MyShield

*This policy booklet contains the terms and conditions of **your plan**.*
***You** may wish to refer to the **policy schedule** for the **plan** that **you** have bought.*

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MyShield
General Provisions

Your policy

This is **your** MyShield policy. It contains the following documents:

- these general provisions;
- the **policy schedule**;
- the **benefits schedule**;
- the **application documents**; and
- any endorsements.

These documents and the following form the full agreement between **you** and **us**:

- all statements to **doctor**s;
- declarations and questionnaires relating to the **life assured**'s lifestyle, occupation or medical condition which **you** or the **life assured** provide to **us** for **our** underwriting purposes; and
- all written correspondence relating to the policy between **you** or the **life assured** and **us.**

We refer to them collectively as "**your policy**". Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together to avoid misunderstanding.

In these general conditions, words in bold have the meanings given to them under the 'Definitions' section. Unless the context otherwise requires, words used in the singular include the plural and the masculine include the feminine and vice-versa. The same definitions apply if the defined words are used in any documents in **your policy** or any correspondence between **you** and **us**.

To enjoy the **benefits**, **you** must comply with the terms and conditions of **your policy** and pay the **premiums** when they are due.
MyShield is a medical insurance plan which covers the **life assured** for costs associated with **hospital** stay, **surgery** and selected outpatient treatment. If **your policy** is integrated with **MediShield Life**, it adds to the **MediShield Life** tier operated by the **CPF Board** and provides extra benefits for those who would like more cover and medical insurance protection. The **life assured** is covered under **MediShield Life** if he meets the eligibility conditions in the **act** and **regulations**.
Your policy comes into effect on the **cover start date** if **we** receive **your** first **premium** in full before the **policy issue date**.

***Please note: We** will not pay **benefits** on any claim which arises before the **cover start date**.*

Free Look Period:
*If **we** are issuing this policy to **you** for the first time, **we** give **you** a free-look period of 21 days from the date **you** received **your policy** to decide if **you** want to continue with **your policy**. If **you** do not want to continue with **your policy**, **you** may write to **us** to cancel it. As long as **you** have not made any claim under **your policy**, **we** will cancel **your policy** from its **cover start date** and refund all **premiums** paid, without interest. **You** are assumed to have received the policy within seven days after **we** have sent it by post.*

1. What your policy covers

The benefits shown below are available but not all of them may apply to **your policy**. Please refer to the **policy schedule** for the **plan you** have bought and the **benefits schedule** for details of the cover provided.

*All **benefits** only pay reimbursement for **reasonable expenses** for **necessary medical treatment** received by the **life assured** due to **illness** or **injury** and depend on the terms and conditions in **your policy** and the limits shown in the **benefits schedule**. Treatment must be provided by a **hospital** or licensed medical centre or clinic.*

***We** will not pay the benefits in **clauses 1.1(i)** and **(j)** together with a claim for the following **benefits**:*

- ***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**.*

1.1 Inpatient hospital treatment

We will pay for the types of costs shown below. Except for pre-**hospital** treatment, post-**hospital** treatment and day **surgery**, these costs must be for treatment received by the **life assured** as an **inpatient**.

We will apply the **pro-ration factor, annual deductible and co-insurance** to all **inpatient hospital** treatment where applicable. Please refer to **clause 2.3** to see when and how **we** apply the **pro-ration factor, annual deductible and co-insurance**.

If the **life assured** receives **inpatient** treatment in a luxury or deluxe suite or any other special room of a **hospital**, **we** will calculate the pro-rated amount of the actual charges which the **life assured** has to pay for each type of plan as follows:

For plan 1:

Charge for a single-bedded A1 ward in Mount Elizabeth Orchard Hospital X *total bill*
*Room Charge which the **life assured** had to pay*

For plan 2:

Charge for a standard A1 ward in Singapore General Hospital X *total bill*
*Room Charge which the **life assured** had to pay*

For plan 3:

Charge for a standard B1 ward in Singapore General Hospital X *total bill*
*Room Charge which the **life assured** had to pay*

We pay the minimum of **reasonable expenses** or the pro-rated amount of the total bill, whichever is lower.

Inpatient hospital treatment benefit is made up of the following:

a **Daily Room, board and medical related services**

Ward charges the **life assured** has to pay for each day in a **standard room** including:

- treatment fees;
- meals;
- prescriptions;
- medical consumables;
- **doctor**'s attendance fees;
- medical examinations;
- laboratory tests; and
- miscellaneous medical charges.

b **Intensive care unit (ICU)**

Ward charges the **life assured** has to pay for each day in an **ICU** including:

- treatment fees;
- meals;
- prescriptions;
- medical consumables;
- **doctor**'s attendance fees;
- medical examinations;
- laboratory tests; and
- miscellaneous medical charges.

c **Surgical benefit**

Charges the **life assured** has to pay for **surgery** (including day **surgery**) by a surgeon in a **hospital i**ncluding:

- surgeon's fees;
- anaesthetist fees; and
- operating theatre and facility fees.

d **Surgical implants**

Charges the **life assured** has to pay for surgical implants. The implants must stay in the **life assured**'s body after the **surgery**. This includes but is not limited to:

- Intraocular lens for cataracts;
- intravascular electrodes used for electrophysiological procedures;
- percutaneous transluminal coronary angioplasty (PTCA) balloons; and
- intra-aortic balloons (or balloon catheters).

e **Radiosurgery**

Charges the **life assured** has to pay for Gamma Knife and Novalis radio**surgery** (including day **surgery**) by a surgeon in a **hospital**.

f **Major organ transplant benefit**

Charges the **life assured** has to pay to receive a transplant of cornea, kidney, heart, liver or lung. These charges include costs of acquiring the organ from a deceased donor. Costs of acquiring the organ from a living donor or any expenses which the living donor has to pay are not covered.

We will not pay this benefit if the organ transplant is illegal or arises from any illegal transaction or practice.

g **Stem cell transplant**

Charges the **life assured** has to pay for **stem cell transplant surgery**. Outpatient therapies such as injection or extraction where the **life assured** does not require **surgery** or admission as an **inpatient** and all other costs arising from or relating or incidental to the **stem cell transplant** such as costs of harvesting, laboratory tests, investigations, storage, transport and cell culture are not covered.

h **Accident inpatient dental treatment**

Charges the **life assured** has to pay to remove, restore or replace sound natural teeth which have been lost or damaged in an **accident**. Treatment must be received within 14 days following the **accident**.

i **Pre-hospital treatment**

Charges the **life assured** has to pay for:

- **specialist** consultations received by the **life assured** up to 90 days before an **inpatient** treatment for the same **injury** or **illness**. The consultation must be recommended in writing by a **doctor**;
- treatment in the accident & emergency department of a **hospital** up to 24 hours before an **inpatient** treatment for the same **injury** or **illness**; or
- diagnostic procedures and laboratory examinations received by the **life assured** up to 90 days before an **inpatient** treatment for the same **injury** or **illness**. The procedures or examinations must be recommended in writing by a **doctor.**

Pre-**hospital** treatment which is received before **inpatient** congenital anomalies, **inpatient** pregnancy complications, living donor organ transplant, **inpatient** psychiatric treatment, **accident inpatient** dental treatment, **emergency** overseas treatment, or **free new-born benefit** is not covered.

j **Post-hospital treatment**

Charges for follow-up consultation and treatment received by the **life assured** as an outpatient with the same attending **doctor** up to the number of days shown in the **benefits schedule** after the date he is discharged as an **inpatient**.

Post-**hospital** treatment must:

- have resulted directly from the **injury** or **illness** for which admission as an **inpatient** was needed; and
- be recommended by the **doctor** who treated the **life assured** during the period he was an **inpatient**.

Post-**hospital** treatment which is received after **inpatient** congenital anomalies, **inpatient** pregnancy complications, living donor organ transplant, **inpatient** psychiatric treatment, **accident inpatient** dental treatment, **emergency** overseas treatment, or **free new-born benefit** is not covered.

k **Stay in a community hospital**

Charges the **life assured** has to pay for staying in a **community hospital**. **We** will pay this benefit up to 45 days for each **policy year**.

To claim under this benefit, the following conditions must be met:

- the **life assured** must first receive **inpatient** treatment in a **restructured hospital** or private **hospital**;
- after the **life assured** is discharged from the **restructured hospital** or private **hospital**, he must be immediately admitted to a **community hospital** for continuous stay;
- the attending **doctor** in the **restructured hospital** or private **hospital** where the **life assured** received **inpatient** treatment must recommend in writing that the **life assured** needs to be admitted to a **community hospital** for **necessary medical treatment**; and
- the treatment in the **community hospital** must arise from the same **injury** or **illness** that resulted in the **life assured**'s **inpatient** treatment in the **restructured hospital** or private **hospital**.

l Inpatient congenital anomalies

Charges the **life assured** has to pay for **inpatient** treatment for birth defects (including hereditary conditions) if the birth defects (including hereditary conditions) are first diagnosed by a **doctor** or have symptoms which first appear *after* a **waiting period** of 24 months.

m Inpatient pregnancy complications

Charges the **life assured** has to pay for the following complications in pregnancy:

- ectopic pregnancy;
- pre-eclampsia or eclampsia;
- disseminated intravascular coagulation; or
- miscarriage after 13 weeks of pregnancy which must not be due to a voluntary or malicious act.

Pregnancy complications must be first diagnosed by a registered obstetrician after a **waiting period** of 10 months.

n Living donor organ transplant

Charges the **life assured** has to pay for major organ transplants of the kidney or liver where the **life assured** is a living donor, up to the limits shown in the **benefits schedule**. The transplant must be carried out in a **hospital** in Singapore and the recipient must be the **life assured**'s parent, sibling, child or spouse whose kidney or liver failure must:

- be first diagnosed by a **doctor**; or
- have symptoms which first appeared;

after a **waiting period** of 24 months.

All post-**surgery** complications from living donor organ transplants and transplants that are illegal or arise from any illegal transaction or practice are not covered.

1.2 Major outpatient treatment

We will pay for the types of costs shown below for treatment received by the **life assured** as an outpatient up to the limits shown in the **benefits schedule**.

We will apply the **pro-ration factor** and **co-insurance** (if applicable) to all major outpatient treatment. Please refer to **clause 2.3** to see when and how **we** apply the **pro-ration factor** and **co-insurance**.

a Outpatient kidney dialysis

Charges the **life assured** has to pay for approved outpatient renal dialysis (using machines or apparatus). Dialysis must be ordered by the attending **doctor** and received by the **life assured** at a **hospital** or registered dialysis centre, and include:

- continuous ambulatory peritoneal dialysis (CAPD); or
- associated consultation fees, examinations and laboratory tests if they are ordered by the attending **doctor** before dialysis and take place not more than 30 days before the dialysis.

Follow-up consultation fees, examinations, laboratory tests and other medical attention after each session of dialysis are not covered.

b Outpatient erythropoietin

Charges for erythropoietin as part of the treatment for chronic renal failure ordered by the attending **doctor** and received by the **life assured** at a **hospital** or registered dialysis centre.

Follow-up consultation fees, examinations, laboratory tests and other medical attention after each session of erythropoietin treatment are not covered.

c Outpatient cancer treatment

Charges the **life assured** has to pay for cancer treatment as an outpatient at a **hospital** or legally registered cancer treatment centre. Such treatments include:

- chemotherapy;
- external or superficial radiotherapy;
- brachytherapy, with or without external radiotherapy;
- immunotherapy; and
- stereotactic radiotherapy.

Associated consultation fees, examinations and laboratory tests are covered if they are ordered by the attending **doctor** before the treatment and take place not more than 30 days before the treatment.

Follow-up consultation fees, examinations, laboratory tests and other medical attention after each session of outpatient cancer treatment are not covered.

d Major organ transplant – approved immunosuppressant drugs

Charges the **life assured** has to pay for immunosuppressant drugs approved by the **Health Science Authority** as part of **necessary medical treatment** as an outpatient after major organ transplant to reduce the rate of rejection.

The major organ transplant must first be approved under **your policy**.

1.3 Special benefits

We limit **benefits we** will pay for the benefits listed under this section (which **we** call special benefits). The limits on special benefits are shown in the **benefits schedule**.

We will apply the **pro-ration factor**, the **annual deductible** and **co-insurance** to the special benefits where applicable. Please refer to **clause 2.3** to see when and how **we** apply the **pro-ration factor, annual deductible** and **co-insurance**.

We will pay for the special benefits shown below:

a **Extra inpatient benefit for 5 critical illnesses**

Pays for **inpatient** cover in addition to the **life assured**'s per **policy year limit** as shown in the **benefits schedule**, if the **life assured** is diagnosed with any of the 5 **critical illness**es.

We will pay any claim for **critical illness** firstly out of this benefit. When the limits for this benefit have been reached, any payment for **critical illness** above the limits of this benefit will be made from the per **policy year limit**.

b **Inpatient psychiatric treatment**

Pays charges for psychiatric treatment received by the **life assured** as an **inpatient** according to **your plan** after 10 months of continuous cover from the **cover start date**. All treatment must be provided by a **doctor** qualified to provide psychiatric treatment.

If **inpatient** psychiatric treatment is received by the **life assured** within 10 months of continuous cover from the **cover start date**, **we** pay benefits for **inpatient** psychiatric treatment up to the limits shown in the **benefits schedule**.

Treatments due to self-inflicted injury, suicide, alcohol abuse, drug addiction or abuse are not covered.

c **Family discount for child(ren)** / **Free cover for child(ren)**

If **you** apply for cover before 1 December 2016:

If both parents of an eligible child life assured are covered under either plan 1 or plan 2, the eligible child life assured will be covered for free under plan 2 until the eligible child life assured reaches 20 years old age next birthday.

If **you** apply for cover on or after 1 December 2016:

(i) For Singapore citizens/ Singapore permanent residents

If both parents of an eligible **c**hild life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, **we** will waive the eligible child life assured's premium for the additional private insurance cover until the eligible child life assured reaches 20 years old age next birthday. The **MediShield Life** premium will continue to be payable under plan 2 until the eligible child life assured reaches 20 years old age next birthday.

(ii) For foreigners

If both parents of an eligible child life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, the premium for the eligible child life assured based on the family discount for child(ren) as stated in our premium tables will be payable under plan 2 until the eligible child life assured reaches 20 years old age next birthday.

This benefit will continue even if one or both parents of the eligible child life assured dies before this benefit ceases. This benefit is limited to a maximum of four eligible child life assureds who must all have the same biological parents.

d **Free new-born benefit**

If both biological parents of an eligible new-born are covered under either plan 1 or plan 2 continuously for 10 months from the **cover start date** of their respective policies on the new-born's date of birth, **we** will cover the new-born for free under the mother's policy. This benefit will reduce the **policy year limit** under the mother's policy.

Cover for the eligible new-born will begin from the 15th day after the new-born's birth or the date of the new-born's discharge from **hospital** after birth, whichever is later. During the cover period, both parents' policies must be in-force.

The benefit automatically ends on the date:
(i) the eligible new-born is 6 months old; or
(ii) the eligible new-born takes up a Medisave-approved integrated shield plan;
whichever is earlier.

e **Emergency overseas treatment**

Pays for **inpatient** treatment resulting from an **emergency** while overseas.

If the **life assured** is covered under plan 1, **we** will pay:
- the actual charges which the **life assured** has to pay; or
- **reasonable expenses** for equivalent medical treatment in Mount Elizabeth Orchard Hospital;

whichever is lower.

If the **life assured** is covered under plan 2 or plan 3, **we** will pay:
- the actual charges which the **life assured** has to pay; or
- **reasonable expenses** for equivalent medical treatment under a similar plan in the Singapore General Hospital;

whichever is lower.

Pre-**hospital** treatment which is given before and post-**hospital** treatment which is given after **emergency** overseas treatment are not covered.

f **Planned overseas treatment**

Pays for planned **inpatient** treatment or day **surgery** at an overseas **hospital** that has an approved working arrangement with a Medisave-accredited institution/referral centre in Singapore. The **life assured** must be referred through the Medisave-accredited institution/referral centre in Singapore.

(i) If the **life assured** is covered under plan 1, **we** will pay:
- the actual charges which the **life assured** has to pay; or
- reasonable expenses for equivalent medical treatment under a similar plan in Mount Elizabeth Orchard Hospital;

whichever is lower.

(ii) If the **life assured** is covered under plan 2 or plan 3, **we** will pay:
- the actual charges which the **life assured** has to pay; or
- reasonable expenses for equivalent medical treatment under a similar plan in the Singapore General Hospital;

whichever is lower.

Pre-**hospital** treatment which is given before and post-**hospital** treatment which is given after **planned overseas treatment** is covered if the claim for **planned overseas treatment** is payable. Post-**hospital** treatment which is given after **planned overseas treatment** will be covered up to the number of days covered under non-**panel specialist** in a private **hospital** shown in the **benefits schedule**.

Outpatient treatment overseas is not payable.

g Preventive treatment for cancer

Pays for **surgery** to prevent further cancer if the **life assured** already had treatment for cancer and **we** have paid for the **treatment**. The **surgery** must be recommended by a **specialist**.

We will not pay for **surgery** where no cancer has been diagnosed and no treatment has been paid by us.

1.4 Final expenses benefit

The final expenses benefit is a waiver of the **annual deductible** and **co-insurance** up to the amounts shown in the **benefits schedule**.

We pay the final expenses benefit if:

- the **life assured** dies while **hospital**ised or within 30 days of discharge from a **hospital**; and
- death resulted from the cause of the **hospital**isation.

2. Our responsibilities to you

We are only responsible to **you** for the cover and period of **your policy** and **our** responsibilities are governed by the terms, conditions and limits of **your policy**. **We** pay the minimum of **reasonable expenses** depending on the **life assured**'s **plan** or the pro-rated amount of the total bill (including charges for pre-**hospital** treatment and post-**hospital** treatment), whichever is lower. **We** will deduct any amounts due or owing to **us** under **your policy** before paying any **benefits**. The final computed **benefits** (excluding extra **inpatient** benefit for 5 **critical illness**es) must not exceed the **policy year limit** shown in the **benefits schedule**.

If the **life assured**'s policy is integrated with **MediShield Life**, **we** will pay claims according to **your policy** or **MediShield Life**, whichever is higher.

If the **life assured** is a foreigner who is not a Singapore permanent resident, he is not covered under **MediShield Life**. **We** will pay claims according to the **benefits** under **your policy**.

2.1 Making a claim

All claims (except pre-**hospital** treatment, post-**hospital** treatment, **emergency** overseas treatment, **planned overseas treatment** and **free new-born benefit**) must be made and sent to **us** through the electronic filing system set up by **MOH** and according to the **act** and **regulations**. **You** must complete the Medical Claims Authorisation Form (Single or Multiple version) to give **your** consent to the **CPF Board**, medical clinic or institution to verify **your** insurance membership and release of medical information, and give **us** any other documents, authorisations or information **we** need to assess the claim.

If **your** claim is not eligible for electronic filing by the **hospital** (for example, claims under plans which are not integrated with **MediShield Life** or claims for pre-**hospital**, post-**hospital** treatment, **emergency** overseas treatment, **planned overseas treatment or free new-born benefit**), **you** must send the claim to **us** by post or by hand.

All claims must be sent to **us** within 90 days from the date of treatment, date of billing, or the date the **life assured** leaves the **hospital**, whichever is later.

For claims which are electronically filed to **us** by the **hospital**, **we** will pay the **hospital** directly. Otherwise, **we** will pay **you**.

The **hospital**s, medical clinics or institutions, **CPF Board** and all private insurers of the Medisave-approved integrated plan have agreed on the following order of preference for signatories in the claims form:

a **life assured** who is admitted as an **inpatient**;
b **life assured** or **you** (if different from the **life assured** and the **life assured** is not able to sign the form); and
c next-of-kin (in the absence of **you** or the **life assured** or if both **you** and the **life assured** are not able to sign the claim form).

This order of preference for signatories facilitates the process of making a claim on behalf of the **life assured** under **your policy**. The arrangement gives the **life assured**'s next-of-kin the authority to consent and sign the claim form. However, the next-of-kin is not a party to this **policy** and does not acquire any rights under this **policy** by signing the claim form.

If **you** make a claim for **emergency** overseas treatment or **planned overseas treatment** or the **life assured** is not a Singapore citizen or Singapore permanent resident, **you** must complete the claim form as follows and submit it to **us**:

- the **life assured** or the **life assured**'s legal personal representative must complete all the questions in section A of the claim form and sign it;
- as soon as possible after the information or document becomes available and in any case, within 90 days after treatment begins, the **life assured** or the **life assured**'s legal personal representative must give **us** the originals of all documents and bills, authorisations or information **we** need to assess the claim and deal with it. **You** must pay all costs involved. **We** do not accept photocopies; and
- the attending **doctor** must complete all questions in section B, affix his rubber stamp on the claim form and sign it.

If **you,** the **life assured** or the **life assured**'s personal representatives do not co-operate with **us** in dealing with the claim, the assessment of the claim may be delayed or **we** can reject the claim.

2.2 Settling the claim

We will apply the following limits shown in the **benefits schedule** (if applicable) to the **benefits** in the following order when computing **your** claim:

a eligible expenses;
b **pro-ration factor**;
c limit of **benefits**;
d **annual deductible**;
e **co-insurance**;
f **policy year limit**.

We will pay the claim once **we** are satisfied that all requirements are fully fulfilled. Any payment made under this clause will entirely release **us** from any obligations and any further liability in respect of the claim.

If the amount **we** pay to a **hospital** under the letter of guarantee issued to the **hospital** is not payable for any reason, **you** must fully indemnify and reimburse **us** for the amount within 30 days from the date of **our** notice asking for reimbursement.

Before **we** admit or pay any claim and during the duration of a claim (including a claim for post-**hospital** treatment even if the pre-**hospital** treatment or **inpatient** treatment has been paid by **us**) under **your policy**, **we** have the right to require the **life assured** to be examined by a **doctor** appointed by **us**, whenever and as often as **we** may reasonably want.

In addition, **we** have the right to ask for a post-mortem where this is not forbidden by law.

2.3 Limits of Liability

Our liability for each **benefit** and type of plan under **your policy** is limited to the amounts shown in the **benefits schedule**. **We** will apply the **pro-ration factor**, **annual deductible** and **co-insurance** (if applicable) before **we** pay any benefit.

a Annual deductible

Annual deductible applies to all claims made under **your policy** except for major outpatient treatment and final expenses benefit.

b Co-insurance

Co-insurance applies to all claims made under **your policy** except for final expenses benefit.

c Pro-ration factor

Except for final expenses benefit**, we** will apply the **pro-ration factor** if the **life assured** is admitted as an **inpatient** to a room or **hospital** above what he is entitled to under **your policy** or at a **hospital** outside Singapore or receive major outpatient treatment at a private **hospital** or medical institution.

The benefit **we** pay will be reduced by first applying the **pro-ration factor** to:

- the original final bills showing the actual charges which the **life assured** has to pay including charges for pre-**hospital** treatment and post-**hospital** treatment received in connection with **hospital**isation; or
- **reasonable expenses** depending on the **life assured**'s **plan**;

whichever is lower.

If the **life assured** is admitted to a ward/ **hospital** that is the same or lower than what he is entitled to under **your plan** but receives pre-**hospital** treatment or post-**hospital** treatment in a **hospital** or clinic that is higher than what he is entitled to under **your plan**, **we** will apply the **pro-ration factor** to the pre-**hospital** treatment or post-**hospital** treatment.

Except where the **life assured** receives **inpatient** treatment in a luxury or deluxe suite or any other special room of a **hospital**, if the **life assured** changes the type of room during his stay as an **inpatient**, **we** will use the type of room he was staying in immediately before his discharge to decide if **we** will apply the **pro-ration factor**.

The **pro-ration factor** does not apply to expenses which the **life assured** has to pay at:

- a **restructured hospital** for major outpatient treatment, day **surgery**, pre-**hospital** treatment and post-**hospital** treatment; or
- a subsidised dialysis or cancer centre in Singapore for major outpatient treatment.

How we apply the pro-ration factor, annual deductible and co-insurance in each policy year
(Figures are purely for illustration only.)

Example 1
Plan: MyShield Plan 1
Hospital: Private hospital
Ward of discharge: Standard Single Bed

Expenses	Benefit Limits	Amount incurred & covered by MyShield Plan1
Daily room, board and medical related services	As charged	$3,000
Surgical benefit	As charged	$7,000
Total bill		$10,000
Annual deductible	$3,500	
Co-insurance (10% x ($10,000 - $3,500))	$650	
You pay	$4,150 ($3,500 + $650)	
We pay (inclusive of **MediShield Life** payout)	$5,850 ($10,000 - $4,150)	

Example 2
Plan: MyShield Plan 2
Hospital: Private hospital
Ward of discharge: Standard Single Bed

Expenses	Limits	Amount Incurred	Pro-rated Amount (50% **pro-ration factor**)	Amount Covered by MyShield Plan 2
Daily room, board and medical related services	As charged	$3,000	$1,500	$1,500
Surgical benefit	As charged	$7,000	$3,500	$3,500
Total bill		$10,000	$5,000	$5,000
Annual deductible	$3,500			
Co-insurance (10% x ($5,000 - $3,500))	$150			
You pay	$8,650 ($5,000 + $3,500 + $150)			
We pay (inclusive of **MediShield Life** payout)	$1,350 ($5,000 - $3,500 - $150)			

3. Your responsibilities

3.1 Full disclosure

Up to the **cover start date** or the **upgrade** effective date or the last **reinstatement date**, whichever is later, **you** and the **life assured** must disclose to **us** fully and truthfully, all material facts and circumstances about the **life assured** that may influence **our** decision whether or not to cover him or to impose further terms and conditions on **your policy**.

If **you** do not give **us** this information or misrepresent any information, **we** may:

- declare **your policy** "void" from the **cover start date** or the last **reinstatement date** (whichever is applicable); or
- end the cover for the **life assured**.

If the event above happens, **we** will refund **you** all **premiums** paid to **us** only if **you** have not made any claim under **your policy**. If **you** have made a claim under **your policy** before it becomes void, **we** will calculate the **premium** to be refunded from the first **policy year** immediately following the **policy year** in which **you** made the last claim under **your policy**. If the **life assured** is a Singapore Citizen or a Permanent Resident, the **life assured** will continue to be covered under **MediShield Life** without any exclusion.

3.2 Premium

You must pay the **premium** every year in order to receive the **benefits**.

We give **you** 60 days' **grace period** from the **renewal date** to pay the **premium**. During this **grace period**, **your policy** will stay in effect. **You** must first pay any **premium** or other amount **you** owe **us** before **we** pay any claim under **your policy**. If **you** do not pay the **premium** by the last day of the **grace period**, **your policy** will end on the **renewal date**.

You are responsible for making sure that **your premium** is paid up to date.

We may deduct **your premium** from the designated Medisave account according to the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the **CPF Act**, as may be amended, extended or re-enacted from time to time.

You must pay the **premium** or any part of it in cash if:

a the **premium you** owe is more than the maximum Additional Withdrawal Limit (for Singapore Citizens or Permanent Residents) or Medisave Withdrawal Limit (for foreigners) set by the **CPF Board**;

b there are not enough funds in **your** Medisave account to pay the **premium** due; or

c the **premium**, or part of it is not taken from the designated Medisave account for any reason.

3.3 Change of citizenship and residency

You must tell **us**, as soon as possible, when the **life assured**'s citizenship or permanent residency status changes and submit a copy of the **life assured**'s new national registration identity card or other evidence of change acceptable to **us** to update **our** record. Failing to inform **us** on the citizenship or permanent residency change may result in duplicate MyShield cover and **premium** payment for the **life assured.**

4. When your policy ends

Your policy automatically ends on the date:

- the **life assured** dies;
- **we** receive **your** written notice requesting cancellation of **your policy** under **clause 5.2**;
- **we** do not receive **your premium** after the **grace period**;
- **you** fail to give **us** any information or document which **we** require from **you**, which date will be determined by **us**;
- **you** fail or refuse to refund any amount **you** owe **us**, which date will be determined by **us**;
- fraud under **clause 7.9** takes place;
- **you** do not reveal information or misrepresent to **us** under **clause 3.1**;
- **you** or the **life assured** does not fulfill the eligibility requirements set out under **clause 7.1**;
- the cover of **your policy** ends; or
- the **life assured** is covered under another Medisave-approved integrated shield plan;

whichever is earlier.

When **your policy** ends, **you** have no further claims or rights against **us**.

Ending **your policy** does not affect the **life assured**'s cover under **MediShield Life**. The **life assured** will continue to be covered under **MediShield Life** as long as he is eligible under the **act** and **regulations**.

5. What you can do with your policy

5.1 Reinstate your policy

If **your policy** terminates because **you** have not paid the **premium**, **you** may apply to **us** within 30 days from the date of notice of termination to reinstate **your policy** if **you** meet all of the following conditions:

- the **life assured** is not older than 75 years next birthday on the **reinstatement date**;
- **you** must pay all **premium**s **you** owe before **we** will reinstate **your policy**; and
- **you** have given **us** satisfactory proof of insurability for each **life assured** at **your** expense.

If **we** agree to reinstate **your policy**, **we** will issue **you** a notice of reinstatement. If there is any change in the **life assured**'s medical or physical condition, **we** may add exclusions from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium** after **your policy** has ended, it does not mean **we** will not enforce **our** rights under **your policy** or **we** will create any liability for **us** in terms of any claim. **We** will not pay for treatment provided to the **life assured** after the date **your policy** ends and within 30 days from the **reinstatement date** unless treatment was received as an **inpatient** for **injuries** caused by an **accident** which took place after the **reinstatement date**.

5.2 Cancel your policy

You may cancel the policy with effect from any **renewal date** by giving **us** at least 30 days' written notice of **your** intention not to renew **your policy**. The **life assured**'s cover under **your policy** will end on the **renewal date**.

You may also cancel **your policy** during the **policy year** and after the free look period by giving **us** at least 30 days' written notice. **We** will refund **you** the pro-rated **premium** for the unexpired period of cover.

5.3 Change your plan

You may write to **us** at any time and ask to change the **life assured**'s **plan**.

If **you** ask to **upgrade** the **life assured**'s **plan**, **you** must give **us** satisfactory proof of insurability for each **life assured** and pay for the costs involved. Any claim that arises from a **pre-existing condition** after the **upgrade** will be assessed based on the terms and conditions of the **plan** before the **upgrade**. If **you** have chosen the **moratorium underwriting option** and the **life assured** satisfies the **moratorium** of the **plan** before the **upgrade** and a claim is admitted, **we** will pay **benefits** up to the limit of the **plan** before the **upgrade**.

If **you** ask to **downgrade** the **life assured**'s **plan** within the same underwriting option, **you** do not need to declare **your** medical conditions to **us**.

If **we** approve **your** request to change the **life assured**'s **plan**, **we** will write to tell **you** when the new plan will take effect. The **policy year** and **period of insurance** for **your** existing **plan** will end on the day immediately before the day on which **your** new plan takes effect. The period of insurance for the new plan will be a 12-month term from the date on which the new plan takes effect and the limits shown in the **benefits schedule**, the **annual deductible** and **co-insurance** for the new plan will apply from the date on which the new plan takes effect. The **benefits** which **we** pay on a per lifetime basis will not be paid again in the new **policy year** if **you** have made a claim on these **benefits** and **we** have paid 100% of the limits shown in the **benefits schedule** for these **benefits** before **your** change of **plan**.

A **pre-existing condition** which has been permanently excluded under **clause 7.8** will remain permanently excluded under the **upgrade**.

6. What your policy does not cover

The following treatment items, procedures, conditions, activities and their related or consequential expenses are not covered under **your policy**. However, some of these exclusions may be covered under **MediShield Life**. For exclusions that are covered under **MediShield Life**, **we** will deal with **your** claim according to the terms and conditions and benefit limits of **MediShield Life**. If **we** say that because of an exclusion or any other term or condition of **your policy**, any loss, damage, cost or expense is not covered by **your policy**, the burden is on **you** to prove otherwise.

a all expenses for treatment as an **inpatient**, if the **life assured** was admitted to the **hospital** before the **cover start date**;

b any **pre-existing condition** (unless **we** cover it under **clause 7.8b**);

c overseas medical treatment (unless **we** cover it under **emergency** overseas treatment or **planned overseas treatment**);

d transport for trips made for the purpose of obtaining medical treatment such as ambulance fees, **emergency** evacuation, sending home a body or ashes;

e private nursing charges and nursing home services;

f **hospital**isation for diagnosis, diagnostic examinations, general physical or medical check-ups;

g routine medical examinations or check-ups;

h vaccinations, medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye;

i elective cosmetic treatments and plastic **surgery** unless such **surgery** is necessary for the repair of damage caused by an **accident** or breast reconstruction after mastectomy;

j any treatment claimed to prevent **illness** (unless **we** cover it under preventive treatment for cancer), promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers;

k dental treatment or oral **surgery** related to teeth (unless this is covered under **accident inpatient** dental treatment);

l rest cures and services or treatment at any home, spa, hydro or aqua clinic, sanatorium, hospice or long-term care facility that is not a **hospital**;

m infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations;

n treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres;

o pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related **hospital**isation or treatment (unless **we** cover this under **inpatient** pregnancy complications benefit);

p treatment for obesity, weight reduction, weight improvement or procedure for weight management;

q treatment for birth defects, including hereditary conditions and disorders and congenital anomalies (unless **we** cover it under **inpatient** congenital anomalies benefit);

r prosthesis, corrective devices and medical appliances which are not surgically required including the buying or renting of the following for use at home or as an outpatient:

- braces;
- special/medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances;
- durable medical equipment and machines;
- corrective devices;
- wheelchairs;
- walking aids;
- home aids;
- kidney dialysis machines;
- iron lungs;
- oxygen machines;
- hospital beds;
- any other hospital type equipment;
- replacement organs.

s treatment that is not scientifically recognised by western European or North American standards, including alternative and complementary treatment;

t costs relating to cornea, muscular, skeletal or human organ or tissue transplant (unless **we** cover it under living donor organ transplant, major organ transplant, major organ transplant – approved immunosuppressant drugs or **stem cell transplant**);

u treatment for self-inflicted injury, suicide, alcohol abuse, drug addiction or abuse;

v treatment for psychological, emotional or mental problems or conditions (unless **we** cover it under **inpatient** psychiatric treatment);

w experimental or pioneering medical or surgical techniques and medical devices not approved by **MOH** and the Centre of Medical Device Regulation and clinical trials for medicinal products which the **life assured** chooses to receive even though usual and customary treatment for the condition is available;

x **injury** or **illness** arising from or in connection with any illegal act such as imprisonment;

y **injury** or **illness** arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby;

z costs arising out of any litigation or dispute between the **life assured** and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by **your policy**;

aa any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:

(i) ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel;

(ii) radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component;

(iii) any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter;

bb death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:

(i) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power; or

(ii) any act of terrorism including but not limited to:

- the use or threat of force or violence;
- harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear; or
- any action taken to control, prevent, suppress or in any way relating to (i) or (ii);

cc sexually transmitted diseases and any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:

(i) HIV infection acquired through blood transfusion in Singapore; or

(ii) HIV acquired while performing regular professional duties in a medical profession in Singapore.

dd charges for non-necessary medical goods or services such as telephone, television or newspapers.

7. What you need to note

7.1 Eligibility

To be eligible for MyShield, **you** must:

- be a Singapore citizen or Singapore permanent resident; and
- have a Medisave account;

and the **life assured** must be 75 years old or below at age next birthday at the **cover start date**.

Only **life assureds** who are Singapore citizens or Singapore permanent residents are eligible for cover under MyShield plan 3.

Your dependants are also eligible for cover under MyShield plan 1 or plan 2 as long as they are Singapore citizens, Singapore permanent residents or foreigners who hold **eligible valid pass**es. A new-born is eligible for cover 15 days after birth or after discharge from **hospital**, whichever is later.

7.2 Geographical scope

The **life assured** must seek treatment in Singapore. Any treatment provided to the **life assured** outside Singapore is limited to the **emergency** overseas treatment or **planned overseas treatment**.

7.3 Other insurance

If **you** or the **life assured** have other medical insurance policies (including medical benefits under any employment contract) which allows **you** or them to claim a refund for medical expenses, **you** or the **life assured**, must first claim from these policies before making any claim under **your policy**. **Our** obligations to pay under **your policy** will only arise after **you** have fully claimed under these policies.

If **we** have paid any **benefit** to **you** first before **you** make a claim under the other medical insurance policies, the other medical insurers or **your** employer must refund **us** their share. **You** must file **your** claim with the other medical insurers or **your** employer so that **we** can get back their share of the claim **we** have paid. For every claim, the total reimbursement **we** make will not be more than the expenses actually paid.

7.4 Co-operation

We will not pay under **your policy** unless **you**, the **life assured** and his personal representatives:

a co-operate fully with **us** and **our** medical advisers;

b fully and faithfully disclose all material facts and matters; and

c at **our** request sign any document to empower **us** to obtain relevant information from any **doctor**, hospital or other sources.

You, the **life assured** and his personal representatives must pay for any costs involved.

7.5 Guaranteed renewal

We will renew **your policy** automatically every year. **We** guarantee to do this for life as long as:

a **we** receive the **premium** before the **grace period** ends;

b the cover for the **life assured** has not been ended under **clause 4**.

7.6 Change of policy terms or conditions

We may change the **benefits**, cover, **premiums** or terms and conditions of **your policy** (as long as the changes apply to all policies of the same class). **We** will give **you** at least 30 days' written notice before **we** do so.

7.7 Entry age of the life assured

We calculate the **premium you** have to pay based on the **life assured**'s age next birthday.

If the **life assured**'s age is misstated, **we** have the right to adjust **premiums** according to the correct age. **We** will collect any shortfall in **premium** and refund any extra **premium** paid without interest.

7.8 Pre-existing conditions

a Except as provided in **b** below, all **pre-existing conditions** are excluded under **your policy**.

b **We** will cover the following **pre-existing conditions**:

(i) if **you** have chosen the **full medical underwriting option** and **you** have declared the **pre-existing condition** and it has been accepted by **us** in writing; or

(ii) if **you** have chosen the **moratorium underwriting option**, during the **moratorium**, the **life assured** is continuously covered under **your policy** and has not, in relation to a **pre-existing condition**:

- experienced any symptom;
- sought advice, tests or check-ups from a **doctor**, **specialist** or alternative medicine provider;
- required any treatment or medication; or
- received any treatment or medication.

We will then cover such **pre-existing condition** after the **moratorium**. **We** will exclude the **pre-existing condition** permanently from **your policy** if the **life assured** does not meet any of the above requirements during the **moratorium**.

c If the **life assured** is already covered under MyShield but does not fall under **a** or **b**, and **we** had excluded a **pre-existing condition** before under **your policy**, the **moratorium underwriting option** will apply. The **moratorium** will be deemed to start from the **cover start date**.

d To avoid any doubt, the following list of **pre-existing conditions** are permanently excluded from **your policy** if **you** choose the **moratorium underwriting option** prior to 1 December 2016:

- heart attack, heart bypass, angioplasty;
- chronic obstructive lung disease, chronic cor pulmonale, pulmonary hypertension;
- stroke;
- liver cirrhosis;
- paralysis;
- osteoporosis;
- AIDS or HIV infection;
- thalassaemia intermediate/major;
- diabetes with complications such as protein in urine or eye problem;
- kidney failure;
- organ transplant;
- systemic lupus erythematosus (SLE);
- muscular dystrophy;
- multiple sclerosis;
- Alzheimer's disease;
- dementia;
- any form of cancer (other than skin cancer);
- autism.

7.9 Fraud

If a claim or any part of a claim is false or fraudulent or if the **life assured** or any **dependant** or anyone acting on their behalf uses fraudulent ways or devices to gain a **benefit**, **we** will cancel **your policy** immediately and **you** will have to forfeit all **benefits** and **premiums**.

7.10 Trust

We do not recognise and **our** rights will not be affected by any notice of trust, charge or assignment relating to this **policy**.

7.11 Currency

We pay all **benefits** in Singapore dollars. **We** will convert bills which are shown in foreign currency to Singapore currency at the exchange rate **we** decide to use on the date **we** process the claim.

7.12 Applications and notices

All applications and notices to **us** must:

- be in writing in **our** prescribed form (if any);
- contain all required and relevant information;
- contain correct and complete information;
- be supported by documentary proof acceptable to **us**; and
- be signed by **you**.

We must be satisfied that the application or notice and supporting documents are authentic. **We** have the right to require additional information or documents before **we** act on the application or notice.

Any application or notice to **us** will be considered received by **us** if the original copy of the application or notice was sent to **our** registered office. But **we** may, at **our** absolute discretion act on any application or notice received by other means including facsimile, phone, email or other electronic means.

7.13 Dispatch of documents, cheques and notices

We will post any notices, cheques or other documents to **your** address held in **our** records. **Your policy** is considered delivered to and received by **you** 7 days after **we** post it.

We will not be responsible for any consequences arising from **your** failure to notify **us** of any change of address.

7.14 Excluding third party rights

Anyone not a party to **your policy** cannot enforce it under the Contracts (Rights of Third Parties) Act (Cap. 53B).

7.15 Integration with MediShield Life

If **your policy** is integrated with **MediShield Life** to form a Medisave-approved Integrated Shield Plan:

a the **life assured** will enjoy all benefits under **MediShield Life**; and

b if the **life assured**'s cover under **your policy** ends, the **life assured**'s cover under **MediShield Life** will continue as long as the **life assured** meets the eligibility conditions shown in the **act** and **regulations**.

7.16 Applicable law

Your policy is governed by and interpreted according to the law of Singapore. The Singapore courts have non-exclusive jurisdiction.

7.17 Legal proceedings

You will not bring any action in law or equity for or relating to any claim under **your policy** before 60 days have expired from the date **you** give **us** satisfactory proof of claim according to the terms and conditions of **your policy**.

7.18 Arbitration

Any difference of medical opinion regarding the results of an **accident**, **illness**, death or expense will be settled by two medical experts appointed respectively in writing by **you** and **us**. Any difference of opinion between the two medical experts will be referred to an umpire appointed by the medical experts at the outset.

7.19 Severability

If any provision (or part of a provision) of **your policy** is invalid or unenforceable under law, the validity and enforceability of the remaining provisions are not affected. The affected provision (or part of the provision) is deemed to be severed.

7.20 Non-waiver

- **Our** failure to enforce any provision of **your policy;** or
- **our** acceptance of any **premium** with actual or implied knowledge of any non-disclosure, misrepresentation, fraud and/or breach of **your policy** or of the law,

does not amount to a waiver of **our** rights under **your policy** or at law. **We** will still have the right to enforce each and every provision of **your policy** even if **we** have not done so in the past.

7.21 Policy Owners' Protection Scheme

Your policy is protected under the Policy Owners' Protection Scheme, and is administered by the Singapore Deposit Insurance Corporation (SDIC). Cover for **your policy** is automatic and no further action is required from **you**. For more information on the types of benefits that are covered under the scheme as well as the limits of cover, where applicable, please contact **us** or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

8. Definitions

Accident means an unexpected incident that results in an **injury**. Except for **injury** caused specifically by drowning, choking on food, food poisoning or suffocation by smoke, fumes or gas, the **injury** must be caused entirely by violent, external and visible means and not by sickness, disease or gradual physical or mental process.

Act means the MediShield Life Scheme Act (Act No. 4 of 2015), as amended, extended or re-enacted from time to time.

Annual deductible means the cumulative total amount of medical expenses which **you** have to bear during any one **policy year** before any **benefits** are payable under **your policy** as shown in the **benefits schedule.**

Application documents mean the application form and any related document attached to **your policy**.

Benefits means the benefits set out in **your policy** and the **benefits schedule**.

Benefits schedule means the schedule attached to **your policy** which sets out the benefits payable under **your policy**, as amended by **us** from time to time.

CPF Act means the Central Provident Fund Act (Cap. 36) as amended, extended or re-enacted from time to time.

CPF Board means the Central Provident Fund Board of Singapore.

Co-insurance means the amount that **you** need to co-pay on the claimable amount after the **annual deductible**s have been paid. The **co-insurance** percentages for the **benefits** are shown in the **benefits schedule**.

Community hospital means any approved community hospital under the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the **CPF Act** as amended, extended or re-enacted from time to time that provides an intermediate level of care for individuals who have simple **illness**es that do not need care in a **hospital**.

Cover start date means the date shown in the **policy schedule**, on which cover for a **benefit** starts.

Critical illness means any of the following critical illnesses:

Major Cancers

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behavior; or
  - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the urinary bladder historically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by **us**.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms.

This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an **accident** or **injury**, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

Permanent means expected to last throughout the lifetime of the **life assured**.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **life assured**. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, dementia, delirium and coma.

End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV_1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mgHg or less ($PaO_2 \leq 55mmHg$); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory **doctor**.

End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

Dependant means **your** legal spouse, parents, grandparents who are 75 years old or below at age next birthday at the **cover start date** and/or biological or legally adopted children who are at least 15 days old.

Doctor means a doctor with a recognised degree in western medicine who is legally licensed to practise in the country in which treatment is provided but should not be **you**, the **life assured** or **your** or the **life assured**'s relative, sibling, spouse, child or parent.

Downgrade means a change of **plan** to a new plan with lower benefits under the same policy.

Eligible valid pass means the pass recognised by the Singapore Immigration & Checkpoints Authority (ICA) and Ministry of Manpower (MOM) and accepted by **us**.

Emergency means a medical condition which needs immediate medical attention by a **doctor** within 24 hours of an **accident** or **illness** taking place.

Free new-born benefit means the free new-born benefit referred to in Clause 1.3d and the **benefits schedule**.

Full medical underwriting option means the underwriting option where **you** choose to complete a medical history declaration giving details of the **life assured**'s medical history existing before application for this **policy**, including any **pre-existing condition**s.

Grace period means the grace period in **clause 3.2**.

GST means goods and services tax levied in Singapore.

Health Science Authority means the Health Science Authority of Singapore.

Hospital means: A **restructured hospital**;
A private **hospital**;
A **community hospital**; or
Any other medical institution **we** accept.

Illness means a physical condition marked by pathological deviation from the normal healthy state.

Injury means bodily injury caused solely and directly by an **accident**.

Inpatient means a person admitted to a **hospital** for treatment for at least six consecutive hours who is charged a daily room and board charge by the **hospital**. It includes admission, for any length of time, for **surgery** and any preparation or procedure connected with **surgery** which does not have a room and board charge.

Intensive care unit (ICU) means the intensive care unit of a **hospital**.
Life assured means the person named as the life assured in the **policy schedule**.

MOH means Ministry of Health, Singapore.

MediShield Life means the basic tier of insurance protection scheme run by the **CPF Board** and governed by the **act** and **regulations**.

Moratorium means a **waiting period** of 5 years from the **cover start date**; the date of **upgrade**; or the last **reinstatement date**; whichever is later.

Moratorium underwriting option means the underwriting option where no full medical declaration is required.

Necessary medical treatment means the services and supplies provided by a **doctor** which, according to the standards of good medical practice, is consistent with the diagnosis and treatment of the **life assured**'s condition, is required for reasons other than the convenience of the **life assured** or the **doctor** and the most appropriate supply or level of service which can be safely provided to the **life assured**. **GST** on **necessary medical treatment** is included.

Panel specialist means a specialist who is on our approved panel of specialists; and must be the admitting doctor on the date of the **life assured**'s admission. The approved list of specialists can be found at www.aviva.com.sg. This list may be updated from time to time

Period of insurance means each 12 month term of cover under **your policy** and starts on the **cover start date** (or if **you** change the **life assured**'s **plan**, from the date on which the new plan takes effect) or the **renewal date**, whichever is later.

Plan means the type of plan that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

Planned overseas treatment means the planned overseas treatment set out in Clause 1.3f and in the **benefits schedule**.

Policy schedule means the schedule attached to **your policy** which sets out the particulars of **your policy**, as amended by **us** from time to time.

Policy issue date means the date that **we** issue the **policy** to **you** as shown in the **policy schedule**.

Policy year means a period of 12 months starting from the **cover start date** (or if **you** change the **life assured**'s **plan**, from the date on which the new plan takes effect) and each consecutive 12-month period for which **your policy** is renewed.

Policy year limit means, in respect of each **life assured**, the maximum amount shown in the **benefits schedule** which can be claimed under **your policy** for that **life assured** during any one **policy year**.

Pre-existing condition means any **illness**, **injury,** condition or symptom:

- for which the **life assured** asked for or received treatment, medication, advice or diagnosis from a **doctor** before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later;
- which existed or were evident before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment; or
- which was foreseeable or known, by **you** or the **life assured,** to exist before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later, whether or not the **life assured** asked for treatment, medication, advice or diagnosis.

Premium means the amount shown in the **policy schedule** which **you** must pay **us** to apply for the **benefits** and keep the **benefits** in force.

Pro-ration factor means the percentage shown in the **benefits schedule** and is more particularly described in **clause 2.3(c)** of these General Provisions.

Reasonable expenses means expenses paid for medical services or treatment which **we** or **our** medical advisers consider reasonable and customary and which could not have reasonably been avoided without negatively affecting the **life assured**'s medical condition. These expenses must not be more than the general level of charges of other medical care providers with similar standing in Singapore, for giving like or comparable treatment, services or supplies to individuals of the same gender, of comparable age, for a similar **illness** or **injury**.

Regulations mean any subsidiary legislation made under the **act**, as amended, extended or re-enacted from time to time.

Reinstatement date means the date on which **your policy** is reinstated after it has ended due to **you** not paying **premiums** within the **grace period**. **We** will tell **you** when **your policy** is reinstated.

Renewal date means the date on which **your policy** is renewed for a further **period of insurance**.

Restructured hospital means a **hospital** in Singapore that:
- is run as a private company owned by the Singapore Government;
- is governed by broad policy guidance from the Singapore Government through **MOH**; and
- receives a yearly government subsidy to provide subsidised medical services to its patients.

Specialist means a qualified and licensed **doctor**, who has the necessary extra qualifications and expertise to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine, like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, dermatology and physiotherapy.

Standard room means the class of hospital ward (including the high dependency ward) which is categorised as standard by the hospital in which the **life assured** is staying as an **inpatient.**
*For plan 1, **standard room** means any standard ward of a private **hospital**;*
*For plan 2, **standard room** means any standard ward of a **restructured hospital**;*
*For plan 3, **standard room** means a 4-bed standard ward of a **restructured hospital**.*

Stem cell transplant means the infusion of healthy stem cells into the body of the **life assured**.

Surgery means an invasive procedure performed by a surgeon involving general or local anaesthesia for the correction of deformities or defects, repair of **injuries** and the diagnosis or cure of **illness**es.

Upgrade means a change of **plan** to a new plan with higher benefits under the same policy.

Waiting period means the period of time that applies to specific **benefit**s under the **policy** as set out in the benefit provisions. The period of time starts from:
- the date the **benefit** first becomes effective under the **policy**;
- the **cover start date**;
- the last **reinstatement date**;
- the date of **upgrade**;

whichever is the latest.

We, us, our means Aviva Ltd.

You, **your** means the owner of the policy who is named as the assured in the **policy schedule**.

<table>
<tr><th colspan="5">Benefits Schedule in SG Dollars</th></tr>
<tr><th colspan="2" rowspan="2">Benefit Parameters</th><th colspan="3">MyShield</th></tr>
<tr><th>Plan 1</th><th>Plan 2</th><th>Plan 3</th></tr>
<tr><td colspan="2">**Hospital** ward type</td><td>Any standard ward of a private **hospital**</td><td>Any standard ward of a **restructured hospital**</td><td>Any 4-bed (B1) standard ward of a **restructured hospital**</td></tr>
<tr><td colspan="5">**Inpatient hospital treatment**</td></tr>
<tr><td colspan="2">Daily room, board and medical related services[1]</td><td colspan="3" rowspan="8">As charged</td></tr>
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<tr><td colspan="2">Surgical benefit</td></tr>
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<tr><td colspan="2">**Accident inpatient** dental treatment[5]</td></tr>
<tr><td colspan="2">Pre-**hospital** treatment</td><td colspan="3">As charged up to 90 days prior to admission.

Accident and emergency (A&E) treatment (within 24 hours prior to admission) is covered.</td></tr>
<tr><td rowspan="4">Post-**hospital** treatment[6]</td><td>Non-**panel specialist** in a private **hospital**</td><td colspan="3">As charged up to 90 days after discharge</td></tr>
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<tr><td colspan="2">**Inpatient** congenital anomalies[8] (first diagnosed after a **waiting period** of 24 months)</td><td colspan="3">As charged</td></tr>
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<tr><td colspan="2">Living donor organ transplant[10] (after **waiting period** of 24 months)</td><td>S$50,000 per lifetime</td><td>S$30,000 per lifetime</td><td>S$20,000 per lifetime</td></tr>
</table>

Benefits Schedule in SG Dollars			
Benefit Parameters	**MyShield**		
	Plan 1	**Plan 2**	**Plan 3**
Major outpatient treatment			
Outpatient kidney dialysis	As charged		
Outpatient erythropoietin			
Outpatient cancer treatment which includes: - Chemotherapy - External or superficial radiotherapy - Brachytherapy, with or without external radiotherapy - Immunotherapy - Stereotactic radiotherapy			
Major organ transplant – approved Immunosuppressant drugs			
Special benefits			
Extra **inpatient** benefit for 5 **critical illness**es - heart attack of specified severity, major cancer, stroke, end stage lung disease and end stage liver disease	S$150,000 per **policy year**	S$100,000 per **policy year**	S$50,000 per **policy year**
Inpatient psychiatric treatment[11] (<u>after</u> 10 months of continuous cover)	As charged up to 60 days per **policy year**	As charged up to 45 days per **policy year**	S$500 per day up to 35 days per **policy year**
Inpatient psychiatric treatment[11] (<u>within</u> 10 months of continuous cover)	S$500 per day up to 35 days per **policy year**		
Family discount for child(ren)	Yes	Yes	N.A.
Free new-born benefit[12]	S$50,000 per policy year		N.A.
Emergency overseas treatment[13]	As charged (pegged to costs of Mount Elizabeth Orchard Hospital)	As charged (pegged to costs of Singapore General Hospital)	As charged (pegged to costs of B1 ward of Singapore General Hospital)
Planned overseas treatment[13]	As charged (pegged to costs of Mount Elizabeth Orchard Hospital)	As charged (pegged to costs of Singapore General Hospital)	As charged (pegged to costs of B1 ward of Singapore General Hospital)
Preventive treatment for cancer[14]	As charged		
Final Expenses Benefit[15]	S$10,000		

Benefits Schedule in SG Dollars				
Benefit Parameters		**MyShield**		
		Plan 1	**Plan 2**	**Plan 3**
Pro-ration factor				
Restructured hospital	Class A ward / Unsubsidised short stay ward	100%	100%	85%[17]
Private **hospital**	**Inpatient** (including day **surgery**)		50%[16]	35%[17]
	Major outpatient treatment			
Community hospital - Unsubsidised ward			100%	85%[18]
Hospital outside Singapore			50%[16]	35%[17]
Annual deductible[19] **for life assured age 80 years and below next birthday**				
Inpatient				
Class C ward		S$1,500		
Class B2 / B2+ ward		S$2,000		
Class B1 ward		S$2,500		
Class A ward / Private **hospital**		S$3,500		
Hospital outside Singapore				
Subsidised short stay ward		S$2,000		
Unsubsidised short stay ward		S$3,500		
Day **surgery**		S$3,000	S$3,000	S$2,000
Annual deductible[19] **for life assured age 81 years and above next birthday**				
Inpatient				
Class C ward		S$2,250		
Class B2 / B2+ ward		S$3,000		
Class B1 ward		S$3,750		
Class A ward / Private **hospital**		S$5,250		
Hospital outside Singapore				
Subsidised short stay ward		S$3,000		
Unsubsidised short stay ward		S$5,250		
Day **surgery**		S$4,500	S$4,500	S$3,000
Co-insurance (applicable to claimable amount after deductible)		10% Maximum S$25,500 per **policy year**.		

Benefits Schedule in SG Dollars			
Benefit Parameters	**MyShield**		
	Plan 1	**Plan 2**	**Plan 3**
Maximum claim limits			
Policy year limit	S$1,000,000[20]	S$600,000	S$300,000
Lifetime limit	Unlimited		
Age limits (age next birthday)			
Last entry age	75 years old		
Maximum cover age	Lifetime		

Footnotes

[1]Includes treatment fees, meals, prescriptions, medical consumables, **doctor**'s attendance fees, medical examinations, laboratory tests and miscellaneous medical charges.

[2]Includes:
- Intravascular electrodes used for electrophysiological procedures
- Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons
- Intra-aortic balloons (or Balloon Catheters)
- Intraocular lens for cataracts

[3]Radio**surgery** includes Novalis radio**surgery** and Gamma Knife treatments which can be performed as an **inpatient** or day **surgery** procedure. The applicable **annual deductible** and **pro-ration factor** for radio**surgery** will depend on its classification as an **inpatient** or day **surgery** procedure.

[4]Major organ transplant benefit covers charges for transplant of cornea, kidney, heart, liver or lung and includes costs of acquiring the organ from a deceased donor. Costs and expenses of acquiring the organ from a living donor are not covered.

[5]Treatment must be received within 14 days following the **accident**. Pre-**hospital** treatment received before and post-**hospital** treatment received after **accident inpatient** dental treatment are not covered.

[6] Post-**hospital** treatment will be covered based on the type of **specialist** and **hospital** at the date of the **life assured**'s admission. The approved list of panel specialists can be found at www.aviva.com.sg

[7]Upon referral from the attending **doctor** in a **restructured hospital** / private **hospital** for immediate admission to a **community hospital** for continuous stay. The treatment in the **community hospital** must arise from the same **injury** or **illness** that resulted in the **life assured**'s **inpatient** treatment in the **restructured hospital** or private **hospital**.

[8]Pre-**hospital** treatment received before and post-**hospital** treatment received after **inpatient** congenital anomalies treatment are not covered.

[9]**Inpatient** pregnancy complications benefit covers charges the **life assured** has to pay for the following complications in pregnancy:
- ectopic pregnancy;
- pre-eclampsia or eclampsia;
- disseminated intravascular coagulation; or
- miscarriage after 13 weeks of pregnancy which must not be due to a voluntary or malicious act.

Pre-**hospital** treatment received before and post-**hospital** treatment received after **inpatient** pregnancy complications treatment are not covered.

[10]Living donor organ transplant benefit covers charges for major organ transplants of the kidney or liver where the **life assured** is a living donor. Pre-**hospital** treatment received before and post-**hospital** treatment received after living donor organ transplant are not covered.

[11]Pre-**hospital** treatment received before and post-**hospital** treatment received after **inpatient** psychiatric treatment are not covered.

[12]**Free new-born benefit** applies to a 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.

[13]**We** pay for **planned overseas treatment** at an overseas hospital that has an approved working arrangement with a Medisave-accredited institution/referral centre in Singapore or **emergency** overseas treatment. Pre-**hospital** treatment received before and post-**hospital** treatment received after **emergency** overseas treatment is not covered.

[14]Preventive treatment for cancer covers **surgery** to prevent further cancer if the **life assured** already had treatment for cancer and **we** have paid for the **treatment.**

[15]Final expenses benefit is a waiver of **annual deductible** and **co-insurance** amounts, up to the limits stated, upon death taking place during **hospital**isation or within 30 days of discharge from **hospital**isation and provided death takes place as a result of the cause of the **hospital**isation.

[16]**Pro-ration factor** is applied to reduce overseas/ higher class wards/ private **hospital** bills to Singapore **restructured hospital** equivalent in the claims computation of plan 2. This is not applicable to expenses incurred for major outpatient treatment and day **surgery** at a Singapore **restructured hospital** and for major outpatient treatment at a subsidised dialysis or cancer centre in Singapore.

[17]**Pro-ration factor** is applied to reduce overseas/ higher class wards/ private **hospital** bills to Singapore **restructured hospital** 4-bed ward equivalent in the claims computation of plan 3. This is not applicable to expenses incurred for major outpatient treatment and day **surgery** at a Singapore **restructured hospital** and for major outpatient treatment at a subsidised dialysis or cancer centre in Singapore.

[18]**Pro-ration factor** is applied to reduce the unsubsidised **hospital** charges to equivalent subsidised charges in a **community hospital**.

[19]**Annual Deductible** is waived for major outpatient treatments.

[20]The policy year limit under plan 1 will be adjusted to reflect a reduction of 80% of the approved claim for treatment covered under the **panel specialist** in a private **hospital,** restructured **hospital** or community **hospital**.
For example:
Policy year limit (before first claim): $1,000,000
First approved claim (treatment by **panel specialist** in a private **hospital**): $100,000
20% of approved claim: $20,000 (20% of $100,000)
Adjusted claim: $80,000 ($100,000 - $20,000)
Reduced policy year limit (after first claim): $1,000,000 - $80,000 = $920,000