

PUBLIC CONSULTATION FOR PRELIMINARY RECOMMENDATION FOR MEDISHIELD LIFE REVIEW 2020

For the following statements, please rate whether you 'strongly disagree', 'disagree', 'neither agree nor disagree', 'agree', 'strongly agree' with each one.						
		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	MediShield Life makes me feel assured about being able to afford hospital bills in public hospitals.	1	2	3	4	5
2	The preliminary recommendations to MediShield Life benefits make me feel more assured about being able to afford hospital bills in public hospitals.	1	2	3	4	5
2a	If you chose "strongly agree" or "strongly disagree" for Q2 above, please explain why. <i>[open ended]</i>					
3	The current MSHL premiums are affordable for me.	1	2	3	4	5
4	I am willing to pay higher premiums for the preliminary recommendations to MediShield Life benefits.	1	2	3	4	5
5	MSHL benefits should be enhanced even further.	1	2	3	4	5
5a	If you chose "strongly agree" or "agree" for Q5 above, what are the other areas which you think MediShield Life benefits can be extended to? <i>[Open ended]</i>					
5b	MSHL benefits should be enhanced further, even if this means I must pay higher premiums.	1	2	3	4	5
5c	Further enhancements must be accompanied by higher premiums to keep MSHL sustainable for future generations	1	2	3	4	5
6	Other comments on the preliminary recommendations or MediShield Life in general: <i>[Open ended]</i>					

DEMOGRAPHICS

- | | |
|----|---|
| D1 | Residential Status |
| | 1. Singapore Citizen |
| | 2. Permanent Resident |
| D2 | Gender |
| | 1. Male |
| | 2. Female |
| D3 | Age group |
| | 1. 18 and below |
| | 2. 19 - 24 |
| | 3. 25 - 44 |
| | 4. 45 - 59 |
| | 5. 60 - 69 |
| | 6. 70 - 79 |
| | 7. 80 and above |
| D4 | Race |
| | 1. Chinese |
| | 2. Malay |
| | 3. Indian |
| | 4. Eurasian |
| | 5. Others, please specify |
| | 6. Prefer not to say |
| D5 | Housing Type |
| | 1. HDB 1 room |
| | 2. HDB 2 room |
| | 3. HDB 3 room |
| | 4. HDB 4 room |
| | 5. HDB 5 room / Executive flats |
| | 6. Executive Condo / HUDC |
| | 7. Private flat/apartment/condo |
| | 8. Landed property |
| | 9. Others, please specify |
| D6 | Do you have anyone who depends on you for financial support? |
| | 1. Parents/ Parents-in-law |
| | 2. Spouse |
| | 3. Siblings |
| | 4. Children |
| | 5. None |
| | 6. Others, please specify: |
| D7 | In the last year, did you or your family members have any hospital bills that were partly covered by MediShield Life? |
| | 1. Yes |
| | 2. No |

D8 What is your personal monthly income, before deducting CPF?

1. No income
2. Less than \$2,000
3. \$2,000 - \$3,999
4. \$4,000 - \$5,999
5. \$6,000 - \$7,999
6. \$8000 and above
7. Decline to disclose

D9 Are you currently covered by an Integrated Shield Plan (*e.g., NTUC Income IncomeShield, Aviva MyShield, AIA HealthShield, Prudential PruShield, Great Eastern SupremeHealth, AXA Shield, Raffles Shield*)?

1. Yes
2. No
3. Don't know