

**Integrated Shield Plans for Ward Class A in Public Hospitals**

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**Integrated Shield Plans:** Integrated Shield Plans (IPs) comprise two components: (i) A MediShield Life component run by the Central Provident Fund Board (CPF) and (ii) additional private insurance coverage run by the private insurer. The MediShield Life component provides coverage targeted at B2/C-wards in public hospitals, while the additional private insurance coverage provides additional coverage beyond MediShield Life coverage. IPs therefore do not provide duplicate coverage with MediShield Life. **This table provides a comparison between IPs for Class A wards in public hospitals.**

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

Benefits	Income Shield Plan A*	Income Enhanced IncomeShield Advantage	AIA HealthShield Gold Max B	Great Eastern GREAT SupremeHealth A PLUS	Prudential PruShield A*	Prudential PruShield A Plus	Aviva MyShield Plan 2	AXA Shield Plan B	Raffles Health Insurance Raffles Shield A
<b>Inpatient and Day Surgery:</b>									
Daily ward and treatment charges	1,200/day	As Charged	As Charged	As Charged	900/day	As Charged	As Charged	As Charged	As Charged
Daily ward and treatment charges in ICU	1,700/day				1,400/day				
Surgery	600 - 9,400				800 - 10,000				
Surgical Implants and approved medical consumables	11,000/admission				10,000/treatment				
Gamma Knife	12,600/procedure				16,000/treatment				
Confinement in Community Hospital	1,200/day (up to 45 days for each admission)	As Charged (up to 90 days for each admission)		750/day	900/day		As Charged (up to 45 days)	As Charged (up to 45 days)	As Charged (up to 45 days)
Inpatient Psychiatric Treatment	7,000/yr	As Charged, up to 7,000/yr	4,000/yr (Additional post-hospitalisation psychiatric treatment of 2,500/yr within 200 days after Confinement)	22,000/yr (Including pre & post hospitalisation benefits)	-	3,500/yr	(i) As Charged (up to 45 days) [with 10 mth waiting period] (ii) \$500/day (up to 35 days) [without waiting period]	Up to \$4,000, capped at 35 days per policy year	6,000/yr (Includes post hospitalisation benefits)
<b>Outpatient Treatment:</b>									
Kidney Dialysis	3,000/mth	As Charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 36,000/yr. Pro-ration only apply for charges above 36,000 /yr.	As Charged	36,000/yr	As Charged	As Charged	As Charged	As Charged
<b>Cancer treatment:</b>									
Radiotherapy (i) External or Superficial (ii) Brachytherapy	(i) External or Superficial:400/session (ii) Brachytherapy: 500/session	As Charged	As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 500/session. Pro-ration only apply for charges above 500/session.	As Charged	600/day	As Charged	As Charged	As Charged	As Charged
Chemotherapy	3,500/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 36,000/yr. Pro-ration only apply for charges above 36,000 /yr.		42,000/year				
Immunotherapy	1,000/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 24,000/yr. Pro-ration only apply for charges above 24,000 /yr.		15,000/year				
Stereotactic Radiotherapy	3,000/session		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 4,000/session. Pro-ration only apply for charges above 4,000 /session.		3,500/treatment				
Immunosuppressants for organ transplants	700/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 7,200/year. Pro-ration only apply for charges above 7,200/year.		7,200/year				
Erythropoietin	700/mth		As Charged in Restructured Hospitals. For charges incurred in private hospital, as-charged up to 7,200/year. Pro-ration only apply for charges above 7,200/year.		7,200/year				

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<b>Additional Benefits Limits:</b>									
Pre-Hospitalisation Treatment (number of days indicate maximum number of days covered prior admission) (Note (1))	Limited to unused balance amount** of room, board and medical-related services, intensive care unit (ICU) and medical-related services benefits and staying in a community hospital (Up to 90 days)		As Charged (Up to 100 days)	As Charged (Up to 120 days)	-	As Charged (Up to 180 days)	As Charged (Up to 90 days)	As Charged (Up to 180 days)	As Charged (up to 180 days for treatment by Panel or Singapore Restructured Hospitals, 90 days otherwise)
Post-Hospitalisation Treatment (number of days indicate maximum number of days covered after discharge) (Note (1))	** If the inpatient claim is made under a third party plan, Income will calculate the unused balance amount after assessing the inpatient bill based on Income's IP limits and deductibles. For more information, please check with your financial advisor or Income.	As Charged (Up to 100 days)	As Charged (Up to 100 days, with additional 100 days for 30 critical illnesses)	(i) As Charged (Up to 180 days) [for non-panel specialist in a Private Hospital or Panel specialist in a Private Hospital (without certificate of pre-authorisation)] (ii) As Charged (up to 365 days) [for Panel specialist in a Private Hospital (with certificate of pre-authorisation) or Restructured Hospital]	-	As Charged (Up to 365 days)	(i) As Charged (Up to 90 days) [for non-panel specialist in a private hospital (without certificate of pre-authorisation)] (ii) As Charged (Up to 180 days) [for Panel specialist in a private hospital (with certificate of pre-authorisation), restructured hospital or community hospital]	As Charged (Up to 365 days)	As Charged (up to 365 days for treatment by Panel or Singapore Restructured Hospitals, 180 days otherwise)
Major Organ Transplant	Covered under Inpatient and Day surgery limits	As Charged	As Charged	As Charged	-	As Charged (for selected organs)	As Charged (for selected organs)	As Charged (for selected organs)	As Charged (for selected organs)
Living Donor Organ Transplant, coverage for insured donor (after 24 mths waiting period) (Note (2))	-	As Charged up to 40,000/transplant	40,000/transplant	40,000 / transplant	-	40,000/yr	30,000/lifetime	\$40,000 per transplant	40,000 / transplant
Living Donor Organ Transplant, coverage for non-insured donor (after 24 mths waiting period) (Note (3))	-	-		40,000 / transplant	-		40,000 / transplant		
Pregnancy Complications Benefit (after 10 months waiting period) (for selected conditions only - please check with your insurer for further details)	5,000/yr	As Charged	As Charged	As Charged	-	As Charged	As Charged	As Charged	As Charged
Congenital Abnormalities Benefit of Insured	7,500/yr (with 24 mths waiting period)	As Charged (with 12 mths waiting period)		(i) 15,000/yr (Within 730 days of last policy effective date) (ii) As Charged (After 730 days from last policy effective date)	-	As Charged (with 24 mths waiting period)	As Charged (with 24 mths waiting period)	As Charged (after a waiting period of 365 days)	As Charged (with 24 mths waiting period)
Congenital Abnormalities Benefit of Insured's biological child from birth [only for insured females]	-	-	16,000/ lifetime Limited to 4,000/child [with 10 month waiting period]	[For both female and male insureds] 16,000 / lifetime Limited to 4,000 / child [with 300 days waiting period]	-	-	-	-	-
Prosthesis Benefit	6,000/yr	As Charged, up to 6,000/yr	-	-	-	-	-	-	-
Critical Illnesses	-	-	Additional 75,000 policy yr limit (for 30 Critical Illnesses) (Note (4))	-	-	-	Additional 100,000/yr (for 5 Critical Illnesses) (Note (4))	-	-
Emergency overseas treatment	Covered under Inpatient and Day surgery limits	As Charged but limited to costs of ward class A in Singapore restructured hospitals	Reimburse the Eligible Expenses incurred for overseas medical or surgical treatment subject to the Hospitalisation and Surgical Benefits Limits of Compensation applicable under AIA HealthShield Gold Max B. Benefit payable shall be limited to the level of Reasonable and Customary charges in a Singapore Private Hospital	As Charged (But limited to Singapore Restructured Hospitals, Class A Ward charges)	Reimburse the lower of Hospital expenses incurred up to the limits covered by PruShield A or the actual Reasonable and Customary Expenses	As Charged (paying the lower of: - the overseas charges; or - in accordance with a Singapore Restructured Hospital's charges)	As Charged (pegged to costs of Singapore General Hospital)	As Charged (pegged to costs of Singapore Restructured hospitals)	As Charged (limited to Singapore Restructured Hospital Class A Ward charges)
Planned overseas treatment	-	-	-	-	-	-	As Charged (pegged to costs of Singapore General Hospital) (Note (5))	-	-
Inpatient and outpatient Proton Beam Therapy treatment	-	-	-	-	-	-	15,000 /yr	-	-
Final Expense Benefit (Note (9))	5,000	5,000	3,500	6,000	5,000	3,000	10,000	-	4,000
Free new-born benefit (Note (10))	-	-	-	-	-	-	50,000 / yr	-	-
Waiver of Premium upon Total Permanent Disability	-	-	Waives 1 year premium for insured	-	-	-	-	-	In the event of Death/TPD of the parent (payor), premium will be waived for the Insured Child reaches until he/she reaches age 21.

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<b>Other Policy Features</b>									
Proration factors (Pls check with your insurer for more information on other applicable factors)	-	Private Hospitals - 65%	Private Hospitals - 70%	Private Hospitals - 70%	-	Private Hospitals - 65%	Private hospitals/ Hospitals outside Singapore -50%	Private Hospitals - 70%	Raffles Hospital - 70% Private Hospitals (except Raffles Hospital) - 60%
Proration factors for Private Outpatient Clinics (Note (6))	-	65%	70% (Note (7))	70%	-	-	50%	70%	
<b>Deductibles (Per Policy Year) (Note (8))</b>									
Class C	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
Class B2	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Class B1	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Class A and Private Hospital	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500
Subsidised Day Surgery/ Short Stay Wards	2,000	2,000	2,000	Restructured hospital 1,500 (short stay) 2,000 (day surgery)	1,500	1,500	3,000 (day surgery) 2,000 (subsidised short stay ward) 3,500 (unsubsidised short stay ward)	3,000	2,000
Unsubsidised Day Surgery/ Short Stay Wards	Insured age 80 years or below at next birthday: 3,500 Insured age over 80 years at next birthday:5,250	Insured age 80 years or below at next birthday: 3,500 Insured age over 80 years at next birthday:5,250	2,000	Restructured hospital: 2,000 (short stay) 2,500 (day surgery) Private Hospital: 3,500 (short stay and day surgery)	2,000	2,000			3,000
<b>Co-insurance</b>	10%	10%	10%	10%	10%	10%	10% (max \$25,500/yr)	10%	10%
<b>Policy Year Limit</b>	200,000	500,000	450,000	1,000,000	150,000	600,000	600,000	550,000	600,000
<b>Lifetime Limit</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Last Entry Age</b>	75	75	75	75	75	75	75	75	75
<b>Maximum Coverage Age</b>	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime

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

Integrated Shield Plan Premiums for Singapore Citizen (SC) and Permanent Resident (PR) Policyholder (Rounded to nearest \$)										
Age Next Birthday:	Great Eastern									
	IncomeShield Plan A*	Income Enhanced IncomeShield Advantage	AIA HealthShield Gold Max B	GREAT SupremeHealth A PLUS	Prudential PruShield A*	Prudential PruShield A Plus	Aviva MyShield Plan 2	AXA Shield Plan B	Raffles Health Insurance Raffles Shield A	
1 to 20	187-204	199-217	223	198 - 211	197	201 - 209	216	208	203-208	
21 to 30	253	266	294	276	262	257	294	285	284	
31 to 40	394-400	414-438	463	434	401	429	478	466	422-436	
41 to 50	601-613	647-659	733	663 - 673	603	627	747 - 775	664 - 747	652-656	
51 to 60	870-887	973-1,009	1,048-1,085	1,018	880-894	903 - 915	1,098 - 1,124	1,041 - 1,098	979-1,005	
61 to 65	1,168	1,358	1,419	1,381	1,227	1,216	1,528	1,422	1,360	
66 to 70	1,467	1,727	2,102	1,899	1,607	1,664	2,034	1,762	1,761	
71 to 73	1,811	2,184	2,664	2,507	2,166	2,090	2,691	2,163	2,274	
74 to 75	2,080	2,519	2,899	2,899	2,479	2,549	3,082	2,535	2,640	
76 to 78	2,485	3,007	3,868	3,669	3,345	3,339	3,866	2,877	3,056	
79 to 80	2,722	3,344	3,924	3,748	3,304	3,415	4,143	3,132	3,527	
81 to 83	2,667	3,492	4,051	3,842	3,130	3,724	4,974	3,443	3,817	
84 to 85	3,136	3,991	4,474	4,570	3,606	4,301	5,216	3,884	4,280	
86 to 90	3,604-3,881	4,349-4,652	4,646-4,817	5,624 - 5,689	3,863	4,580	6,005 - 6,114	4,249 - 4,578	4,738-4,951	
Premiums above age 90	4,231-5,282	5,017-6,515	5,128-6,203	5,741 - 6,618	5,546-6,202	4,714 - 5,707	6,187 - 6,548	5,975 - 6,373	5,250-6,151	

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

Note (1): Pre & Post hospital treatment may not be available for: accident inpatient dental treatment, inpatient congenital anomalies, inpatient pregnancy complications, living donor organ transplant, inpatient psychiatric treatment, emergency overseas treatment and free new-born benefit. Please

Note (2): (a) For GE plans, the living donor organ transplant applies for kidney, liver and pancreas transplants only. When Life Insured is the donor, the recipient must be a family member (parents, siblings, children or spouse) of the Life Insured.

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

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

Note (3): Expenses incurred by the non-insured living donor shall only be reimbursed under the Living Donor Organ Transplant (coverage for non-insured donor) if the organ recipient is the Life Assured and if the living donor is not eligible to be reimbursed under MediShield Life, Medisave-

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

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

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

Note (7): The pro-ration will only apply after the specified amount for each outpatient treatment is exceeded

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

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

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

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

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

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

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

Note (9): Final Expense Benefit refers to the waiver of the deductible and co-insurance up to the stipulated amounts in the event of the insured's death during hospitalisation or within a stipulated period after discharge from hospital subject to the conditions as stipulated by the insurer.

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

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

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

(a) \$300 per policy year, where the insured person is aged 40 or less at his/her next birthday on date of policy commencement/renewal

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

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