

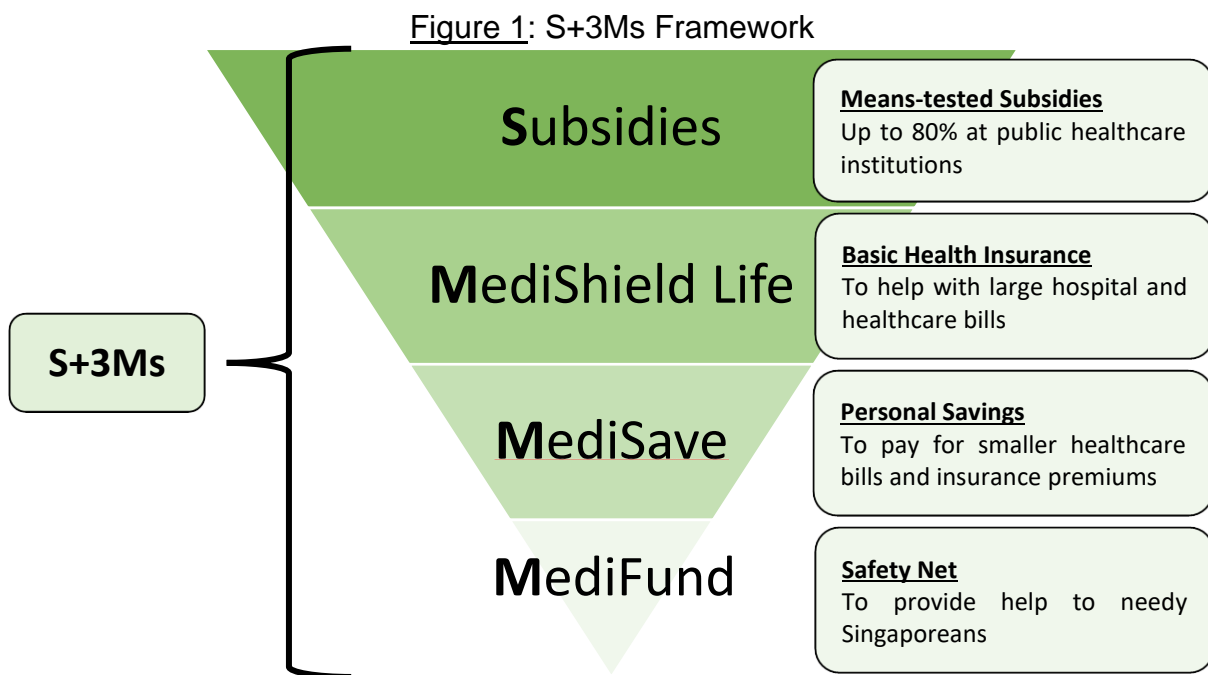
## MEDISHIELD LIFE 2020 REVIEW (For Public Consultation)

1. MediShield Life is a basic health insurance plan launched in Nov 2015 to provide stronger protection against large medical bills for all Singaporeans regardless of pre-existing conditions, for life. To ensure that the scheme remains relevant, it is now timely to review and refresh the scheme's benefits and premiums. The MediShield Life Council will like to gather views and feedback on the preliminary recommendations, and any suggestions for improvements to the scheme. These are targeted for implementation in early 2021.

### **PART I: BACKGROUND**

#### **OVERVIEW OF SINGAPORE'S HEALTHCARE FINANCING SYSTEM**

2. MediShield Life is part of the larger public healthcare financing framework called the "S+3Ms"<sup>1</sup> that keeps healthcare affordable for Singaporeans (see [Figure 1](#) below). Taken together, S+3Ms ensures that no Singaporean is denied necessary healthcare because of inability to pay.



#### **MEDISHIELD LIFE HAS STRENGTHENED RISK-POOLING**

3. Health insurance plays a key role in protecting Singaporeans against large hospital bills, which can cause financial stress to them or their families. By pooling financial resources from individuals in the same age cohort, individuals each pay a smaller premium to benefit from protection against larger bills.

<sup>1</sup> "S+3Ms" stand for Subsidies, MediShield Life, MediSave and MediFund.

4. To expand the role of insurance, MediShield Life was launched on 1 November 2015 to replace the earlier MediShield scheme with three key enhancements:

- (i) **Better Protection:** MediShield Life provided better protection against large hospital bills and expensive chronic treatments through higher benefits.

Over the past four years, MediShield Life paid out about \$3.5 billion for 2.3 million claims, with higher payouts for larger bills. Among the largest 10% of subsidised hospitalisation bills in 2019 (or bills above \$4,000), the average payout per claim was \$6,000.

As a result of this, 8 in 10 Singaporeans pay little or no cash for subsidised bills in our public hospitals.

- (ii) **For All, For Life:** All Singaporeans are now protected by MediShield Life regardless of health status, throughout their lives. This includes those who were previously uninsured. Over the past four years, \$538 million (or 15%) of MediShield Life payouts were for 347,000 claims from the previously uninsured. Those who were insured but with exclusions for certain pre-existing conditions had their exclusions lifted.

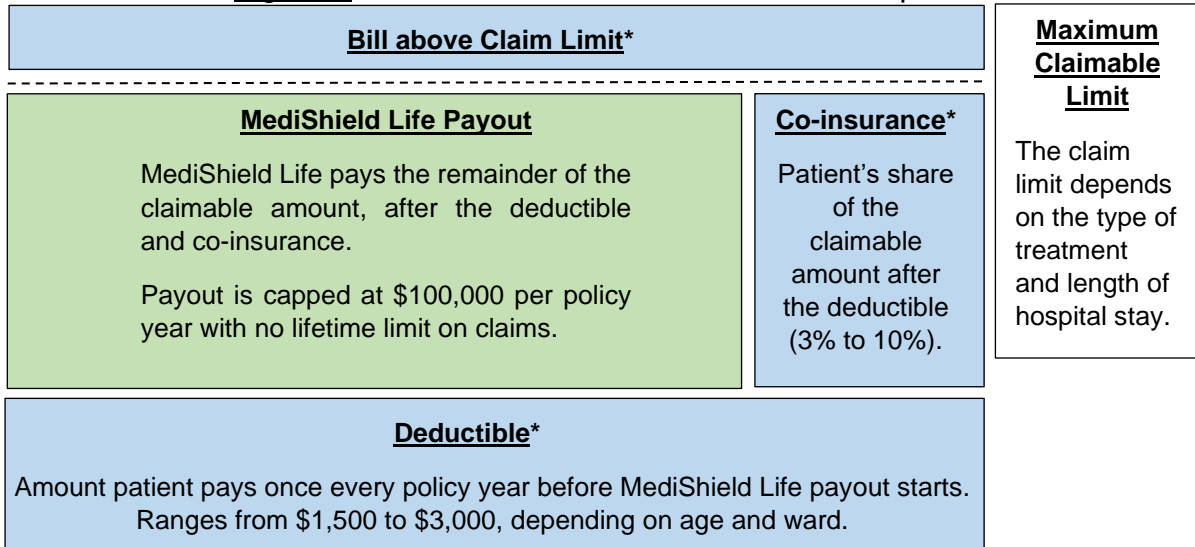
- (iii) **Affordable Premiums:** Government provided support to keep premiums affordable for all. Over the past four years, the Government provided \$3.1 billion in premium subsidies and other forms of support. \$31 million of this amount was for Additional Premium Support for the needy who are unable to afford their premiums even after subsidies, MediSave and family support.

5. More information about MediShield Life can be found on the [MOH website](#).

## **KEY DESIGN FEATURES OF MEDISHIELD LIFE**

6. To keep premiums affordable while maintaining adequate protection, MediShield Life has features such as claim limits, deductible and co-insurance. (See [Figure 2](#).) You may refer to the information booklet [here](#) for more details.

Figure 2: How MediShield Life Claims are Computed



\* The deductible, co-insurance, and bill above the claim limit are payable by MediSave and/or cash.



If a bill exceeds the claim limits, **it does not mean that there will be no MediShield Life payout.** MediShield Life will still pay up to the claim limit, less the deductible and co-insurance.

## **PART II: PRELIMINARY RECOMMENDATIONS FOR BENEFIT ENHANCEMENTS**

### **KEY PRINCIPLES REMAIN RELEVANT**

7. The MediShield Life 2020 Review is the first major review since the scheme was launched in 2015, and premiums had been kept constant for the first five years in line with the Government's commitment. The key design principles of MediShield Life that were proposed by the MediShield Life Review Committee after extensive public consultation remain relevant and valid today.<sup>2</sup> In particular, a balance needs to be struck between providing greater benefits for Singaporeans and keeping premiums affordable, so that the scheme remains sustainable over the long term.

### **ENHANCEMENT OF MEDISHIELD LIFE BENEFITS FOR 2020 REVIEW**

8. Nonetheless, MediShield Life benefits and premiums will have to be reviewed regularly to keep pace with evolving medical practice, healthcare cost inflation and actual claims experience, so that it continues to provide assurance and remain sustainable.

9. In this respect, the Council has identified two areas where MediShield Life can be enhanced:

<sup>2</sup> The MediShield Life Review Committee Report can be found [here](#).

- (a) Refresh and refine claim limits to provide better coverage. MediShield Life claim limits should be refreshed to ensure that they offer adequate protection in light of inflation and medical advancements. More treatment-specific claim limits can provide better coverage, especially in areas where costs vary widely depending on the type of care or treatment received. As part of this review, MediShield Life had introduced more granular surgical claim limits in January earlier this year, so that more complex procedures, which tend to be costlier, are better covered. We recommend more refinements to claim limits in this review.
- (b) Support larger healthcare transformation efforts. As our national insurance scheme, MediShield Life should support the Ministry of Health (MOH)'s larger healthcare transformation efforts. In the last two years, the scheme has been enhanced to support Singaporeans so that they can be more appropriately cared for in the community and at home. (See Annex A.) This reduces the need for expensive hospital care, keeping healthcare costs sustainable for all Singaporeans. In this review, we recommend further enhancements to support healthcare transformation, including supporting early discharges for patients.

10. The Council's preliminary recommendations are listed below. A summary of the recommended changes is listed in the Annex B.

(a) **Refreshing and refining claim limits**

11. **Refresh claim limits to cover 9 in 10 subsidised bills.** In addition, claim limits should be reviewed more regularly. In this regard, the Council notes that MOH had announced that moving forward, claim limits will be reviewed around every three years.

12. **Introduce treatment-specific claim limits for community hospital care and outpatient radiotherapy.** Today, the same claim limit applies for community hospital stays, regardless of whether the patient is receiving rehabilitative care or sub-acute care.<sup>3</sup> As sub-acute care is costlier than rehabilitative care, patients receiving sub-acute care are not as well covered by MediShield Life compared to patients receiving rehabilitative care. Introducing separate claim limits for sub-acute care and rehabilitative care will ensure that both groups of patients will enjoy similar levels of coverage under MediShield Life. Outpatient radiotherapy is another area where the introduction of more treatment-specific claim limits can help to improve coverage for the costlier types of outpatient radiotherapy treatment.

13. **Raise the policy year claim limit from \$100,000 to \$150,000.** This will give Singaporeans greater assurance against exceptionally large bills arising from long or multiple periods of hospitalisation during the year.

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<sup>3</sup>Rehabilitative care refers to therapy to improve one's post-illness disability and functional impairment. Sub-acute care is for complicated medical conditions that require additional medical and nursing care at a lower intensity compared to that provided at the acute hospitals.

**(b) Supporting larger healthcare transformation efforts**

14. **Higher claim limits for daily ward and treatment charges for the first two days of acute hospital stay.** Ward and treatment charges incurred by patients in acute hospitals are subject to the claim limit of \$700/day for normal ward and \$1,200/day for Intensive Care Unit (ICU) ward. However, patients tend to incur higher charges during the earlier part of their hospital stay, due to costly tests and investigations to diagnose their conditions. This results in patients with earlier discharges being not as well covered as patients with longer stays, as the aggregate claim limit over a longer hospital stay is generally enough to cover the high initial charges.<sup>4</sup> We hence recommend to introduce higher claim limits for the first two days of hospitalisation to better cover short stays, particularly as advances in healthcare facilitates some patients to be discharged and return home earlier. Patients with longer stays will also benefit from the higher claim limits as it is cumulative.

15. **Lower the deductible for day surgeries for older patients.** The deductible for day surgery patients above 80 years old can be lowered from \$3,000 to \$2,000, to align with the deductible for inpatient stays in C wards. This will ensure that patients are not discouraged from choosing a day surgery over an inpatient stay, as they will be subject to the same deductible regardless of their choice. The deductible for day surgery patients age 80 and below are already aligned with the deductible for inpatient stays in C wards.

**(c) Other recommendations**

16. **Lower the pro-ration factor for private hospitals to 25%.** The pro-ration factor is intended to ensure that patients receive similar MediShield Life payouts regardless of whether they choose subsidised or unsubsidised care. Private hospital bills are currently pro-rated by 35% to make them more comparable to a subsidised bill, before MediShield Life payouts are computed. For example, a \$10,000 private hospital bill is pro-rated to \$3,500 before MediShield Life payouts are computed. Without pro-ration, MediShield Life will pay out more for private hospital bills as they are higher than subsidised bills. Based on recent bills, a 35% pro-ration factor is still insufficient to bring private hospital bills down to a level comparable to subsidised bills. Lowering the pro-ration factor to 25% will better reflect the actual bill differences and ensure more similar payouts between private hospital and subsidised patients.

17. **Remove the standard exclusions for:**

- i. **Treatments arising from attempted suicide or intentional self-injury.** There is increasing recognition that proper treatment is the appropriate approach towards self-harm. MediShield Life as the national health insurance can support individuals in their recovery process.

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<sup>4</sup> The total claimable amount is based on the number of days of hospitalisation and unused limits can be used to cover charges incurred from another day. E.g. For a 3-day normal ward stay, the total claim limit is  $3 \times \$700 = \$2,100$ . If the charges are \$800/day for the first 2 days and \$500 for the third day, the total claimable amount is within the \$2,100 claim limit because unused limits from the third day can be used to cover the charges incurred from earlier days.

- ii. **Treatments arising from drug addiction, alcoholism or the person being under the influence of drugs or alcohol.** According to the American Society of Addiction Medicine, addiction is a chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases. MediShield Life as the national health insurance can support individuals in overcoming their addictions and their recovery process.

## **PART III: REVIEW OF PREMIUMS AND PREMIUM AFFORDABILITY**

### **PREMIUM ADJUSTMENTS**

18. MediShield Life premiums need to be adjusted periodically to support the better coverage and higher payouts, as well as to keep pace with healthcare cost inflation and actual claims experience.<sup>5</sup> In particular, MediShield Life payouts have increased by close to 40% over the last four years, and the number of claimants has increased by almost 30%.

19. The MediShield Life Council recommends adjusting the premiums this round as proposed by the actuary to ensure that the scheme continues to be sustainable. This round of premium adjustments will also take into account the previous benefits enhancements that were implemented from 2018 to 2020. (See [Annex A.](#))



To ensure premium affordability, premium subsidies of up to 50% are provided to the lower- to middle-income. Merdeka Generation seniors receive additional premium subsidies of 5% or 10% and annual MediSave top-ups of \$200 from 2019 to 2023. Pioneer Generation seniors receive special subsidies of 40% to 60% of their premiums and annual MediSave top-ups of \$200 to \$800 depending on birth cohorts for life. You may refer to the information booklet [here](#) for more details on premium subsidies.

20. The Council recognises that some Singaporeans may face greater challenges with their premiums, given the impact of COVID-19 on Singaporeans and the economy. The Council has asked MOH to consider providing additional assistance during this exceptional period, and is pleased to note that MOH has committed additional support for Singaporeans over the next two years. The press release from MOH can be found [here](#).

21. After taking into account the existing and additional support measures, the net premium increases for all Singapore Citizens will be kept to up to about 10% in the first year. Premiums will continue to be fully payable through MediSave. The net indicative premiums can be found in [Annex C](#).

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<sup>5</sup> Total payouts under MediShield Life have been increasing increased by about 12% each year since it was introduced, from \$758 million in 2016 to \$1.04 billion in 2019. This is about the same as the annual increase in Singapore's national health expenditure from 2012 to 2017.

22. The Council has studied the premium impact on various family types with varying income levels and number of family members, as many Singaporeans are also paying for the premiums of their dependents. We note that total household premiums after subsidies will be within annual MediSave contribution and inflows for most typical households. Some examples are shown in [Annex D](#). Additional Premium Support will continue to be available for the needy who are unable to afford their premiums even after subsidies, MediSave and family support. No one will lose MediShield Life coverage due to financial difficulties.

## **PUBLIC FEEDBACK**

23. The MediShield Life Council would like to seek public feedback on our preliminary recommendations, from 6.00pm, 29 September 2020 to 6.00pm, 20 October 2020. All feedback can be submitted via the [online feedback form](#), or mailed to the following address: Quality Service, Ministry of Health, 16 College Road, College of Medicine Building, Singapore 169854.

24. For more information about MediShield Life, you may refer to the information booklet [here](#), or visit the Ministry of Health website [here](#).



The MediShield Life Council was appointed by the Minister for Health to provide recommendations on the policy and scheme parameters of MediShield Life, and to review the administration of MediShield Life. It currently comprises 11 members from diverse backgrounds and professional expertise in insurance, investment and medicine. You may find out more about the MediShield Life Council and the current members [here](#).

**LIST OF ENHANCEMENTS TO MEDISHIELD LIFE SINCE 2015**

**2018**

1. Extended coverage to direct admissions to community hospitals from emergency departments of public hospitals. This facilitated the provision of care at the most appropriate setting for patients assessed to be in a stable condition with a clear diagnosis, and requiring a period of medical, nursing and/or rehabilitation care at a community hospital.
2. New claim limit of \$1,700 per month for patients on long-term parenteral nutrition due to chronic intestinal failure. This gave greater peace of mind to patients who require such high cost treatments.
3. Extended coverage to surgical interventions for two rare congenital conditions, trisomy 18 and alobar holoprosencephaly. These were previously excluded from MediShield Life coverage as treatment was not effective. However, MediShield Life coverage was extended in light of recent international studies showing that surgical interventions could now improve the quality of life and survival of patients.

**2019**

4. Extended coverage to inpatient treatment for serious pregnancy and delivery-related complications. This provided more assurance to expectant parents who may face large hospitalisation bills as a result of these complications.
5. New claim limit of \$6,000 per treatment for outpatient autologous bone marrow transplant treatment for multiple myeloma as a continuation of an inpatient episode. This would help patients shorten their inpatient stays by up to 3 weeks.

**2020**

6. Increased and introduced more granular claim limits for surgical procedures to improve coverage for more complex surgical procedures, which tend to be costlier.
7. Extended coverage to the new inpatient hospice palliative care service in community hospitals and inpatient hospices. This improved support for patients who require palliative care and facilitates the right-siting of patients.



**Table B1: Recommended Changes to Claim Limits**

	Current	Recommended
<b>Inpatient Treatments</b>		
Daily Ward and Treatment Charges		
- Normal Ward	\$700 per day	\$800 per day*
- ICU Ward	\$1,200 per day	\$2,200 per day*
<i>* An additional claim limit of \$200 per day applies for the first two days</i>		
- Psychiatric	\$100 per day, up to 35 days per policy year	\$160 per day, up to 60 days per policy year
Stereotactic Radiosurgery	\$4,800 per treatment course	\$10,000 per treatment course
Community Hospital		
- Rehabilitative care <sup>^</sup>	\$350 per day	\$350 per day
- Sub-acute care <sup>^</sup>		\$430 per day
<b>Outpatient Treatments</b>		
Kidney Dialysis	\$1,000 per month	\$1,100 per month
Immunosuppressants for Organ Transplant	\$200 per month	\$550 per month
<b>Radiotherapy for Cancer</b>		
External Radiotherapy (except Hemi-body)	\$140 per treatment	\$300 per treatment
Hemi-Body Radiotherapy		\$900 per treatment
<b>Maximum Claim Limits</b>		
Policy Year Claim Limit	\$100,000	\$150,000

<sup>^</sup> Rehabilitative care refers to therapy to improve one's post-illness disability and functional impairment. Sub-acute care is for complicated medical conditions that require additional medical and nursing care at a lower intensity compared to that provided at the acute hospitals.

**Table B2: Recommended Changes to the Deductibles**

Ward/Treatment	Current	Recommended
Day Surgery		
- Age above 80	\$3,000	\$2,000

**Table B3: Recommended Changes to the Proration factors**

Ward/Treatment	Current	Recommended
Private Hospital (including Day Surgery)	35%	25%

**Table C1: Indicative Revised MediShield Life Premium Schedule (Singapore Citizens) in 2021**

Age Next Birthday	Current Premiums Before Subsidy (\$)	Revised Premiums Before Subsidy (\$)	MediShield Life Premiums after Premium Subsidy for Lower to Middle Income and One-off COVID Subsidy (\$)							
			Lower-income		Lower-Middle-Income		Upper-Middle-Income		Higher Income	
			Current	Revised	Current	Revised	Current	Revised	Current	Revised
1 – 20	130	145	98	101	104	108	111	115	130	135
21 – 30	195	250	147	159	156	170	166	180	195	212
31 – 40	310	390	233	251	248	268	264	284	310	334
41 – 50	435	525	305	324	327	347	348	370	435	462
51 – 60	630	800	441	477	473	511	504	545	630	681
61 – 65	755	1020	491	543	529	585	567	626	755	835
66 – 70	815	1100	530	586	571	631	612	676	815	901
71 – 73	885	1195	576	636	620	685	664	734	885	978
74 – 75	975	1320	634	702	683	755	732	809	975	1079
76 – 78	1130	1530	678	750	735	813	791	875	1130	1250
79 – 80	1175	1590	705	780	764	845	823	910	1175	1300
81 – 83	1250	1675	750	827	813	896	875	965	1250	1378
84 – 85	1430	1935	858	949	930	1028	1001	1108	1430	1582
86 – 90	1500	2025	825	912	900	995	975	1078	1500	1658
> 90	1530	2055	765	844	842	929	918	1013	1530	1688

**Notes:**

1. Premium Subsidies for the lower- to middle-income and one-off COVID subsidy (Year 1) are applied in this Table. Additional Merdeka Generation Subsidies and Pioneer Generation Subsidies are not included.
2. Premium subsidies applied are for Singapore Citizens living in properties with an Annual Value of \$13,000 or less. Those with an Annual Value of between \$13,001 to \$21,000 will receive 10 percentage points less subsidy, while those with Annual Value of above \$21,000 will not receive premium subsidies. Individuals who own more than one property are not eligible for Premium Subsidies. Permanent Residents receive half of the applicable Premium Subsidies for Singapore Citizens.
3. Lower-income refers to individuals with monthly per capita household income of \$1,200 or less. Lower-middle-income refers to individuals with monthly per capita household income of \$1,201 to \$2,000. Upper-middle-income refers to individuals with monthly per capita household income of \$2,001 to \$2,800.
4. Revised premiums are based on the indicative schedule of benefits and may be further revised.

**Table C2: Indicative Revised MediShield Life Premium Schedule (Singapore Citizens) in 2023**

Age Next Birthday	Current Premiums Before Subsidy (\$)	Revised Premiums Before Subsidy (\$)	MediShield Life Premiums after Premium Subsidy for Lower- to Middle-Income (\$)							
			Lower-income		Lower-Middle-Income		Upper-Middle-Income		Higher Income	
			Current	Revised	Current	Revised	Current	Revised	Current	Revised
1 – 20	130	145	98	109	104	116	111	124	130	145
21 – 30	195	250	147	188	156	200	166	213	195	250
31 – 40	310	390	233	293	248	312	264	332	310	390
41 – 50	435	525	305	368	327	394	348	420	435	525
51 – 60	630	800	441	560	473	600	504	640	630	800
61 – 65	755	1020	491	663	529	714	567	765	755	1020
66 – 70	815	1100	530	715	571	770	612	825	815	1100
71 – 73	885	1195	576	777	620	837	664	897	885	1195
74 – 75	975	1320	634	858	683	924	732	990	975	1320
76 – 78	1130	1530	678	918	735	995	791	1071	1130	1530
79 – 80	1175	1590	705	954	764	1034	823	1113	1175	1590
81 – 83	1250	1675	750	1005	813	1089	875	1173	1250	1675
84 – 85	1430	1935	858	1161	930	1258	1001	1355	1430	1935
86 – 90	1500	2025	825	1114	900	1215	975	1317	1500	2025
> 90	1530	2055	765	1028	842	1131	918	1233	1530	2055

**Notes:**

1. Premium Subsidies for the lower- to middle-income are applied in this Table. Additional Merdeka Generation Subsidies and Pioneer Generation Subsidies are not included.
2. Premium subsidies applied are for Singapore Citizens living in properties with an Annual Value of \$13,000 or less. Those with an Annual Value of between \$13,001 to \$21,000 will receive 10 percentage points less subsidy, while those with Annual Value of above \$21,000 will not receive premium subsidies. Individuals who own more than one property are not eligible for Premium Subsidies. Permanent Residents receive half of the applicable Premium Subsidies for Singapore Citizens.
3. Lower-income refers to individuals with monthly per capita household income of \$1,200 or less. Lower-middle-income refers to individuals with monthly per capita household income of \$1,201 to \$2,000. Upper-middle-income refers to individuals with monthly per capita household income of \$2,001 to \$2,800.
4. Revised premiums are based on the indicative schedule of benefits and may be further revised.

**Table C3: Indicative Revised MediShield Life Premium Schedule (Merdeka Generation Seniors) in 2021**

Age Next Birthday	MediShield Life Premiums after Premium Subsidy, Merdeka Generation Subsidies and One-off COVID-19 Subsidy (\$)							
	Lower-income		Lower-Middle-Income		Upper-Middle-Income		Higher Income	
	Current	Revised	Current	Revised	Current	Revised	Current	Revised
61 – 65	453	501	491	543	529	585	718	793
66 – 70	489	541	530	586	571	631	775	856
71 – 73	531	587	576	636	620	685	841	930
74 – 75	585	648	634	702	683	755	927	1025
76 – 78	565	625	622	688	678	750	1017	1125
79 – 80	588	650	647	715	705	780	1058	1170
81 – 83	625	689	688	758	750	827	1125	1240
84 – 85	715	791	787	870	858	949	1287	1424
86 – 90	675	746	750	829	825	912	1350	1492
> 90	612	675	689	760	765	844	1377	1519

**Notes:**

1. Premium Subsidies for the lower- to middle-income, additional Merdeka Generation Subsidies and one-off COVID subsidy (Year 1) are applied in this Table.
2. Premium subsidies applied are for Singapore Citizens living in properties with an Annual Value of \$13,000 or less. Those with an Annual Value of between \$13,001 to \$21,000 will receive 10 percentage points less subsidy, while those with Annual Value of above \$21,000 will not receive premium subsidies. Individuals who own more than one property are not eligible for Premium Subsidies.
3. Lower-income refers to individuals with monthly per capita household income of \$1,200 or less. Lower-middle-income refers to individuals with monthly per capita household income of \$1,201 to \$2,000. Upper-middle-income refers to individuals with monthly per capita household income of \$2,001 to \$2,800. High income refers to individuals with monthly per capita household income above \$2,800.
4. Figures shown have not included annual MediSave top-ups for the Merdeka Generation from 2019 to 2023.
5. Revised premiums are based on the indicative schedule of benefits and may be further revised.

**Table C4: Indicative Revised MediShield Life Premium Schedule (Merdeka Generation Seniors) in 2023**

Age Next Birthday	MediShield Life Premiums after Premium Subsidy and Merdeka Generation Subsidies (\$)							
	Lower-income		Lower-Middle-Income		Upper-Middle-Income		Higher Income	
	Current	Revised	Current	Revised	Current	Revised	Current	Revised
61 – 65	453	612	491	663	529	714	718	969
66 – 70	489	660	530	715	571	770	775	1045
71 – 73	531	717	576	777	620	837	841	1136
74 – 75	585	792	634	858	683	924	927	1254
76 – 78	565	765	622	842	678	918	1017	1377
79 – 80	588	795	647	875	705	954	1058	1431
81 – 83	625	838	688	922	750	1005	1125	1508
84 – 85	715	968	787	1065	858	1161	1287	1742
86 – 90	675	912	750	1013	825	1114	1350	1823
> 90	612	822	689	925	765	1028	1377	1850

**Notes:**

1. Premium Subsidies for the lower- to middle-income and additional Merdeka Generation Subsidies are applied in this Table.
2. Premium subsidies applied are for Singapore Citizens living in properties with an Annual Value of \$13,000 or less. Those with an Annual Value of between \$13,001 to \$21,000 will receive 10 percentage points less subsidy, while those with Annual Value of above \$21,000 will not receive premium subsidies. Individuals who own more than one property are not eligible for Premium Subsidies.
3. Lower-income refers to individuals with monthly per capita household income of \$1,200 or less. Lower-middle-income refers to individuals with monthly per capita household income of \$1,201 to \$2,000. Upper-middle-income refers to individuals with monthly per capita household income of \$2,001 to \$2,800. High income refers to individuals with monthly per capita household income above \$2,800.
4. Figures shown have not included annual MediSave top-ups for the Merdeka Generation from 2019 to 2023.
5. Revised premiums are based on the indicative schedule of benefits and may be further revised.

**Table C5: Indicative Revised MediShield Life Premium Schedule in 2021  
(Pioneer Generation Seniors)**

Age Next Birthday	Current MediShield Life Premiums after Subsidy (\$)	Revised MediShield Life Premiums after PG and One-off COVID-19 Subsidies (\$)
71 – 73	491	543
74 – 75	498	551
76 – 78	518	573
79 – 80	537	594
81 – 83	566	624
84 – 85	616	681
86 – 90	615	680
> 90	612	675

Notes:

1. Pioneer Generation Subsidies and one-off COVID subsidy (Year 1) are applied in this Table.
2. Figures shown have not included annual MediSave top-ups for the Pioneer Generation.
3. Revised premiums are based on the indicative schedule of benefits and may be further revised.

**Table C6: Indicative Revised MediShield Life Premium Schedule in 2023  
(Pioneer Generation Seniors)**

Age Next Birthday	Current MediShield Life Premiums after Subsidy (\$)	Revised MediShield Life Premiums after PG Subsidy (\$)
71 – 73	491	663
74 – 75	498	674
76 – 78	518	701
79 – 80	537	727
81 – 83	566	759
84 – 85	616	833
86 – 90	615	831
> 90	612	822

**Notes:**

1. Only Pioneer Generation Subsidies are applied in this Table.
2. Figures shown have not included annual MediSave top-ups for the Pioneer Generation.
3. Revised premiums are based on the indicative schedule of benefits and may be further revised.

### Indicative Revised MediShield Life Premium Impact on Some Typical Households<sup>6</sup>

#### Low Income Nuclear Household – Koh Family

Mr Koh is married with two children. Both he and his wife are in their mid-30s. He is a sole breadwinner with monthly income of \$2,000, and his annual CPF contribution to MediSave amounts to about \$2,340.

Annual MediSave Contributions <sup>^</sup>	MediShield Life Premiums after Subsidies	CareShield Life Premiums after Subsidies*	% of MediSave Contributions used for MediShield Life and CareShield Life Premiums
\$2,340	\$803	\$268	46%

<sup>^</sup> Assumes one-month bonus in annual income

\* CareShield Life premiums only apply for Mr Koh and his wife

#### Middle Income Nuclear Household – Muthu Family

Mr Muthu is married with two children. Both he and his wife are in their mid-30s. He is a sole breadwinner with monthly income of \$6,000, and his annual CPF contribution to MediSave amounts to about \$7,020.

Annual MediSave Contributions <sup>^</sup>	MediShield Life Premiums after Subsidies	CareShield Life Premiums after Subsidies*	% of MediSave Contributions used for MediShield Life and CareShield Life Premiums
\$7,020	\$856	\$296	16%

<sup>^</sup> Assumes one-month bonus in annual income

\* CareShield Life premiums only apply for Mr Muthu and his wife

<sup>6</sup> This analysis has taken into account the existing structural premium subsidies, MG/PG subsidies and MG/PG MSV Top-Ups, but not old-age premium rebates nor the one-off COVID-19 subsidy. Where applicable, they will offset the premium impact further.



### Middle Income Large Household – Zahir Family

Mr Zahir is married with two children. Both he and his wife are in their mid-40s. They have monthly incomes of \$4,000 each, and their annual CPF contribution to MediSave amounts to about \$9,360. They also support Mr Zahir’s two elderly parents in their mid-70s (Pioneer Generation), who are living with them.

Pioneer Generation Seniors also receive annual MediSave top-ups of \$200 to \$800 depending on birth cohorts, which can be used to pay for their MediShield Life premiums.

Annual MediSave Contributions <sup>^</sup>	MediSave top-ups for Pioneer Generation	MediShield Life Premiums after Subsidies	CareShield Life Premiums after Subsidies*	% of MediSave Contributions and top-ups used for MediShield Life and CareShield Life Premiums
\$9,360	\$400	\$2,366	\$523	30%

<sup>^</sup> Assumes one-month bonus in annual income

\* CareShield Life premiums only apply for Mr Zahir and his wife

### Low Income Merdeka Generation Household – Lee Family

Mr Lee and Mrs Lee are a couple in their early-60s and are part of our Merdeka Generation. Mr Lee is a sole breadwinner with monthly income of \$1,700, and his annual CPF contribution to MediSave amounts to about \$2,320.

Merdeka Generation Seniors also receive annual MediSave top-ups of \$200 from 2019-2023, which can be used to pay for their MediShield Life premiums.

Annual MediSave Contributions <sup>^</sup>	MediSave top-ups for Merdeka Generation	MediShield Life Premiums after Subsidies	CareShield Life Premiums after Subsidies	% of MediSave Contributions and top-ups used for MediShield Life and CareShield Life Premiums
\$2,320	\$400	\$1,224	\$204	52%

<sup>^</sup> Assumes one-month bonus in annual income