INTRODUCTION TO THE 3Ms

The Singapore Government is committed to keep healthcare affordable and to help needy patients with their medical bills. Healthcare is kept affordable for Singaporeans through heavy government subsidies, supplemented by the Medisave, MediShield, Medifund and ElderShield framework.

MEDISAVE

1.   What is Medisave?

Medisave is a national medical savings scheme which helps individuals put aside part of their income into their Medisave Accounts to meet their future personal or immediate family members' hospitalisation, day surgery and certain outpatient expenses. Saving for future medical expenses is important, as the need for medical care and hospitalisation increases as one grows older. It is important that you use your Medisave savings wisely, to make it last
a lifetime.

2.   As an employee, how do I contribute to my Medisave Account?

As an employee, you have to contribute 6.5% - 9% of your monthly wages (beginning July 2007) to your Medisave Account depending on your age group as shown below:

Age Contribution Rate
Below 35: 6.5%
Between 35 and 44: 7.5%
Between 45 and 60: 8.5%
60 and above: 9%

3.   Are self-employed persons required to contribute to Medisave?

Yes. Only self-employed persons who earn more than $6,000 a year will need to contribute to Medisave. Details of Medisave contributions for the self-employed can be found at CPF Board's website.

4.   In which hospitals can I use Medisave?

You can use Medisave in any of the Restructured Hospitals as well as any of the Medisave-accredited private hospitals, general practitioners and medical institutions.

5. What should I do before hospitalisation?

You should attend a financial counseling session with the hospital staff during which the staff would estimate your hospital bill size, check your Medisave balance, inform you of the amount of coverage allowed by Medisave and the balance that needs to be paid in cash. You should then choose a class of ward you can afford.

To use Medisave to pay for the hospitalisation, you will need to sign a Medisave Authorisation Form to allow the CPF Board to deduct from your Medisave Account. If you are using your Medisave to pay for your family member's hospitalisation, you have to truthfully declare your relationship to the patient when signing the Medisave Authorisation Form.

6. If I am using my Medisave for my family members, is documentary proof of relationship required?

You will not be required to produce documentary proof of your relationship at the point of admission. However, the patient or the Medisave account holder may be asked to produce the necessary documents as and when requested by the CPF Board during audit checks.

Any person found to have given a false declaration will be penalised because unauthorised use of another person's Medisave Account is a criminal offence. The person involved may be referred to the Police.

7. What hospital charges do Medisave cover?

Medisave covers:
• Daily ward charges
• Doctor's attendance fees
• Surgical operation fee
• Inpatient charges for medical treatment, investigations, medicines, rehabilitative services, medical supplies,implants and prostheses introduced during surgery

8. How much of my Medisave can I use to cover my hospital bills?

Medisave covers:

• Medical/ surgical inpatient cases
$450 per day for hospital and treatment charges, including a maximum of $50 for doctor's daily attendance fees, and an additional fixed limit for surgical procedures (according to the
table of surgical procedures).

• Approved day surgeries
Up to $300 per day for the hospital and treatment charges, including a maximum of $30 for the doctor's daily attendance fees, and an additional fixed limit for surgical procedures (according to the table of surgical procedures).

• Surgical operations (inpatient and day surgery)
A fixed limit - depending on the complexity of the operation - according to the table of surgical procedures, as given below:
Table of Procedures Medisave Limits
1A - 1C $150 - $250
2A - 2C $350 - $600
3A - 3C $800 - $1,200
4A - 4C $1,400 - $1,800
5A - 5C $2,000 - $2,400
6A - 6C $2,800 - $3,600
7A - 7C $4,000 - $5,000

• Psychiatric treatment
Up to $150 per day for the hospital and treatment charges including a maximum of $50 for the doctor's daily attendance fees, subject to a maximum of $5,000 a year.

• Stay in approved community hospitals
Up to $150 per day for the hospital and treatment charges, including a maximum of $30 for the doctor's daily attendance fees, subject to a maximum of $3,500 a year.

• Stay in approved convalescent hospitals
Up to $50 a day for the hospital and treatment charges, including a maximum of $30 for the doctor's daily attendance fees, subject to a maximum of $3,000 a year.

• Stay in approved hospices
Up to $160 per day for the hospital and treatment charges, including a maximum of $30 for the doctor's daily attendance fees.

• Day care for senior citizens in accredited healthcare centres
Up to $20 per day for day care charges, subject to a maximum of $1,500 a year.

9. What type of outpatient charges does Medisave cover?

Medisave can be used for the following outpatient treatments:
• Hepatitis B vaccination
• Assisted conception procedures
• Renal dialysis treatment
• Radiotherapy for cancer patients
• Chemotherapy for cancer patients
• HIV anti-retroviral drugs
• Desferral drug & blood transfusion for Thalassaemia treatment
• Hyperbaric Oxygen Therapy
• Outpatient Intravenous Antibiotic Treatment
• Rental of devices for Long Term Oxygen Therapy and Infant
Continuous Positive Airway Pressure Therapy
• Immunosuppressant drugs for organ transplant patients
• Treatment of diabetes, hypertension, lipid disorders (e.g. high blood cholesterol) and stroke (refer to Questions 20 and 21 in this section)

10. Does Medisave cover maternity expenses?

Yes, Medisave can be used to pay the delivery and pre-delivery medical expenses incurred for a woman's first four living children. Medisave can also be used to pay the delivery and pre-delivery expenses incurred for the delivery of a woman's fifth or subsequent child, if both parents have a combined Medisave balance of at least $15,000 in their Medisave accounts at the time of delivery.

11. How much can I withdraw from Medisave for my maternity expenses?

The amount that can be withdrawn is determined by the Medisave Maternity Package. Under the Medisave Maternity Package, you can withdraw Medisave for pre-delivery medical expenses (e.g. consultations, ultrasounds, tests, medications, etc), delivery expenses
and daily hospital charges. Each Medisave Maternity Package has a different Medisave Withdrawal Limit which depends on the delivery procedure and the number of days of hospitalisation.

Medisave Limits ($)
900 + 450/day
1,250 + 450/day
1,850 + 450/day
2,050 + 450/day
2,850 + 450/day

Type of Maternity Package
Vaginal Delivery (Normal)
Vaginal Delivery (Assisted)
Caesarean Section (Normal)
Caesarean Section (with Tubal Ligation)
Caesarean Section (with Hysterectomy)
To make a withdrawal from Medisave for pre-delivery medical expenses under the Medisave Maternity Package, you will have to present the bills incurred to the hospital where your newborn is delivered. The hospital will submit these bills, together with the bill for the delivery expenses, for a Medisave claim under the Medisave Maternity Package.

12.   What does Medisave not cover?
Medisave does not cover:
• Tests done for a cancelled admission
• Cosmetic surgery
• Medical reports
• Supply of equipment, devices and appliances such as wheelchairs
• Other services such as ambulance fees, telephone calls, laundry etc
• Respite care

13.   Why are withdrawal limits imposed?
Medisave withdrawal limits are necessary to ensure that members' Medisave are conserved for future medical needs, especially after retirement and during old age. The limits are generally adequate to cover in full the expenses incurred in Class B2 and C wards. However,
for hospitalisation expenses incurred in private hospitals and Class A and B1 wards of restructured hospitals, the patient usually has to pay cash out-of-pocket for part of the bill which exceeds the withdrawal possible from Medisave.

14.   What if my hospital bill exceeds the Medisave withdrawal limits?
You will need to pay a hospital deposit in cash at the time of admission for the part of the hospital bill that exceeds the Medisave withdrawal limits. Patients admitted to Class B2/C wards using Medisave are generally not required to pay a cash deposit if they have sufficient balance in their Medisave accounts to cover the deposit. Patients seeking admission to Class B2/C who are unable to pay the deposits or hospital charges can seek help from Medifund or the hospital. For those opting for Class A/B1 wards, a cash deposit is required
because Medisave cannot cover the bill in full. If they are unable to pay the deposit, they should reconsider their choice of ward class.

15.   When will my Medisave account be deducted?

Upon the patient's discharge, the hospital will work out the bill and submit a claim to the CPF Board. The CPF Board will then deduct from your Medisave Account and send you a statement of account.

16.   What happens if my Medisave Balance is not enough to cover the hospital bill?

Patients in the Class B2 and Class C wards of restructured hospitals may pay their outstanding hospital bills from their future Medisave contributions. However, the use of future Medisave is not allowed for Medisave-approved outpatient treatments. Besides Medisave, your hospital bills may also be covered by hospitalisation insurance, such as MediShield. You may also qualify for financial assistance from Medifund.

17.   What happens if my employer or insurer is paying part of my hospital expenses?

If your employer or insurer is paying for your bill, please bring along your Letter of Guarantee from your employer or insurer, or present your Hospitalisation Identity Card. At the point of admission, you will still be required to sign the Medisave Authorisation Form. Depending on the arrangement between the employer, insurer and the hospital, your Medisave will be deducted either fully or partially at the point of billing.

18.   Can my employer or insurer pay me in cash if I have already used my Medisave Account to pay my hospital expenses?

No, your employer or insurer cannot pay you in cash their share of your hospital bill if it has been taken from your Medisave Account. Your employer or insurer must refund the amount paid by them to your Medisave Account.

19.   What is the Medisave for Chronic Disease Management Programme?

The Medisave for Chronic Disease Management Programme aims to improve care for patients with chronic diseases and lower long term healthcare costs. The Programme consists of structured treatments that are based on clinical guidelines and medical evidence. You can use your Medisave to pay for outpatient treatment of diabetes, hypertension, lipid disorders (e.g. high blood cholesterol), and stroke.For each bill, you will only need to pay the first $30 of the bill (as the deductible) as well as 15% of the balance of the bill. Medisave can be used to pay for the remaining amount. This is regardless of whether the bill is for a one-off visit or a package (e.g. on a bill of $100, you will pay $30 plus $10.50 (15% of $70) and use Medisave to settle the balance of $59.50.) Your doctor (who has to be Medisave accredited and from one of the participating clinics) will need to certify in the Medisave Authorisation form that you suffer from one of the four chronic diseases supported by the Programme.

20.   How much can I withdraw from   Medisave for outpatient treatments under the Chronic Disease Management Programme?

There is a limit of $300 per Medisave account, per year, regardless of the number of chronic diseases you may have.

However, you may also use the Medisave of your immediate family members to pay for your treatment, up to a limit of $300 per year, per account.

MEDISHIELD

1.   What is MediShield?

MediShield is an affordable catastrophic medical insurance scheme which helps Medisave account holders and their dependents meet the cost of treatment for serious or prolonged illnesses at the Class B2 and C level.

Singaporeans can use Medisave to pay the premiums of MediShield or Medisave-approved private insurance schemes. Medisave account holders can also use their Medisave to pay the premiums for their dependents.

2.   Am I insured under MediShield?

MediShield is an opt-out scheme. This means that Singaporeans or Permanent Residents will automatically be insured under MediShield when they first contribute to their CPF accounts, unless they choose to opt out. If you are not sure whether you or your dependents are insured under MediShield, you can check with CPF Board or the hospital staff handling your hospital admission.

3.   What part of my hospital bill does MediShield cover?

MediShield is a catastrophic insurance scheme meant to help patients pay for large bills. The patient will have to first pay the deductible (the first $1,500 of the claimable amount for a Class B2 bill or the first $1,000 of the claimable amount for a Class C bill). MediShield will then pay between 80% and 90% of the remaining claimable amount, depending on the size of the bill. The patient can use Medisave to pay for the portion of the bill not covered by MediShield.

4.   How is the MediShield claimable amount worked out?

The MediShield claimable amount is computed based on the number of days of hospitalisation stay, the type of surgical operations carried out (if any), and if there are any implants used. The benefits are as follows:
- Daily claim limits: $250 (normal hospital stays) / $500 (ICU stays). These limits cover ward charges, consultation / treatment fees, as well as the cost of investigations and medications.
- Claim limits for surgical procedures range from $150 to $1,100;
- Claim limits for surgical implants: $2,500
- Annual claim limits: $50,000; and
- Lifetime claim limits: $200,000

MediShield also pays for certain expensive outpatient treatments such as chemotherapy and radiotherapy for cancer treatment, and renal dialysis.

5.   *What MediShield does not cover?*

MediShield does not cover the treatment of serious pre-existing illness for which the patient has received medical treatment during the 12 months before the start of MediShield coverage. Certain treatments such as those for congenital anomalies, cosmetic surgery, delivery charges, and mental illness and personality disorders are also not covered by MediShield.

6.   *How should I go about claiming from MediShield?*

If you are insured under MediShield at the time of your hospitalisation, you may claim part of your hospital bill from MediShield, by simply informing the hospital staff handling your hospital admission that you wish to make a claim. The hospital will submit the MediShield claim on your behalf. After processing, CPF Board will pay the hospital directly if there is a
claim. The remaining amount can be paid for using Medisave or cash.

7.   *MediShield is designed for hospitalisation at Class B2/C wards.*
What about those who wish to opt for Class B1/A wards or the private hospitals?

For those who wish to opt for Class B1/A wards or private hospitals, they can choose to be insured under the private Medisave-approved Integrated Plans. These plans provide higher benefits and coverage for stays in Class B1/A or the private hospitals. Medisave can be used to pay for the premiums of these products as long as they fulfill the minimum regulatory requirements set by MOH and have been approved by MOH.

8.   *Where can I get more information about MediShield?*

For further details on the MediShield Scheme, you can contact CPF Board at 1800-227-1188 or visit their website at http://www.cpf.gov.sg

MEDIFUND

1. What is Medifund?

Medifund is an endowment fund set up by the Government as a safety net to help needy Singapore citizens who are not able to pay for their heavily subsidised medical care at restructured hospitals.

2. What is the size of Medifund?

The capital size of Medifund stands at $1.5 billion as of 2007. Medifund will be progressively built up when there are budget surpluses, until it reaches the target fund size of $2 billion.

3. Which are the approved hospitals and medical institutions where I can get help from Medifund?

You can apply for help from Medifund in all restructured hospitals and medical institutions, as well as Medifund-accredited residential step-down care facilities operated by Voluntary Welfare Organisations.

4. Who qualifies for Medifund help?

To qualify for Medifund, you must be a Singaporean citizen, have received treatment or require treatment from any Medifund-approved institution as a Class B2 or C inpatient, a subsidised day surgery patient, or a subsidised outpatient and be unable to afford the medical charges, fees or other expenses incurred either by yourself or with the help of your family, and have used up all your own and immediate family's Medisave balances.

5. Can patients who stay in Class A, B1 and B2+ wards benefit from Medifund?

No. Medifund will only help Singaporean patients using the heavily subsidised Class C or B2 services. Medifund is meant as a safety net for those who cannot even afford to pay for the heavily subsidised services.

6. How do I apply for Medifund assistance?

You can inform the hospital staff, e.g. doctors, nurses or medical social workers of your need for Medifund assistance. You will need to fill in an application form obtainable from the Medical Social Worker/Business Office. A Medical Social Worker would be assigned to assist you. You may be required to provide documents to verify your financial status and a home visit may be required.

7.   Who decides on the amount of help from Medifund?

Every approved hospital and medical institution has its own Hospital Medifund Committee to consider and approve applications, and decide on the amount of help according to the recommended guidelines. This Hospital Medifund Committee comprises largely members who are actively involved in community social work. They would be familiar with the needs and problems of lower-income Singaporeans, and would be able to adopt a flexible approach towards applicants.

8.   How much help can a patient obtain from Medifund?

The amount of help from Medifund depends on your financial circumstances and the charges incurred. The Hospital Medifund Committee will take into account factors such as the bill size, and whether the treatment is required on a long-term basis, and assess each application based on the individual circumstances.

9.   Will Medifund give greater help to those who contribute to Medisave and who are members of Medishield?

Yes. To encourage a greater sense of personal responsibility, Medifund will provide greater support to those who have contributed regularly to Medisave and who are covered by Medishield, but despite these, have run into financial difficulties. Medifund will also give more support to elderly Singaporeans who did not have enough time to accumulate Medisave before they retired.

10.   Where can I get more information on Medifund?

Members of the public can call the MOH hotline **1800-225-4122** or the respective restructured hospitals for clarification.