will also be covered under this expense item:

(a) Pre-Hospital Specialist's Consultation;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

1.2.29 Congenital Abnormalities of the Life Assured's Biological Child

Expenses incurred for the treatment provided to the Life Assured's biological child during hospitalisation of the child for treatment related to birth defects, including hereditary conditions and congenital sickness or abnormalities of the child, subject to the following:

(a) the condition must be first diagnosed by a Medical Doctor or Specialist Doctor after 300 days from the last Policy Effective Date;

(b) the expenses must be incurred within (and including) 730 days from the date of birth of the child; and

(c) if the child is eligible for reimbursement for his treatment related to congenital abnormalities during hospitalisation under MediShield Life administered by the CPF Board or under a policy pursuant to the PMIS or any other insurance policies ("collectively referred to as "Child's Policies"), the Company will only pay for the expenses in excess of the total amount paid by the Child's Policies in respect to the treatment related to the child's congenital abnormalities during hospitalisation up to the actual expenses incurred. For the avoidance of doubt, reimbursement of these expenses must first be sought from the Child's Policies before a claim may be made under this Policy.

The following expenses incurred for the treatment of the Life Assured's biological child in connection with Congenital Abnormalities of the Life Assured's Biological Child will not be covered under this expense item:

(a) Pre-Hospital Specialist's Consultation;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

1.2.30 Final Expenses Benefit

In the event the Life Assured dies during Hospitalisation or after discharge from the Hospital, the Deductible and Co-insurance will be waived. Aggregate Eligible Expenses incurred during the Period of Insurance in which death occurs, which will otherwise not have been reimbursed due to the application of the Deductible and Co-insurance, will be reimbursed up to the Benefits Limits for the Plan Type insured.

1.2.31 Specially-Approved Treatment, Medical Services and/or Supplies

Expenses incurred by Life Assured for the use of Specially-Approved Treatments, Medical Services and/or Supplies (excluding cancer drug treatments), provided that the Life Assured has exhausted all conventional registered treatments, medical services and/or supplies.

2 LIFE ASSURED JOINTLY INSURED UNDER MEDISHIELD LIFE

2.1 Provided that the Life Assured meets the eligibility conditions as specified in the Act and the Regulations, the Life Assured will be jointly insured under MediShield Life as well as the additional private insurance coverage under this Policy.

2.2 MediShield Life is operated by the CPF Board which is governed by the Act and the Regulations. The benefits payable will comprise of the MediShield Life benefits as well as the additional benefits under this Policy.

3 BENEFITS

3.1 General

Subject to the terms and conditions of this Policy,

3.1.1 The Company will pay the benefits of this Policy by way of reimbursement if the Life Assured incurs any Expenses as described in this Policy as a result of Injury, illness or disease during a Period of Insurance. If the Life Assured is also jointly insured under MediShield Life and the benefits payable under MediShield Life are higher than the benefits payable under this Policy, the Company will pay the benefits under MediShield Life.

3.1.2 Any claim for Expenses incurred after the Commencement Date of Insurance shall only be paid after the Company receives the full premium for the Period of Insurance during which the Expenses are incurred.

3.1.3 The Company will make payment of the benefits of this Policy to the Hospital, medical clinic or other medical establishment using the Electronic Claims Filing System with which it has a payment arrangement. Otherwise, the Company will make payment directly to the Policyholder or the Policyholder's legal personal representative(s).

3.2 Benefit Computation

In accordance with the Plan Type, Eligible Expenses shall be computed in the following sequence:

(a) apply Pro-ration Factor (where applicable);

(b) deduct the Deductibles (where applicable);

(c) reduce proportionately by the Co-insurance; then

(d) subject the balance amount to the Benefit Limits (where applicable).

The Aggregate Eligible Expenses will then be subject to the Annual Benefit Limit.

3.3 Pro-ration Factor

3.3.1 Plan Type A PLUS

Subject to Clause 3.3.4, if the Life Assured is insured under Plan Type A PLUS and incurs Expenses in:

(a) a Private Hospital, private Community Hospital, private Inpatient Palliative Care Institution and/or private medical clinic; or

(b) any Class or type of ward of a Restructured Hospital for which such Restructured Hospital does not receive any subsidy from the Government for the provision of treatments, medical services or supplies to the Life Assured while confined in that Class or type of ward (other than the Class A ward of such Restructured Hospital) and which the Company may at its discretion include under this Clause 3.3.1 from time to time,

any such Expenses will be proportionately reduced by multiplying such Expenses with the Pro-ration Factor shown for A PLUS, as set out in Schedule B.

For the avoidance of doubt, all Expenses in excess of the proportionately reduced amount will not be reimbursed by the Company.

3.3.2 Plan Type B PLUS

Subject to Clause 3.3.4, if the Life Assured is insured under Plan Type B PLUS and incurs Expenses in:

(a) a Private Hospital, private Community Hospital, private Inpatient Palliative Care Institution and/or private medical clinic;

(b) a Class A ward of a Restructured Hospital, government-funded Community Hospital and/or government-funded Inpatient Palliative Care Institution;

(c) non-subsidised Short-stay Ward, day Surgery and/or outpatient treatment in a Restructured Hospital;

(d) any Class or type of ward of a Restructured Hospital for which such Restructured Hospital does not receive any subsidy from the Government for the provision of treatments, medical services or supplies to the Life Assured while confined in that Class or type of ward and which the Company may at its discretion include under this Clause 3.3.2 from time to time; or

(e) any Class or type of ward of a Restructured Hospital for which such Restructured Hospital receives a lower subsidy from the Government for the provision of treatments, medical services or supplies to the Life Assured while confined in that Class or type of ward than the subsidy such Restructured Hospital receives for the provision of the same treatments, medical services and supplies for a patient confined in a Class B1 ward of such Restructured Hospital and which the Company may at its discretion include under this Clause 3.3.2 from time to time,

any such Expenses will be proportionately reduced by multiplying such Expenses with the Pro-ration Factor shown for B PLUS, as set out in Schedule B.

For the avoidance of doubt, all Expenses in excess of the proportionately reduced Expenses will not be reimbursed by the Company.

3.3.3 Subject to Clause 3.3.4, if the Life Assured:

(a) is insured under Plan Type B PLUS as indicated in Schedule A of this Policy;

(b) incurs Expenses in:

(i) a Class B1 ward or lower ward in a Restructured Hospital, government-funded Community Hospital and/or government-funded Inpatient Palliative Care Institution; or

(ii) a subsidised Short-stay Ward, day Surgery and/or outpatient treatment in a Restructured Hospital; and

(c) is a Singapore Permanent Resident or Foreigner at the time when such Expenses were incurred,

any such Expenses will be proportionately reduced by multiplying such Expenses with the Pro-ration Factor shown in the table below applicable to his citizenship status when such Expenses were incurred.

Pro-ration Factor	
Singapore Permanent Resident	**Foreigner**
90%	80%

For the avoidance of doubt, all Expenses in excess of the proportionately reduced Expenses will not be reimbursed by the Company.

3.3.4 Expenses incurred in a Restructured Hospital for any of the following treatments provided to the Life Assured on an outpatient basis will not be pro-rated in accordance with Clauses 3.3.1, 3.3.2 and 3.3.3:

(a) Kidney Dialysis Treatment;

(b) Outpatient Cancer Drug Treatment on the Cancer Drug List;

(c) Outpatient Cancer Drug Services;

(d) Radiotherapy for cancer;

(e) Erythropoietin;

(f) Immunosuppressants for organ transplant

(g) Long-term Parenteral Nutrition; or

(h) Proton Beam Therapy

3.3.5 If the Life Assured undergoes Hospitalisation in a Restructured Hospital but, during the Hospitalisation, transfers from a Class or type of ward to another Class or type of ward for which the Restructured Hospital receives a higher or lower or no subsidy from the Government for the provision of treatments, medical services or supplies to the Life Assured, the Pro-ration Factor which applies to the Expenses incurred during the whole period of Hospitalisation will be that applicable to the Class or type of ward for which the Restructured Hospital receives the lowest subsidy from the Government, in accordance with Clauses 3.3.1 and 3.3.2.

3.3.6 Expenses incurred by Life Assured for the use of Specially-Approved Treatments, Medical Services and/or Supplies (except for cancer drug treatments) will be proportionately reduced by multiplying such Expenses with the Pro-ration Factor as set out in Schedule B. Such Pro-ration Factor shall be applied to the Expenses after the application of the Pro-ration Factor referred to in Clauses 3.3.1, 3.3.2 and/or 3.3.3 (as the case be). For the avoidance of doubt, all Expenses in excess of the proportionately reduced Expenses will not be reimbursed by the Company.

3.3.7 Emergency Medical Treatment outside Singapore

Subject to the following conditions, if the Life Assured while outside Singapore, requires Emergency medical or surgical treatment in an overseas Hospital, the Company will reimburse the Expenses which will be computed based on the following computations and thereafter be subject to Deductibles (where applicable), Co-insurance and the Benefit Limits (where applicable):

(a) If the Life Assured is insured under P PLUS at the time such Expenses were incurred, the Company will reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Private Hospital, whichever is the lower.

(b) If the Life Assured is insured under A PLUS at the time such Expenses were incurred, the Company will reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Class A ward of a Restructured Hospital, whichever is the lower.

(c) If the Life Assured is insured under B PLUS at the time such Expenses were incurred, the Company will 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.

3.3.7.1 Currency Exchange

Expenses incurred while outside of Singapore in any currency other than the Singapore Dollar will be converted to Singapore currency at the prevailing exchange rate as determined by the Company to be in effect on the date the Expenses were incurred.

3.4 Deductibles and Co-insurance

After applying the Pro-ration Factor (where applicable), the balance of the Expenses will be subject to Deductibles (where applicable) and Co-insurance. If there are two or more Deductibles that can be applied, the Company will apply the highest Deductible. Deductibles shall not apply to Expenses incurred in respect of Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin, Immunosuppressants for organ transplant, Long-term Parenteral Nutrition or Proton Beam Therapy provided to the Life Assured on an outpatient basis.

3.5 Benefit Limits

After applying Pro-ration Factor (where applicable), Deductibles (where applicable) and Co-insurance, the balance of the Expenses will be subject to the Benefit Limits. The applicable Benefit Limits would be such limits as prevailing at the time of incurring the Expenses.

3.6 Annual Benefit Limits

3.6.1 The Aggregate Eligible Expenses are subject to Annual Benefit Limits. The applicable Annual Benefit Limits would be such limits as prevailing at the time of incurring the Expenses.

3.6.2 In the event that the Life Assured is confined in a Hospital for more than one Period of Insurance, the Annual Benefit Limits will be increased by the number of additional Periods of Insurance the Hospitalisation extends into.

3.7 Indemnity and Last Payer Status

3.7.1 If the Policyholder is entitled to reimbursement for the Expenses incurred in respect of any claim from sources other than this Policy, including other insurance policies and employment benefits (collectively referred to as “Other Policies”), the Policyholder shall first seek reimbursement from the Other Policies before making a claim under this Policy. The Company shall be the last payer reimbursing the claim.

3.7.2 If any Expenses payable under this Policy has been made to the Policyholder before a claim is made from Other Policies, the Other Policies shall reimburse the Company their share. The Policyholder shall provide the Company with all information including the full details of such Other Policies and all relevant documentary proof that the Company requires to make a claim for the Expenses that the Company has paid.

3.7.3 The benefits payable under this Policy, together with reimbursement of expenses paid or payable from Other Policies, shall not exceed the actual Expenses incurred.

4 EXCLUSIONS

4.1 General Exclusions

Under this Policy, the Company will not reimburse any Expenses incurred in respect of or for the consequences of, the following:

(a) Treatment provided to the Life Assured by the Policyholder, or a family member of the Life Assured or the Policyholder, or self-treatment by the Life Assured, including the prescription of drugs.

(b) Medical treatments that were of an experimental or research nature, including but not limited to;

(i) experimental / pioneering medical or surgical techniques;

(ii) medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation; or

(iii) medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the HSA.

(c) Use of drugs, medical devices, procedures, therapies and/or therapeutic products for the purposes of treating an illness, disease or Injury (as the case may be) that have not been approved by HSA and/or the Government. Save and except for the category of excluded expenses specified under Clause 4.1 (ee), this exclusion shall not apply to drugs, medical devices, procedures, therapies and/or therapeutic products that are:

(i) registered with the HSA and/or Government; and

(ii) approved by an overseas regulatory agency, which is recognised by HSA as one of its reference drug regulatory agencies, for the purposes of treating the illness, disease or Injury (as the case may be) of the Life Assured.

For the avoidance of doubt, the use of drugs, medical devices, procedures, therapies and/or therapeutic products for the purposes of treating an illness, disease or Injury (as the case may be) that have not been approved by HSA, Government and/or any overseas regulatory agency, which is recognised by HSA as one of its reference drug regulatory agencies, are explicitly excluded, even if any of such use constitutes a Specially-Approved Treatment, Medical Service and/or Supply as defined under Clause 1.1.48.

(d) Pregnancy and childbirth (including caesarean section, vacuum extraction or forceps delivery and the consequences thereof) except for Pregnancy and Childbirth Complications.

(e) Elective abortion, spontaneous miscarriage occurring within first trimester of pregnancy, birth control*, sterilisation*, infertility*, sub-fertility* or impotence treatment.

* for male or female

(f) Elective cosmetic, aesthetic, reconstructive or plastic surgery except for:

(i) Breast Reconstruction after Mastectomy; and

(ii) Injury sustained as a result of an Accident, which occurs after the Last Policy Effective Date.

(g) All dental treatment, including any pre-existing jaw conditions where orthodontics and/or orthognathic (corrective jaw surgery) are required, except those covered under Accidental Dental Treatment.

(h) Sexually-transmitted diseases.

(i) AIDS and all illnesses or diseases caused by or related to the Human Immunodeficiency Virus (“HIV”) except for those covered under Human Immunodeficiency Virus (“HIV”) Due to Blood Transfusion and Occupationally Acquired HIV.

(j) All expenses incurred by the living donor, or where the Life Assured is the donor, for an organ transplant, except for those covered under Living Donor Organ Transplant (Kidney / Liver / Pancreas).

(k) Purchase and rental of the following items (unless such item satisfies the definition of a Surgical Implant/ Approved Medical Consumables) including but are not limited to:

(i) Braces;

(ii) Corrective devices;

(iii) Durable medical equipment / machines;

(iv) Home aids;

(v) Hospital beds;

(vi) Iron lungs;

(vii) Kidney dialysis machines;

(viii) Oxygen machines;

(ix) Prostheses;

(x) Special / medical appliances including location, transport, and associated administrative costs of such appliances, which are not necessary for the completion of a surgical operation;

(xi) Walking aids;

(xii) Wheelchairs; and/or

(xiii) Any other hospital type equipment.

(l) Harvesting of the organ itself for an organ transplant, except for the costs incurred directly by the Hospital for the harvesting of the organ for transplantation into the Life Assured where the donor of the organ is already dead at the time of the removal of any of the organs in the Country of Issue or outside the Country of Issue, when Life Assured is the recipient of the following human organ(s) transplant - lung(s), kidney(s), heart, liver, cornea(s), skin, pancreas and musculoskeletal tissue.

(m) Treatments, medical services and/or supplies outside Singapore except in the case of an Emergency.

(n) Being in or on an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger or crew member on an aircraft (including when the aircraft is on ground) on a regular scheduled route operated by a recognised airline.

(o) Rest cures and services or treatment in any home, hospice care (except for Inpatient Palliative Care Institution), outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, stay in any healthcare establishment for health, social or non-medical reasons, spa, hydroclinic, sanatorium or long-term care facility that is not a Hospital or Community Hospital as defined.

(p) Transport related services including but not limited to charges for trips made for the purpose of obtaining medical treatment, for ambulance services, emergency evacuation and repatriation or assistance in the transport or repatriation of mortal remains.

(q) The Life Assured engaging in any sport in a professional capacity or where the Life Assured would or could earn income or remuneration or win monetary rewards from engaging in such sport.

(r) Mountaineering, diving, bungee jumping, racing other than racing on foot, wakeboarding, hang-gliding, rock climbing, parachuting, ballooning, handling of explosives or firearms (even during peacetime military training) and all activities which are potentially life-threatening, hazardous or where there is a risk of bodily injury to the Life Assured unless such activities are engaged on a leisure basis with a licensed organisation, and every safety precaution has been followed by the Life Assured.

(s) Sex-change operations.

(t) Injury and/or illness arising directly or indirectly out of or in connection with violation or attempted violation of law, or resistance to lawful arrest and/or any resultant imprisonment.

(u) Treatment of injuries arising from being directly or indirectly involved in war (whether declared or not), invasion, terrorist activities (with the exception of victim to a terrorist activity), rebellion, revolution, civil

commotion, riot, strike or any war-like operations. This exclusion shall not apply to military training for national servicemen or reservists in peacetime.

(v) Treatment for, arising from or is related to obesity, weight reduction, improvement or management, regardless of whether it is for medical or psychological reasons, including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body.

(w) Routine physical or any other examinations which are solely for the purposes of Primary Prevention or any preventive measures which are not also therapeutic in nature to prevent illness or disease.

(x) Treatment of abuse or misuse (or any Injury, illness or disease caused directly or indirectly by the abuse or misuse) of any controlled drug as specified in the First Schedule to the Misuse of Drugs Act 1973, whether intentional or otherwise, whether sane or insane, or any Injury suffered while under the influence of such controlled drug.

(y) Vaccination(s). However, Expenses incurred due to complications arising from vaccination(s) approved by HSA will be covered.

(z) Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

(aa) Correction for refractive errors of the eye (including the use of artificial lens implant), routine eye and eye examinations, costs of spectacles, costs of contact lenses and costs of hearing aids.

(bb) Non-medical items including but not limited to, parking fees, hospital administration and registration fees, laundry, rental of television, newspaper, medical report fees, personal care and hygiene products, regardless of whether it is Medically Necessary or otherwise.

(cc) Medical treatment, Hospitalisation, Surgery and consultation provided to and investigation of the Life Assured commencing:

(i) Before the Commencement Date of Insurance for any condition; and

(ii) On or after the Commencement Date of Insurance which are follow-up medical treatment(s), consultation(s) or further investigation(s) of the Life Assured for that condition for which he received medical treatment(s), consultation(s) or investigation(s) prior to the Commencement Date of Insurance.

(dd) Any treatment provided to the Life Assured after the Renewal Date of this Policy unless the insurance has been renewed on or before that date in accordance with Clause 6 of this Policy.

(ee) Any outpatient cancer drug treatment that is not on the Cancer Drug List, unless otherwise stated in this Policy.

(ff) All other excluded expenses under the MediShield Life Scheme as set out in the Act and the Regulations (including any excluded expenses added to revised future editions of the Act and/or the Regulations), unless otherwise provided under this Policy.

4.2 Pre-existing Conditions

4.2.1 Under this Policy, the Company will not reimburse any Expenses incurred in respect of, or arising from any Pre-existing Conditions, unless:

(a) the Pre-existing Condition is declared in the proposal form or in the Application for Reinstatement of this Policy; and

(b) the Company has accepted the proposal form or Application for Reinstatement without any exclusions of such Pre-existing Conditions.

4.2.2 Subject to Clause 4.2.3 below, any Pre-existing Condition which is also excluded under Clause 4.1 above is automatically excluded regardless of whether it was declared in the proposal form or in the application for the reinstatement of this Policy and the Company had accepted the proposal or application without any exclusion of such Pre-existing Conditions.

4.2.3 Subject to Clause 2, any Pre-existing Condition(s) that is covered under MediShield Life but excluded under this Policy, will be provided for under MediShield Life and subject to the terms and conditions as set out by the Act and the Regulations.

4.3 Expenses Falling under Exclusion

For the avoidance of doubt, Expenses incurred in respect of or arising from any of the general exclusions as listed in Clauses 4.1 or Pre-existing Conditions excluded under Clause 4.2 above will not be part of Eligible Expenses, and will not be added to the Aggregate Eligible Expenses, provided that no benefit payment is made in respect of these Expenses.

However, if benefits are paid in respect of these Expenses under MediShield Life, these benefits will be added to the Aggregate Eligible Expenses.

5 TERMINATION OF POLICY

5.1 Termination on Renewal Date

On any Renewal Date, this Policy will terminate unless it has been renewed in accordance with Clause 6 below.

5.2 Death of Policyholder or Life Assured

5.2.1 If the Policyholder dies and the Policyholder is not the Life Assured, this Policy will continue until the Renewal Date following the date of the death of the Policyholder. On that Renewal Date, this Policy will continue for the same Plan Type, subject to the same conditions which applied prior to that Renewal Date (including as set out in all endorsement or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company, without the Company requiring fresh evidence of the Life Assured's insurability, provided that a party must submit a written request to change Policyholder before that Renewal Date and;

(a) that party must be allowed to deduct premiums from that party's MediSave account with the CPF Board if the premium for the new policy is to be paid entirely or partially from that party's MediSave account; or

(b) if the premium for the new policy is to be paid entirely in cash, that party must have valid insurable interest on the Life Assured.

5.2.2 If the Life Assured dies, this Policy will be terminated. The Company will refund to the Policyholder or the Policyholder's legal personal representative(s) the portion of the premiums paid in respect of the period from the date of termination up to the next Renewal Date.

5.3 Cancellation by Policyholder

5.3.1 The Policyholder may cancel this Policy by submitting a written notice of cancellation to the Company and this Policy will be treated as terminated with effect from the Effective Date of Cancellation.

5.3.2 The Policyholder is entitled to a full refund of the premium (excluding MediShield Life's premium), if the Effective Date of Cancellation falls within the Free-look Period.

5.3.3 If the Effective Date of Cancellation falls after the Free-look Period, the Company will refund to the Policyholder the portion of the premium (excluding MediShield Life's premium) paid in respect of the period from the Effective Date of Cancellation up to the next Renewal Date.

5.3.4 The termination of this Policy pursuant to Clause 5.3.1 shall not affect the validity of the Life Assured's insurance cover under Medishield Life, if any.

5.4 Change of Citizenship or Residency Status

5.4.1 The Policyholder shall notify the Company in writing of any changes to the Life Assured's citizenship or residency status as soon as practicable.

5.4.2 Failure to Give Notice

If the Policyholder fails to notify the Company in accordance with Clause 5.4.1, and is entitled to benefits payable under this Policy on or after the Renewal Date immediately following the changes to the Life Assured's citizenship or residency status, the Company reserves the right to reject such claims and/or adjust the benefits payable.

5.4.3 Foreigner: Residence Overseas

(a) The Life Assured shall be deemed to be a Foreigner residing overseas on the date ("the Relevant Date") the Life Assured;

(i) is not a citizen or permanent resident of the Country of Issue; and

(ii) has resided outside the Country of Issue for more than 180 days, whether continuously or otherwise during the Period of Insurance immediately prior to that Renewal Date.

(b) If the Policyholder notifies the Company in accordance with Clause 5.4.1 above on or after the Relevant Date, the Policy will terminate from the date of such notification and the Company will refund to the Policyholder any premiums (excluding MediShield Life's premium) paid in respect of the period from the date of such notification up to the next Renewal Date provided that no claims have been made by the Policyholder. If the Policyholder had made claims after the Relevant Date, the Company reserves the right to recover all the claims paid in respect of Expenses incurred on or after the Relevant Date, and refund all premiums (excluding MediShield Life's premium) paid in respect of the period after the Relevant Date up to the date of termination.

(c) If the Policyholder fails to notify the Company in accordance with Clause 5.4.1 above on or after the Relevant Date, the Company reserves the right to terminate this Policy from the date when the Company first becomes aware that the Life Assured has been deemed to be a Foreigner residing overseas under Clause 5.4.3(a) above. The Company will refund to the Policyholder any premiums (excluding MediShield Life's premium) paid in respect of the period from the date of such discovery up to the next Renewal Date provided no claims have been made by the Policyholder. If the Policyholder had made claims after the Relevant Date, the Company reserves the right to recover all the claims paid in respect of Expenses incurred on or after the Relevant Date, and refund all premiums (excluding MediShield Life's premium) paid in respect of the period after the Relevant Date up to the date of termination.

5.5 Life Assured insured under another plan that is part of the Private Medical Insurance Scheme ("PMIS")

In the event that the Life Assured is subsequently insured under a plan that is part of the PMIS issued by an insurance company other than the Company, this Policy will terminate immediately.

5.6 No Benefits Payable after Termination of Insurance

For the avoidance of doubt, in the event that this policy is terminated in accordance with Clauses 5.2.2, 5.3, 5.4.2 and/or 5.5 and/or not renewed in accordance with Clause 6 below, the Company will not make any reimbursement of Expenses incurred on or after the date of such termination.

6 RENEWAL OF POLICY

6.1 When No Renewal Allowed

No Renewal of this Policy shall be allowed in the event that it is terminated in accordance with Clauses 5.2.2, 5.3, 5.4.2 and/or 5.5 above.

6.2 Renewal upon Payment of Premium

6.2.1 Subject to Clause 6.1, if the renewal premium is fully paid on or before a Renewal Date, the Company will guarantee the renewal of this Policy for the same Plan Type subject to the same conditions which applied prior to that Renewal Date (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company, for a further Period of Insurance.

6.2.2 Where the renewal premium is to be paid from the Policyholder's MediSave account, the Company shall request from the CPF Board the deduction of the premium from the Policyholder's MediSave account, subject to the limits under the MediShield Life Scheme (Private Medical Insurance Scheme) Regulations 2015 effective at the time of request.

6.3 Grace Period

6.3.1 The Policyholder has a period of 60 days from the Renewal Date (such period to be inclusive of the Renewal Date) ("Grace Period"), to pay the full renewal premium failing which, this Policy shall be treated as having ended on the Renewal Date and may only be reinstated with the consent of the Company.

6.3.2 Subject to the other terms of this Policy, the Company shall only reimburse the Eligible Expenses incurred during the Grace Period if the Policyholder makes full payment of any outstanding renewal premiums before the end of the Grace Period.

6.3.3 If during the Grace Period, insurance on the Life Assured begins under any policy of insurance with the Company which also provides benefits payable as defined in this Policy, then Clause 6.3.2 will immediately be void on the date of commencement of such other insurance.

6.4 Rate of Renewal Premium

The renewal premium for the Policy will:

(a) be calculated based on the rate of premium applicable on the Renewal Date in accordance with:

(i) the Plan Type effective on the day before the Renewal Date (or for any other Plan Type subject to the agreement of the Company);

(ii) the age next birthday of the Life Assured on the Renewal Date: and

(b) include any extra premium loading imposed on this Policy,

unless otherwise agreed in writing by the Company.

6.5 Company May Amend Terms and Conditions and Premium Rates

The Company reserves the right to amend the terms and conditions and/or premium (excluding MediShield Life's premium) rates of this Policy in any of the following circumstances:

(a) immediately upon written notice to the Policyholder, where the Company is required to do so by any relevant regulatory authority, or under applicable law, regulation or guidelines;

(b) immediately upon written notice to the Policyholder, where the amendment is required for the purposes of aligning the coverage under this Policy with that under the MediShield Life; or

(c) in all other circumstances, where the Company has given the Policyholder notice of the amendment of at least 30 days.

6.6 Upgrading / Downgrading of Plan Type

6.6.1 The Policyholder may apply to:

(a) upgrade the Plan Type, subject to receipt of evidence of insurability on the Life Assured acceptable to the Company ; or

(b) downgrade the Plan Type,

provided that the application for upgrading or downgrading is received by the Company at least 15 days before the Renewal Date.

6.6.2 The Company has the absolute discretion to accept or refuse such an application.

6.6.3 If the Company accepts the Policyholder's application, the upgraded / downgraded Plan Type is subject to the same conditions which applied prior to the upgrading / downgrading (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company. For the avoidance of doubt, any premium loading imposed will also apply to the insurance granted upon upgrading / downgrading, unless otherwise agreed in writing by the Company.

6.6.4 For medical treatment, Hospitalisation, Surgery and consultation provided to and investigation of the Life Assured commencing:

(a) before the effective date of upgrading or downgrading ("upgrading / downgrading date") of benefits for any condition; and

(b) on or after that upgrading / downgrading date which were follow-up medical treatment(s), consultation(s) or further investigation(s) of that Life Assured for the same condition for which he received medical treatment(s), consultation(s) or investigation(s) before the upgrading / downgrading date,

benefits will be payable in accordance with the Benefit Limits of the Plan Type insured under this Policy immediately prior to that upgrading / downgrading date.

7 REINSTATEMENT OF POLICY

7.1 Application for Reinstatement

7.1.1 If this Policy terminates on the Renewal Date in accordance with Clause 5.1 above and is not renewed in accordance with Clause 6 above, the Policyholder may apply for this Policy to be reinstated ("Application for Reinstatement") subject to the Company's receipt of evidence of the Life Assured's insurability acceptable to the Company within 15 days following the expiry of the Grace Period. The Company has the absolute discretion to refuse such an application.

7.1.2 If the Company accepts the Policyholder's Application for Reinstatement, this Policy will be reinstated only if the Policyholder pays the full reinstatement premium in accordance with one of the following applicable modes:

(a) If the full reinstatement premium is paid entirely in cash, the reinstatement premium must be paid to the Company within 15 days following the expiry of the Grace Period. The Policy will be reinstated upon the Company's approval of the Application for Reinstatement or when the reinstatement premium is received by the Company, whichever is the later date;

(b) If the reinstatement premium is paid entirely from the Policyholder's MediSave account, the full reinstatement premium must be successfully deducted in from the Policyholder's MediSave account. The Policy will be reinstated upon the deduction of premium from the Policyholder's MediSave account; or

(c) If the reinstatement premium is paid partly in cash and partly from the Policyholder's MediSave account ("the CPF Portion"):

(i) the CPF Portion of the reinstatement premium must be successfully deducted from the Policyholder's MediSave account; and

(ii) the cash portion of the reinstatement premium must be paid by the date of the successful deduction of the CPF Portion.

The Period of Insurance upon reinstatement will begin on the Renewal Date as if this Policy had not been terminated in accordance with Clause 5.1 and had been renewed in accordance with Clause 6.

7.1.3 Insurance granted upon reinstatement excludes treatments, medical services and supplies provided to the Life Assured commencing:

(a) before the Date of Reinstatement for any condition; and/or

(b) on or after the Date of Reinstatement which are follow-up treatments, medical services and supplies for that condition before the Date of Reinstatement.

7.1.4 Upon reinstatement of this Policy, the same conditions which applied prior to that Renewal Date as described in Clause 7.1.2 (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless otherwise agreed in writing or expressly varied in accordance with the terms of this Policy by the Company.

7.2 Reinstatement Premium Rate

The reinstatement premium for the Policy will:

(a) be calculated at the rate of premium applicable on the Date of Reinstatement according to the:

(i) Plan Type of the insurance granted on reinstatement; and

(ii) age next birthday reached by the Life Assured on the Renewal Date of this Policy as described in Clause 7.1.2; and

(b) include any extra premium loading imposed on this Policy,

unless otherwise agreed in writing by the Company.

7.3 When No Reinstatement Allowed

For the avoidance of doubt, the Company will not allow reinstatement of insurance for the Life Assured whose insurance had ended in accordance with Clauses 5.2.2, 5.3, 5.4.2 and/or 5.5 above.

8 CLAIMS

8.1 Notification

8.1.1 The Policyholder or the Policyholder's legal personal representative(s) must, within 90 days after the happening of any event likely to give rise to a claim, notify the Company and give written proof of such claim except where there is a claim made under this Policy on behalf of the Policyholder by a Hospital or medical clinic or other medical establishment using the Electronic Claims Filing System.

8.1.2 A claim will still be valid if it was not reasonably possible for the Policyholder or the Policyholder's legal personal representative(s) to give such proof within this period.

8.2 Submission and Documentation

The Policyholder or the Policyholder's legal personal representative(s) shall (at the Policyholder's or the Policyholder's legal personal representative(s)' own expense) submit to the Company all certificates, forms, bills, receipts, information and evidence satisfactory to and required by the Company, including but not limited to English translations of any documents written in another language. Only original bills, receipts and other documents will be accepted by the Company unless such certificates, forms, bills and receipts, information and evidence required by the Company are electronically submitted on behalf of the Policyholder by a Hospital or medical clinic or other medical establishment using the Electronic Claims Filing System or otherwise agreed in writing by the Company.

8.3 Medical Doctor's Certificate

The Policyholder or the Policyholder's legal personal representative(s) shall (at the Policyholder's or the Policyholder's legal personal representative(s)' own expense) submit a certificate (in a form prescribed by the Company) signed by a Medical Doctor who attended to the Life Assured in respect of the claim. Otherwise, the Company will not pay any benefit under this Policy.

8.4 Medical Examination

If required by the Company, the Life Assured, for whom a claim has been submitted, must undergo medical examinations (at the Company's expense) by a Medical Doctor or Medical Doctors appointed by the Company.

8.5 Expiration of Liability

If the Company first denies liability to the Policyholder or the Policyholder's legal personal representative(s) for any claim, the Company will not be responsible for that claim after 365 days have passed from the date of denial unless the claim is the subject of pending mediation before a mediation authority or body.

9 POLICY - WHEN VOID

9.1 Misrepresentation or Non-disclosure of Material Facts

9.1.1 If any written statements or declarations made by the Policyholder or the Life Assured on proposal for (or Application for Reinstatement of) insurance is untrue in any respect or if any material fact affecting the risk is incorrectly stated or represented in or is omitted from these documents ("Misrepresentation or Non-disclosure"), the Company may, at its sole discretion:

(a) declare this Policy void; or

(b) impose such conditions or vary the terms of this Policy and/or recover any benefits paid under this Policy that would not have been paid had the Misrepresentation or Non-disclosure not been made.

9.1.2 If the Company opts to declare this Policy void under Clause 9.1.1(a) above, this Policy is treated as void:

(a) on the Commencement Date of Insurance if the Misrepresentation or Non-disclosure was made to the Company on a proposal for insurance; or

(b) on the applicable Renewal Date as described in Clause 7.1.2, if the Misrepresentation or Non-disclosure was made to the Company on an Application for Reinstatement of insurance.

9.2 Refund of Premium

Except in the case of fraud by the Policyholder and/or the Life Assured, where this Policy is treated as void under Clause 9.1.1(a) above, the Company will:

(a) If there are no claims made under this Policy, all premiums (excluding MediShield Life's premium) paid for insurance which became effective on or after the date on which this Policy is treated as void will be refunded; or

(b) If there were claims made under this Policy, only the premiums (excluding MediShield Life's premium) paid for the Period(s) of Insurance following the Period of Insurance in which the last claim was made will be refunded.

9.3 Fraudulent Claims

The Company may terminate or void this Policy by immediate notice if the Policyholder makes any claim which is fraudulent or exaggerated or if the Policyholder makes any false declaration or statements in support of any claim. In this case, there will be no refund of premiums for this Policy and the Company reserves the right to recover any benefits paid under this Policy, including for such fraudulent or exaggerated claims.

10 OTHER CONDITIONS

10.1 Form of Notices

10.1.1 Any request, notice, instruction or correspondence required under this Policy whether to the Company or the Policyholder has to be in writing and must be delivered personally or sent by courier, or by post, or facsimile transmission or electronic mail addressed to the addressee or by any other means as may be approved or adopted or accepted by the Company. For the Policyholder, the mailing address is that stated in the proposal or any other address that the Policyholder has informed the Company in writing.

10.1.2 The Company's notice, request, instruction or communication is presumed to be received by the Policyholder:

(a) in the case of a letter, on the 7th day after posting if posted locally, and on the 14th day after posting, if posted overseas;

(b) in the case of personal delivery or delivery by courier, on the day of delivery;

(c) in the case of a facsimile transmission or electronic mail, on the business day immediately following the day of despatch; or

(d) in the case of other means as approved, adopted or accepted by the Company, when the Company decides it is reasonable to have been received.

10.2 Alteration of Policy

No alteration in the terms of this Policy or any endorsement will be valid unless the alteration or endorsement is signed or initialled by an authorised personnel of the Company.

10.3 Errors of Age

If the age of the Life Assured has been stated wrongly in the proposal for this Policy, the premium shall be adjusted based on the correct age of the Life Assured. Any excess premium paid will be refunded to the Policyholder and any shortfall in premium shall be paid by the Policyholder.

If at the correct age, the Life Assured would not have been eligible for insurance under this Policy, no benefits will be payable, and all premiums (excluding MediShield Life's premium) paid will be refunded in full.

10.4 Absolute Owner

10.4.1 The Company is entitled to treat the Policyholder as the absolute owner of this Policy.

10.4.2 The Company will not recognise any equitable or other claim to or interest in this Policy.

10.4.3 The receipt by the:

(a) Policyholder;

(b) Policyholder's legal personal representative(s); or

(c) Hospital or medical clinic or other medical establishment using the Electronic Claims Filing System in which the Expenses were incurred by the Life Assured,

of any payment made by the Company in respect of a claim made under this Policy will be the full and final discharge of the Company in respect of any liability under such claim.

10.5 Assignment

The Policyholder may not assign this Policy or any of its rights and obligations hereunder, without the prior written consent of the Company. Any such attempted assignment shall be null and void.

10.6 Governing Law

10.6.1 This Policy will be construed according to and governed by the laws of the Republic of Singapore.

10.6.2 The laws of the Republic of Singapore will apply in the event of any conflict or dispute with regard to or arising out of this Policy and the parties to this Policy agree to submit themselves to the exclusive jurisdiction of the courts of the Republic of Singapore for the resolution of any such conflict or dispute.

10.7 Exclusion of the Contracts (Rights of Third Parties) Act 2001

A person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

10.8 Subrogation

If the Company makes any payment or otherwise makes good any loss under this Policy, the Company shall be subrogated to all of the Life Assured and Policyholder's rights of recovery against any other person or persons and Policyholder shall complete, sign and deliver any document necessary to secure such rights. Both the Life Assured and Policyholder shall not take any action following a loss to prejudice such rights of subrogation.

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