

### Integrated Shield Plans for Private Hospitals

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**Table: Comparison of Private Integrated Shield Plans for Private Hospitals**

| Benefits                                                                                     | [Income] IncomeShield Plan P*                   | [Income] Enhanced IncomeShield Preferred         | [AIA] HealthShield Gold Max A                                                                                     | [Great Eastern] GREAT SupremeHealth A*                                     | [Great Eastern] GREAT SupremeHealth P PLUS                   | [Prudential] PRUShield Premier                              | [Singlife] Singlife Shield Plan 1                                                                                            | [HSBC Life] HSBC Life Shield Plan A                                                                                                                                              | [Raffles Health Insurance] Raffles Shield Private                               |
|----------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Inpatient and Day Surgery:</b>                                                            |                                                 |                                                  |                                                                                                                   |                                                                            |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| Daily Ward and Treatment Charges                                                             |                                                 |                                                  |                                                                                                                   |                                                                            |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| - Normal Ward                                                                                | 2,000/day                                       | As Charged                                       | As Charged                                                                                                        | 2,400/day [Note (15)]                                                      | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| - Intensive Care Unit Ward                                                                   | 2,600/day                                       |                                                  |                                                                                                                   | 7,100/day [Note (15)]                                                      |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| - Psychiatric                                                                                | 7,000/yr                                        | 7,000/yr                                         | 5,000/yr<br>(Additional post-hospitalisation psychiatric treatment of 5,000/yr within 200 days after Confinement) | 750/day (up to 60 days)<br>(including pre & post hospitalisation benefits) | 25,000/yr<br>(Including pre & post hospitalisation benefits) | 8,000/yr<br>(including pre & post hospitalisation benefits) | (i) As Charged (up to 60 days)<br>[with 10 mth waiting period]<br>(ii) \$500/day (up to 35 days)<br>[without waiting period] | Up to \$5,000, capped at 60 days per policy year<br>(Additional Post-Hospitalisation Psychiatric Treatment of \$5,000 per policy year, within 200 days after Hospital discharge) | 8,000/yr<br>(Includes post hospitalisation psychiatric treatment up to 90 days) |
| - Community Hospital                                                                         | 2,000/day<br>(up to 45 days for each admission) | As Charged<br>(up to 90 days for each admission) | As Charged                                                                                                        | Sub-acute Care: 1,100/day<br>Rehabilitation Care: 900/day                  | Sub-acute Care: 1,200/day<br>Rehabilitation Care: 800/day    | As Charged                                                  | As Charged                                                                                                                   | As Charged (up to 45 days)                                                                                                                                                       | As Charged (up to 45 days)                                                      |
| - Inpatient Palliative Care                                                                  | -                                               | As Charged                                       | As Charged                                                                                                        | 900/day                                                                    | 800/day                                                      | -                                                           | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | -                                                                               |
| Surgical Procedures                                                                          | 1,050 - 14,100                                  | As Charged                                       | As Charged                                                                                                        | 1,300 - 22,100                                                             | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| Implants                                                                                     | 14,000/admission                                |                                                  |                                                                                                                   | 12,000/treatment                                                           |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| Radiosurgery                                                                                 | 15,600/treatment course                         |                                                  |                                                                                                                   | 31,700/treatment course                                                    |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma (Note (14)) | -                                               | 25,000/yr                                        | As Charged                                                                                                        | 14,300/treatment                                                           | 30,000/yr                                                    | 25,000/yr                                                   | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | -                                                                               |
| <b>Outpatient Treatment:</b>                                                                 |                                                 |                                                  |                                                                                                                   |                                                                            |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| Chemotherapy for Cancer                                                                      | 4,000/mth                                       | As Charged                                       | As Charged                                                                                                        | 65,000/yr                                                                  | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| <b>Radiotherapy for Cancer:</b>                                                              |                                                 |                                                  |                                                                                                                   |                                                                            |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| - External (Except Hemi-Body)                                                                | 600/session                                     | As Charged                                       | As Charged                                                                                                        | 1,100/session                                                              | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| - Brachytherapy                                                                              | 600/session                                     |                                                  |                                                                                                                   | 1,400/session                                                              |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| - Hemi-Body                                                                                  | -                                               |                                                  |                                                                                                                   | 2,800/session                                                              |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| - Stereotactic                                                                               | 5,000/session                                   |                                                  |                                                                                                                   | 6,500/session                                                              |                                                              |                                                             |                                                                                                                              |                                                                                                                                                                                  |                                                                                 |
| Immunotherapy                                                                                | 2,000/mth                                       | As Charged                                       | As Charged                                                                                                        | 15,000/yr                                                                  | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| Kidney Dialysis                                                                              | 3,500/mth                                       | As Charged                                       | As Charged                                                                                                        | 48,000/yr                                                                  | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| Immunosuppressants for Organ Transplants                                                     | 1,000/mth                                       | As Charged                                       | As Charged                                                                                                        | 20,000/yr                                                                  | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| Erythropoietin for Chronic Kidney Failure                                                    | 1,000/mth                                       | As Charged                                       | As Charged                                                                                                        | 8,000/yr                                                                   | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | As Charged                                                                      |
| Long-Term Parenteral Nutrition                                                               | -                                               | As Charged                                       | As Charged                                                                                                        | 4,200/mth                                                                  | As Charged                                                   | As Charged                                                  | As Charged                                                                                                                   | As Charged                                                                                                                                                                       | -                                                                               |

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**Table: Comparison of Private Integrated Shield Plans for Private Hospitals**

| Benefits                                                                                                                | [Income] IncomeShield Plan P*                                                                                                                                                                                                                                                                                                                                                              | [Income] Enhanced IncomeShield Preferred                                                                                                                      | [AIA] HealthShield Gold Max A                                                                                                                                                                                                                                           | [Great Eastern] GREAT SupremeHealth A*                                                                                          | [Great Eastern] GREAT SupremeHealth P PLUS                                                                                                                                      | [Prudential] PRUShield Premier                        | [Singlife] Singlife Shield Plan 1                                                                                                                                                                                                                                                                                                                                                                                                                                     | [HSBC Life] HSBC Life Shield Plan A | [Raffles Health Insurance] Raffles Shield Private                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional Benefits Limits:</b>                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                               |                                                                                                                                                                                                                                                                         |                                                                                                                                 |                                                                                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                       |
| Pre-Hospitalisation Treatment (number of days indicate maximum number of days covered prior admission) (see Note (1))   | Limited to unused balance amount** of daily ward and treatment charges and community hospital (Up to 90 days)<br><br>** 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<br><br>Not provided by our Panel: Up to 100 days before admission<br><br>Provided by our Panel: Up to 180 days before admission<br><br>[Note (11)] | As Charged<br><br>Up to 100 days<br><br><u>If admitted to / treated by AIA Preferred Providers:</u><br>Up to 13 months<br><br>[Note (2)]                                                                                                                                | Pre-hospital specialist's consultation is limited to unused balance amount of room, board and medical-related services benefit. | As Charged<br><br>(Up to 120 days)                                                                                                                                              | As Charged<br><br>(Up to 180 days)                    | (i) As Charged (Up to 90 days) [for Panel specialist in a private hospital (without certificate of pre-authorization), Extended Panel specialist in a private hospital, or non-panel specialist in a private hospital]<br><br>(ii) As Charged (Up to 180 days) [for Panel specialist in a private hospital (with certificate of pre-authorization), restructured hospital, community hospital, MOH-approved Inpatient Hospice Palliative Care Service provider, A&E]  | As Charged<br><br>(Up to 180 days)  | As Charged<br><br>(up to 180 days for treatment by Panel, Extended Panel specialist or in restructured hospitals, 90 days otherwise)  |
| Post-Hospitalisation Treatment (number of days indicate maximum number of days covered after discharge) (see Note (1))  |                                                                                                                                                                                                                                                                                                                                                                                            | As Charged<br><br>Not provided by our Panel: Up to 100 days after discharge<br><br>Provided by our Panel: Up to 365 days after discharge<br><br>[Note (11)]   | As Charged<br><br>(Up to 100 days, with additional 100 days for 30 critical illnesses)<br><br><u>If admitted to / treated by AIA Preferred Providers:</u><br>Up to 13 months<br>(the additional 100 days for 30 Critical Illnesses is not applicable)<br><br>[Note (2)] | Post-hospitalisation treatment is limited to unused balance amount of room, board and medical-related services benefit.         | (i) As Charged<br>Up to 180 days for non-Panel Specialists<br><br>(ii) As Charged<br>Up to 365 days for Panel Specialists (both Extended & Main Panel) or Restructured Hospital | As Charged<br><br>(Up to 365 days)                    | (i) As Charged (Up to 180 days) [for Panel specialist in a private hospital (without certificate of pre-authorization), Extended Panel specialist in a private hospital, or non-panel specialist in a private hospital]<br><br>(ii) As Charged (Up to 365 days) [for Panel specialist in a private hospital (with certificate of pre-authorization), restructured hospital, community hospital, MOH-approved Inpatient Hospice Palliative Care Service provider, A&E] | As Charged<br><br>(Up to 365 days)  | As Charged<br><br>(up to 365 days for treatment by Panel, Extended Panel specialist or in restructured hospitals, 180 days otherwise) |
| Other Post-Hospitalization Treatment (number of days indicate maximum number of days covered after discharge)           | -                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                                             | -                                                                                                                                                                                                                                                                       | -                                                                                                                               | Speech Therapy, Occupational Therapy, Physical Therapy: 3000/yr; 120/session (Up to 180 days)                                                                                   | Hyperbaric Oxygen Therapy: 10,000/yr (Up to 365 days) | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                                   | -                                                                                                                                     |
| Major Organ Transplant                                                                                                  | Covered under Inpatient and Day surgery limits                                                                                                                                                                                                                                                                                                                                             | As Charged                                                                                                                                                    | As Charged                                                                                                                                                                                                                                                              | Covered under existing inpatient / day surgery limits                                                                           | As Charged                                                                                                                                                                      | As Charged (for selected organs)                      | As Charged (for selected organs)                                                                                                                                                                                                                                                                                                                                                                                                                                      | As Charged (for selected organs)    | As Charged                                                                                                                            |
| Living Donor Organ Transplant (Insured as the Living Donor donating an organ) (after 24 mths waiting period) (Note (3)) | -                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               | 60,000/transplant                                                                                                                                                                                                                                                       | -                                                                                                                               |                                                                                                                                                                                 | 60,000/yr                                             | 50,000/ lifetime                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | 60,000/transplant                                                                                                                     |
| Living Donor Organ Transplant (Non-insured donating an organ to Insured)                                                | -                                                                                                                                                                                                                                                                                                                                                                                          | 60,000/transplant                                                                                                                                             | 60,000/transplant (Note (4))                                                                                                                                                                                                                                            | -                                                                                                                               | 60,000/transplant                                                                                                                                                               | 60,000/yr (Note (4))                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 60,000/transplant                   | 60,000/transplant (Note (4))                                                                                                          |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Additional Benefits Limits (Cont'd)</b>                                                                                                                                |                                                |                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                          |                                                                           |                                                                                        |                                                                                                                      |
| Pregnancy and Delivery-Related Complications Benefit (after 10 months waiting period) (for selected conditions only - please check with your insurer for further details) | 7,000/yr                                       | As Charged                                                       | As Charged                                                                                                                                                                                                                                                                   | Covered under existing inpatient / day surgery limits                                                                                                                                                     | As Charged                                                                                                                        | As Charged                                                                                                                               | As Charged                                                                | As Charged                                                                             | As Charged                                                                                                           |
| Congenital Abnormalities Benefit of Insured                                                                                                                               | 10,000/yr [with 24 mths waiting period]        | As Charged [with 12 mths waiting period]                         | As Charged                                                                                                                                                                                                                                                                   | Covered under existing inpatient / day surgery limits                                                                                                                                                     | (i) 20,000/yr (Within 730 days of last policy effective date)<br>(ii) As Charged (After 730 days from last policy effective date) | 20,000/yr (If diagnosed or symptoms first appear within 24 months)<br>As Charged (If diagnosed or symptoms first appear after 24 months) | As Charged (with 12 mths waiting period)                                  | As Charged (after a waiting period of 365 days)                                        | As Charged (with 24 mths waiting period)                                                                             |
| Congenital Abnormalities Benefit of Insured's Biological Child                                                                                                            | -                                              | -                                                                | [Only for insured female] 20,000/ lifetime Limited to 5,000/child [with 10 month waiting period]                                                                                                                                                                             | -                                                                                                                                                                                                         | 20,000 / lifetime Limited to 5,000 / child [with 300 days waiting period]                                                         | [Only for insured female] 20,000/ lifetime Limited to 5,000/ child [with 10 month waiting period]                                        | -                                                                         | -                                                                                      | -                                                                                                                    |
| Prosthesis Benefit                                                                                                                                                        | 10,000/yr                                      | 10,000/yr                                                        | -                                                                                                                                                                                                                                                                            | -                                                                                                                                                                                                         | -                                                                                                                                 | -                                                                                                                                        | -                                                                         | -                                                                                      | -                                                                                                                    |
| Critical Illnesses                                                                                                                                                        | -                                              | -                                                                | Additional 100,000 policy yr limit (for 30 Critical Illnesses) (Note (5))                                                                                                                                                                                                    | -                                                                                                                                                                                                         | -                                                                                                                                 | -                                                                                                                                        | Additional 150,000/yr (for 5 Critical Illnesses) (See Note (5))           | -                                                                                      | -                                                                                                                    |
| Emergency overseas treatment                                                                                                                                              | Covered under Inpatient and Day surgery limits | As Charged (But limited to costs of Singapore private hospitals) | Reimburse the Eligible Expenses incurred for overseas medical or surgical treatment subject to the applicable claim limits of AIA HealthShield Gold Max A. Benefit payable shall be limited to the level of Reasonable and Customary charges in a Singapore Private Hospital | Reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Private Hospital, whichever is the lower, subject to the benefit limits of GREAT SupremeHealth A. | As Charged (But limited to Singapore Private Hospital charges)                                                                    | As Charged (paying the lower of:<br>- the overseas charges; or<br>- in accordance with a Singapore Private Hospital's charges)           | As Charged (pegged to costs of private hospitals in Singapore)            | As Charged (pegged to Reasonable and Customary charges of Singapore Private Hospitals) | As Charged (limited to Panel charges and subject to Pro-ration factor)                                               |
| Planned overseas treatment                                                                                                                                                | -                                              | -                                                                | As Charged (pegged to costs of private hospitals in Singapore) (Note (6))                                                                                                                                                                                                    | -                                                                                                                                                                                                         | -                                                                                                                                 | -                                                                                                                                        | As Charged (pegged to costs of private hospitals in Singapore) (Note (6)) | -                                                                                      | -                                                                                                                    |
| Final Expense Benefit (Note (9))                                                                                                                                          | 5,000                                          | 5,000                                                            | 5,000                                                                                                                                                                                                                                                                        | 6,000                                                                                                                                                                                                     | 7,000                                                                                                                             | 5,000                                                                                                                                    | 10,000                                                                    | -                                                                                      | 5,000                                                                                                                |
| Free new-born benefit (Note (10))                                                                                                                                         | -                                              | -                                                                | -                                                                                                                                                                                                                                                                            | -                                                                                                                                                                                                         | -                                                                                                                                 | -                                                                                                                                        | 50,000/yr                                                                 | -                                                                                      | -                                                                                                                    |
| Proton Beam Therapy Treatment                                                                                                                                             | -                                              | 100,000/yr                                                       | 100,000/yr                                                                                                                                                                                                                                                                   | 30,000/yr                                                                                                                                                                                                 | 50,000/yr                                                                                                                         | 50,000/yr                                                                                                                                | 70,000/yr                                                                 | 50,000/yr                                                                              | -                                                                                                                    |
| Cell, Tissue and Gene Therapy                                                                                                                                             | -                                              | 250,000/yr                                                       | 250,000/yr                                                                                                                                                                                                                                                                   | 100,000/yr                                                                                                                                                                                                | 200,000/yr                                                                                                                        | 75,000/yr                                                                                                                                | 150,000/yr                                                                | 100,000/yr                                                                             | -                                                                                                                    |
| Waiver of Premium upon Total Permanent Disability                                                                                                                         | -                                              | -                                                                | 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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|-----------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Other Policy Features</b>                                                                        |                               |                                          |                                                                                                                  |                                        |                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                                |
| Proration factors<br>(Pls check with your insurer for more information on other applicable factors) | -                             | -                                        | -                                                                                                                | -                                      | -                                                                                                                            | -                              | -                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                             | -                                                                                                              |
| <b>Deductibles (Per Policy Year) (Note (7))</b>                                                     |                               |                                          |                                                                                                                  |                                        |                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                                |
| Class C                                                                                             | 1,500                         | 1,500                                    | 1,500                                                                                                            | 3,500                                  | 1,500                                                                                                                        | 1,500                          | 1,500                                                                                                                                                                                                                                                                                                                                               | 1,500                                                                                                                         | 1,500                                                                                                          |
| Class B2                                                                                            | 2,000                         | 2,000                                    | 2,000                                                                                                            |                                        | 2,000                                                                                                                        | 2,000                          | 2,000                                                                                                                                                                                                                                                                                                                                               | 2,000                                                                                                                         | 2,000                                                                                                          |
| Class B1                                                                                            | 2,500                         | 2,500                                    | 2,500                                                                                                            |                                        | 2,500                                                                                                                        | 2,500                          | 2,500                                                                                                                                                                                                                                                                                                                                               | 2,500                                                                                                                         | 2,500                                                                                                          |
| Class A and Private Hospital                                                                        | 3,500                         | 3,500                                    | 3,500                                                                                                            |                                        | 3,500                                                                                                                        | 3,500                          | 3,500                                                                                                                                                                                                                                                                                                                                               | 3,500                                                                                                                         | 3,500                                                                                                          |
| Subsidised Day Surgery / Short Stay Wards                                                           | 2,000                         | 2,000                                    | 2,000                                                                                                            | 3,500                                  | Restructured hospital<br>1,500 (short stay)<br>2,000 (day surgery)                                                           | 1,500                          | 1,500                                                                                                                                                                                                                                                                                                                                               | 3,000                                                                                                                         | 2,000                                                                                                          |
| Unsubsidised Day Surgery / Short Stay Wards                                                         | 3,500                         | 3,500                                    | 3,500                                                                                                            |                                        | Restructured hospital:<br>2,000 (short stay)<br>2,500 (day surgery)<br>Private Hospital:<br>3,500 (short stay & day surgery) | 2,000                          | 2,000                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | 3,000                                                                                                          |
| <b>Co-insurance</b>                                                                                 | 10%                           | 10%                                      | 10%                                                                                                              | 10%                                    | 10%                                                                                                                          | 10%                            | 10%<br>(max 25,500/yr)                                                                                                                                                                                                                                                                                                                              | 10%                                                                                                                           | 10%                                                                                                            |
| <b>Policy Year Limit</b>                                                                            | 300,000                       | 1,500,000                                | 1,000,000<br><u>If admitted to / treated by AIA Preferred Providers:</u><br>2,000,000<br><br>[Notes (2) and (5)] | 300,000                                | 1,500,000                                                                                                                    | 1,200,000 (Note (13))          | 1,000,000<br><br>or<br>2,000,000<br>(for Panel specialist in a private hospital (with certificate of pre-authorisation), Extended Panel specialist in a private hospital (with certificate of pre-authorisation), restructured hospital, community hospital, MOH-approved Inpatient Hospice Palliative Care Service provider, or A&E)<br>(Note (8)) | 1,000,000<br><br>or<br>2,500,000<br>(If treated by HSBC Life Panel of specialists or at Restructured Hospital)<br>(Note (12)) | 600,000<br><br>or<br>1,500,000<br>(If treated by Panel, Extended Panel specialist or at restructured hospital) |
| <b>Lifetime Limit</b>                                                                               | Unlimited                     | Unlimited                                | Unlimited                                                                                                        | Unlimited                              | Unlimited                                                                                                                    | Unlimited                      | Unlimited                                                                                                                                                                                                                                                                                                                                           | Unlimited                                                                                                                     | Unlimited                                                                                                      |
| <b>Last Entry Age</b>                                                                               | 75                            | 75                                       | 75                                                                                                               | 75                                     | 75                                                                                                                           | 75                             | 75                                                                                                                                                                                                                                                                                                                                                  | 75                                                                                                                            | 75                                                                                                             |
| <b>Maximum Coverage Age</b>                                                                         | Lifetime                      | Lifetime                                 | Lifetime                                                                                                         | Lifetime                               | Lifetime                                                                                                                     | Lifetime                       | Lifetime                                                                                                                                                                                                                                                                                                                                            | Lifetime                                                                                                                      | Lifetime                                                                                                       |

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

| Integrated Shield Plan Premiums for Singapore Citizen (SC) and Permanent Resident (PR) Policyholder (Rounded to nearest \$, inclusive of 8% GST) |                               |                                          |                               |                                        |                                            |                                |                                   |                                     |                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------|-------------------------------|----------------------------------------|--------------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|---------------------------------------------------|--|
|                                                                                                                                                  | [Income] IncomeShield Plan P* | [Income] Enhanced IncomeShield Preferred | [AIA] HealthShield Gold Max A | [Great Eastern] GREAT SupremeHealth A* | [Great Eastern] GREAT SupremeHealth P PLUS | [Prudential] PRUShield Premier | [Singlife] Singlife Shield Plan 1 | [HSBC Life] HSBC Life Shield Plan A | [Raffles Health Insurance] Raffles Shield Private |  |
| Age Next Birthday:                                                                                                                               | SC & PR                       |                                          |                               |                                        |                                            |                                |                                   |                                     |                                                   |  |
| 1 to 20                                                                                                                                          | 274 - 322                     | 323 - 333                                | 399                           | 265 - 289                              | 325 - 359                                  | 339 - 374                      | 340                               | 318 - 333                           | 342                                               |  |
| 21 to 30                                                                                                                                         | 411                           | 454 - 469                                | 505 - 578                     | 395                                    | 458 - 495                                  | 473 - 510                      | 487                               | 439 - 484                           | 472 - 475                                         |  |
| 31 to 40                                                                                                                                         | 621 - 632                     | 686 - 696                                | 789 - 835                     | 583                                    | 719                                        | 734 - 740                      | 806                               | 718                                 | 736 - 739                                         |  |
| 41 to 50                                                                                                                                         | 853 - 908                     | 1,231 - 1,363                            | 1,525 - 1,610                 | 894                                    | 1,185                                      | 1,222                          | 1,251 - 1,463                     | 1,184                               | 1,072 - 1,168                                     |  |
| 51 to 60                                                                                                                                         | 1,289 - 1,318                 | 1,898 - 2,200                            | 2,346 - 2,762                 | 1,339                                  | 1,864 - 2,258                              | 1,922 - 2,334                  | 1,984 - 2,304                     | 1,867 - 2,221                       | 1,764 - 1,874                                     |  |
| 61 to 65                                                                                                                                         | 1,912                         | 2,897                                    | 3,669                         | 1,788                                  | 2,941 - 2,954                              | 3,038 - 3,053                  | 3,005                             | 2,947                               | 2,581                                             |  |
| 66 to 70                                                                                                                                         | 2,410                         | 3,709                                    | 4,990                         | 2,530                                  | 3,791 - 4,007                              | 3,926 - 4,153                  | 3,910                             | 3,724 - 3,785                       | 3,364                                             |  |
| 71 to 73                                                                                                                                         | 3,111                         | 4,618                                    | 6,360                         | 3,317                                  | 4,791 - 4,980                              | 4,796 - 4,985                  | 4,991                             | 4,988                               | 4,077                                             |  |
| 74 to 75                                                                                                                                         | 3,573                         | 5,228                                    | 7,041                         | 3,801                                  | 5,332 - 5,729                              | 5,337 - 5,734                  | 5,774                             | 5,572                               | 4,708                                             |  |
| 76 to 78                                                                                                                                         | 4,195                         | 5,935                                    | 8,682                         | 4,621                                  | 6,140 - 6,830                              | 6,145 - 6,835                  | 6,487                             | 6,823                               | 5,561                                             |  |
| 79 to 80                                                                                                                                         | 4,585                         | 6,551                                    | 9,565                         | 4,712                                  | 7,126 - 7,611                              | 7,130 - 7,617                  | 7,203                             | 7,202                               | 6,401                                             |  |
| 81 to 83                                                                                                                                         | 4,432                         | 6,889                                    | 10,151                        | 4,797                                  | 8,087 - 9,156                              | 8,091 - 9,160                  | 8,282                             | 7,544                               | 7,025                                             |  |
| 84 to 85                                                                                                                                         | 5,111                         | 7,858                                    | 10,499                        | 5,115                                  | 9,770 - 9,789                              | 9,776 - 10,108                 | 9,169                             | 8,817                               | 8,522                                             |  |
| 86 to 90                                                                                                                                         | 5,722 - 6,055                 | 8,514 - 9,135                            | 10,675 - 10,762               | 6,482 - 6,746                          | 9,957 - 10,037                             | 10,442 - 11,631                | 9,852 - 10,114                    | 9,088 - 9,755                       | 9,176 - 9,643                                     |  |
| Premiums above age 90                                                                                                                            | 6,417 - 7,894                 | 9,644 - 11,209                           | 11,228 - 12,462               | 6,777 - 7,574                          | 10,467 - 11,599                            | 11,721 - 12,811                | 10,382 - 11,256                   | 11,028 - 13,984                     | 9,757 - 11,681                                    |  |

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

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

Note (2): AIA Preferred Providers refer to all government / restructured hospitals and to all listed medical service providers in Singapore, such list as approved and may be amended by AIA from time to time.

Note (3):

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

Note (4): Expenses incurred by the non-insured living donor shall only be reimbursed under the Living Organ Donor Benefit (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 (5): AIA's and Singlife's Critical Illnesses Benefit is provided over and above the Overall Policy Year Limit and the Overall Lifetime Limit. For AIA, the Critical Illness Benefit is not applicable if the maximum claim limit of \$2,000,000 Policy Year Limit has been paid.

Note (6): 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 (7):

(a) For Great Eastern's SupremeHealth P Plus plan, the deductible applicable for policyholders after the age of 85 will be 150% of the listed deductibles.

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

(c) For Prudential PRUShield Premier, the deductible applicable for policyholders after the age of 85 will be 150% of the above listed deductible.

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

(e) For HSBC Life's HSBC Life Shield Plan, the deductible applicable for policyholders after the age of 80 will be 150% of the listed deductibles.

(f) For Singlife's Singlife Shield Plan 1, 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 \$3,000 for Subsidised Short-stay Ward or Day Surgery and \$4,500 for Unsubsidised Short-stay Ward or Day Surgery respectively.

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

Note (8): The policy year limit of S\$2,000,000 assumes that all treatment(s) in the policy year is made through panel specialist or extended panel in a private hospital (with certificate of pre-authorisation), restructured hospital, community hospital, MOH-approved Inpatient Hospice Palliative Care Service provider, or A&E.

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

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

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](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VVO) dialysis centres.

Note (12): The policy year limit of S\$2,500,000 assumes that all treatment(s) in the policy year is made through panel specialist in a private hospital, restructured hospital or community hospital.

Note (13): If life assured has exceeded the Policy Year Limit and is hospitalised subsequently for a different medical condition within the same Policy Year, the Policy Year Limit and any inpatient benefit sub-limits (if applicable) will be refreshed for that Policy Year. The Policy Year Limit will be refreshed only once in the same Policy Year.

Note (14): 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 (15): For Great Eastern's GREAT SupremeHealth A, 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 year, where the insured person is aged 40 or less at his/her next birthday on date of policy commencement/renewal

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

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