

Integrated Shield Plans for Ward Class B1 in Public Hospitals

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Benefits	[Income] IncomeShield Plan B*	[Income] Enhanced IncomeShield Basic	[AIA] HealthShield Gold Max C*	[AIA] HealthShield Gold Max B Lite	[Great Eastern] GREAT SupremeHealth B*	[Great Eastern] GREAT SupremeHealth B PLUS	[Prudential] PRUShield B*	[Singlife] Singlife Shield Plan 3	[Raffles Health Insurance] Raffles Shield B	
Inpatient and Day Surgery:										
Daily Ward and Treatment Charges										
- Normal Ward	1,000/day	As Charged	700/day	As Charged	2,300/day [Note (13)]	As Charged	750/day	As Charged	As Charged	
- Intensive Care Unit Ward	1,400/day		1,200/day		7,000/day [Note (13)]		1,250/day			
- Psychiatric	5,000/yr	5,000/yr	3,500/yr (Additional post-hospitalisation psychiatric treatment of 500/yr within 200 days after Confinement)	3,500/yr (Additional post-hospitalisation psychiatric treatment of 1,000/yr within 200 days after Confinement)	700/day (up to 60 days) (including pre & post hospitalisation benefits)	20,000/yr (Including pre & post hospitalisation benefits)	-	500/day (up to 35 days/yr)	5,000/yr (Includes post hospitalisation psychiatric treatment up to 90 days)	
- Community Hospital	1,000/day (up to 45 days for each admission)	As Charged (up to 90 days for each admission)	450/day	As Charged	Sub-acute Care: 1,000/day Rehabilitation Care: 800/day	Sub-acute Care: 1,000/day Rehabilitation Care: 750/day	550/day	As Charged	As Charged (up to 45 days)	
- Inpatient Palliative Care	-	As Charged	-	As Charged	800/day	750/day	-	As Charged	-	
Surgical Procedures	500 - 8,200	As Charged	As Charged in Government/Restructured Hospitals, else subject to pro-ration factor	As Charged	1,100 - 21,900	As Charged	600 - 8,500	As Charged	As Charged	
Implants	9,000/admission				7,000/treatment		10,000/treatment			8,000/treatment
Radiosurgery	9,600/treatment course				9,600/procedure		31,500/treatment course			10,000/treatment
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma (Note (12))	-	10,000/yr	-	As Charged	14,100/treatment	20,000/yr	-	As Charged	-	
Outpatient Treatment:										
Chemotherapy for Cancer	3,000/mth	As Charged	3,000/mth	As Charged	63,000/yr	As Charged	36,500/yr	As Charged	As Charged	
Radiotherapy for Cancer										
- External (Except Hemi-Body)	300/session	As Charged	280/session	As Charged	900/session	As Charged	550/day	As Charged	As Charged	
- Brachytherapy	500/session		500/session		1,200/session		550/day			
- Hemi-Body	-		-		2,600/session		-			
- Stereotactic	2,500/session		2,000/session		6,300/session		2,000/session			
Immunotherapy	700/mth	As Charged	700/mth	As Charged	8,500/yr	As Charged	8,500/yr	As Charged	As Charged	
Kidney Dialysis	2,500/mth	As Charged (Pro-ration factor waived for applicable treatment by preferred partners) (Note (11))	24,000/yr	As Charged	46,000/yr	As Charged	24,000/yr	As Charged	As Charged	
Immunosuppressants for Organ Transplants	600/mth	As Charged	5,000/yr	As Charged	18,000/yr	As Charged	5,000/yr	As Charged	As Charged	
Erythropoietin for Chronic Kidney Failure	600/mth	As Charged	5,000/yr	As Charged	5,500/yr	As Charged	5,000/yr	As Charged	As Charged	
Long-Term Parenteral Nutrition	-	As Charged	-	As Charged	4,000/mth	As Charged	-	As Charged	-	

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Additional Benefits Limits:									
Pre-Hospitalisation Treatment (number of days indicate maximum number of days covered prior admission) (Note (1))	Limited to unused balance amount** of daily ward and treatment charges and community hospital. (Up to 90 days) ** If the inpatient claim is made under a third party plan, Income will calculate the unused balance amount after assessing the inpatient bill based on Income's IP limits and deductibles. For more information, please check with your financial advisor or Income.	As Charged (up to 100 days)	500/confinement (Up to 100 days)	As Charged (Up to 100 days)	Pre-hospital specialist's consultation is limited to unused balance amount of room, board and medical-related services benefit.	As Charged (Up to 120 days)	-	(i) As Charged (Up to 90 days) [for Panel specialist in a private hospital (without certificate of pre-authorisation), Extended Panel specialist in a private hospital, or non-panel specialist in a private hospital] (ii) As Charged (Up to 180 days) [for Panel specialist in a private hospital (with certificate of pre-authorisation), restructured hospital, community hospital, MOH-approved Inpatient Hospice Palliative Care Service provider, A&E]	As Charged (Up to 90 days)
Post-Hospitalisation Treatment (number of days indicate maximum number of days covered after discharge) (Note (1))		As Charged (up to 100 days)	1,000/confinement (Up to 100 days). Additional 1,000 for an additional 100 days for 30 critical illnesses)	As Charged (Up to 100 days)	Post-hospitalisation treatment is limited to unused balance amount of room, board and medical-related services benefit.	(i) As Charged Up to 180 days for non-Panel Specialists (ii) As Charged Up to 365 days for Panel Specialists (both Extended & Main Panel) or Restructured Hospital	-	(i) As Charged (Up to 180 days) [for Panel specialist in a private hospital (without certificate of pre-authorisation), Extended Panel specialist in a private hospital, or non-panel specialist in a private hospital] (ii) As Charged (Up to 365 days) [for Panel specialist in a private hospital (with certificate of pre-authorisation), restructured hospital, community hospital, MOH-approved Inpatient Hospice Palliative Care Service provider, A&E]	As Charged (Up to 90 days)
Other Post-Hospitalization Treatment (number of days indicate maximum number of days covered after discharge)	-	-	-	-	-	Speech Therapy, Occupational Therapy, Physical Therapy: 1200/yr; 120/session (Up to 180 days)	-	-	-
Major Organ Transplant	Covered under Inpatient and Day surgery limits	As Charged	As Charged in Governmen/Restructured Hospitals, else subject to pro-ration factor	As Charged	Covered under existing inpatient / day surgery limits	As Charged	-	As Charged (for selected organs only)	As Charged
Living Donor Organ Transplant, coverage for insured donor (after 24 mths waiting period)	-	20,000/transplant	20,000/transplant	20,000/transplant	-	20,000/transplant (Note (2))	-	20,000/lifetime (Note (2))	20,000/transplant
Living Donor Organ Transplant, coverage for non-insured donor	-	-	20,000/transplant (Note (3))	20,000/transplant (Note (3))	-	20,000 / transplant (Note (2))	-	-	20,000/transplant (Note (3))
Pregnancy and Delivery-Related Complications Benefit (after 10 months waiting period) (for selected conditions only - please check with your insurer for further details)	3,500/yr	As Charged	-	As Charged	Covered under existing inpatient / day surgery limits	As Charged	-	As Charged	As Charged
Congenital Abnormalities Benefit of Insured	5,000/yr (with 24 mths waiting period)	As Charged (with 12 mths waiting period)	Covered up to benefit limits of the plan	Covered up to benefit limits of the plan	Covered under existing inpatient / day surgery limits	(i) 10,000/yr (Within 730 days of last policy effective date) (ii) As Charged (After 730 days from last policy effective date)	-	As Charged (with 12 mths waiting period)	As Charged (with 24 mths waiting period)
Congenital Abnormalities Benefit of Insured's Biological Child	-	-	-	[Only for insured female] 12,000 per lifetime Limited to 3,000 per child	-	12,000 / lifetime Limited to 3,000 / child [with 300 days waiting period]	-	-	-
Prosthesis Benefit	6,000/yr	6,000/yr	-	-	-	-	-	-	-
Critical Illnesses	-	-	Addtl 30,000 policy yr limit (for 30 Critical Illnesses) (Note (4))	Addtl 50,000 policy yr limit (for 30 Critical Illnesses) (Note (4))	-	-	-	Additional 50,000/yr (for 5 Critical Illnesses) (Note (4))	-
Emergency overseas treatment	Covered under Inpatient and Day surgery limits	As Charged but limited to costs of ward class B1 in Singapore restructured hospitals	Reimburse Eligible Expenses incurred for overseas medical or surgical treatment subject to the applicable claim limits under AIA HealthShield Gold Max C. Benefit payable under Emergency Overseas (Outside Singapore) Medical Treatment Benefit limited to the level of reasonable and customary charges in a Singapore Private Hospital.	Reimburse Eligible Expenses incurred for overseas medical or surgical treatment subject to the applicable claim limits under AIA HealthShield Gold Max B Lite. Benefit payable under Emergency Overseas (Outside Singapore) Medical Treatment Benefit limited to the level of reasonable and customary charges in a Singapore Private Hospital.	Reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Class B1 ward of a Restructured Hospital, whichever is the lower, subject to the benefit limits of GREAT SupremeHealth B.	As Charged (But limited to Singapore Restructured Hospitals, Class B1 Ward charges)	Reimburse the lower of Hospital expenses incurred up to the limits covered by PRUShield B or the actual Reasonable and Customary Expenses	As Charged (pegged to costs restructured hospitals in Singapore)	As Charged (limited to Singapore Restructured Hospital Class B1 Ward charges)
Planned overseas treatment	-	-	-	-	-	-	-	As Charged (pegged to costs of restructured hospitals in Singapore) (Note (5))	-
Proton Beam Therapy Treatment	-	70,000/yr	-	100,000/yr	15,000/yr	30,000/yr	-	70,000/yr	-
Cell, Tissue and Gene Therapy	-	150,000/yr	-	250,000/yr	50,000/yr	100,000/yr	-	150,000/yr	-
Final Expense Benefit (Note (10))	3,000	3,000	2,500	2,500	3,600	3,600	3,000	10,000	3,000
Waiver of Premium upon Total Permanent Disability	-	-	Waives 1 yr premium for insured	Waives 1 yr premium for insured	-	-	-	-	In the event of Death/TPD of the parent (payor), premium will be waived for the Insured until he/she reaches age 21.

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Other Policy Features									
Pro-ration factors for Private Hospital & Private Outpatient Clinics (Note (6)) (Please check with your insurer for more information on other applicable factors)	-	50%	50%	Private Hospital - 50% Private Outpatient - 65% Private Day Surgery - 65%	80% (Note (7))	50% (Note (7))	-	35%	Raffles Hospital - 60% Private Hospitals (except Raffles Hospital) - 50%
Pro-ration factors for Class A Wards	-	85%	-	80% (Note (8))	80% (Note (7))	80% (Note (7))	-	85%	80%
Pro-ration factors for Non-Subsidised Short-Stay Ward / Day Surgery / Outpatient Treatment	-	-	-	-	80% (Note (7))	80% (Note (7))	-	85%	-
Deductibles (Per Policy yr) (Note (9))									
Class C	1,500	1,500	1,500	1,500	2,500	1,500	1,500	1,500	1,500
Class B2	2,000	2,000	2,000	2,000		2,000	2,000	2,000	2,000
Class B1	2,500	2,500	2,500	2,500		2,500	2,500	2,500	2,500
Class A and Private Hospital	2,500	2,500	2,500	3,500		3,500	3,500	3,500	3,500
Subsidised Day Surgery/ Short Stay Wards	2,000	2,000	2,000	2,000		Restructured hospital 1,500 (short stay) 2,000 (day surgery)	1,500	1,500	2,000
Unsubsidised Day Surgery/ Short Stay Wards	2,500	2,500	2,000	2,000		Restructured hospital: 2,000 (short stay) 2,500 (day surgery) Private Hospital: 3,500 (short stay & day surgery)	2,000	2,000	3,000
Co-insurance	10%	10%	10%	10%		10%	10%	10%	10% (max \$25,500/yr)
Policy Year Limit	150,000	250,000	150,000	300,000	250,000	500,000	120,000	500,000	300,000
Lifetime Limit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Last Entry Age	75	75	75	75	75	75	75	75	75
Maximum Coverage Age	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime

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

Integrated Shield Plan Premiums for Singapore Citizen (SC) and Permanent Resident (PR) Policyholder (Rounded to nearest \$, inclusive of 8% GST)									
	[Income] IncomeShield Plan B*	[Income] Enhanced IncomeShield Basic	[AIA] HealthShield Gold Max C*	[AIA] HealthShield Gold Max B Lite	[Great Eastern] GREAT SupremeHealth B*	[Great Eastern] GREAT SupremeHealth B PLUS	[Prudential] PRUShield B*	[Singlife] Singlife Shield Plan 3	[Raffles Health Insurance] Raffles Shield B
Age Next Birthday	SC + PR								
1 to 20	169 - 195	171 - 185	207	215	184 - 192	195 - 204	186	217	203
21 to 30	283	285	323	323	298	311 - 329	292	326	312
31 to 40	438 - 447	457 - 467	497	497	458	471 - 494	446	495	477
41 to 50	609	644 - 661	656	693 - 731	649	671 - 687	608	712 - 728	657
51 to 60	886 - 896	955 - 967	964 - 997	1,024 - 1,048	1,014	1,035 - 1,122	888 - 898	1,088 - 1,096	1,034 - 1,043
61 to 65	1,207	1,329	1,300	1,393	1,365 - 1,411	1,379 - 1,561	1,207	1,514	1,411
66 to 70	1,487	1,584	1,499	1,696	1,695 - 1,774	1,701 - 2,008	1,462	1,836	1,728
71 to 73	1,732	1,928	1,871	2,074	2,141 - 2,269	2,165 - 2,300	1,846	2,368	2,125
74 to 75	1,932	2,188	2,108	2,352	2,472 - 2,572	2,502 - 2,582	2,075	2,686	2,405
76 to 78	2,267	2,569	2,463	2,926	2,840 - 2,896	2,880 - 3,067	2,690	3,474	2,779
79 to 80	2,342	2,771	2,617	2,987	3,180	3,233 - 3,348	2,680	3,547	3,025
81 to 83	2,188	2,969	2,736	3,122	3,297	3,486 - 3,596	2,511	4,264	3,146
84 to 85	2,658	3,460	3,003	3,434	3,701	3,915 - 3,975	2,808	4,548	3,778
86 to 90	2,826 - 2,964	3,706 - 3,981	3,148	3,689 - 3,957	4,075 - 4,330	4,126 - 4,388	2,977	5,092 - 5,220	4,089 - 4,402
Premiums above age 90	3,192 - 3,999	4,392 - 5,486	3,178 - 3,533	4,165 - 4,862	4,460 - 5,191	4,489 - 5,226	4,042 - 4,458	5,513 - 5,945	4,777 - 5,202

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

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

Note (2):

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

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

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

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

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

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

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

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

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

Note (9):

(a) For Great Eastern's SupremeHealth B Plus plan, the deductible applicable for policyholders after the age of 85 will be raised by \$1,000 of the above listed deductible.

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

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

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

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

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

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

Note (12): For the avoidance of doubt, Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma will only be claimable for treatment received in the outpatient setting. Treatment received in the inpatient setting will be covered under the prevailing inpatient limits. For Great Eastern plans, all other costs arising from or in relation or incidental to the outpatient autologous marrow transplant including costs of harvesting and laboratory tests, investigations, storage, transportation and cell culture will not be covered.

Note (13): For Great Eastern's GREAT SupremeHealth B, there is an additional \$300 per day for the first 2 days for Hospitalisation in a Normal Ward and Intensive Care Unit ward.

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

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

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

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

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