

SINGAPORE'S HEALTHCARE FINANCING SYSTEM

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.



SEEKING ADMISSION TO HOSPITALS

In restructured hospitals, Singaporeans enjoy heavy subsidies in Class B2 and C wards, where up to 80 per cent of the costs are offset by the government. Patients only need to co-pay the remaining portion, part of which can be paid through Medisave and/ or MediShield.

To avoid unnecessarily large hospital bills, you should choose a ward that you can afford. If you want more comforts such as air conditioning and privacy, you may choose the higher ward classes but you must be prepared to pay more. The quality of medical treatment is, however, the same in all the wards.

Frequently Asked Questions on Admission to Hospitals

1. Am I eligible for hospital subsidies?

Only Singaporeans and Permanent Residents (PRs) are eligible for hospital subsidies. Non-PR foreigners are not subsidised for hospital services, except for services in Emergency Department.

The subsidy level accorded will depend on your choice of ward class and resident status. For admissions to Class B2 and C wards, the subsidy level would also depend on your ability to pay.

Average Monthly Income* of Patient	Subsidy levels for Citizens**		
	Class C	Class B2	Class B2+
\$3,200 and below	80%	65%	50%
\$3,201 - \$3,350	79%	64%	49%
\$3,351 - \$3,500	78%	63%	48%
\$3,501 - \$3,650	77%	62%	47%
\$3,651 - \$3,800	76%	61%	46%
\$3,801 - \$3,950	75%	60%	45%
\$3,951 - \$4,100	74%	59%	44%
\$4,101 - \$4,250	73%	58%	43%
\$4,251 - \$4,400	72%	57%	42%
\$4,401 - \$4,550	71%	56%	41%
\$4,551 - \$4,700	70%	55%	40%
\$4,701 - \$4,850	69%	54%	39%
\$4,851 - \$5,000	68%	53%	38%
\$5,001 - \$5,100	67%	52%	37%
\$5,101 - \$5,200	66%	51%	36%
\$5,201 and above	65%	50%	35%

* Patients who are not working will enjoy full subsidy (50% for Class B2+, 65% for Class B2 and 80% for Class C) unless they live in property with Annual Value exceeding \$11,000. The latter will receive subsidy at 35 % (B2+), 50% (B2) or 65% (C).

** Subsidy for Permanent Residents is 10%-point less than citizens of equivalent income level.

2. Can I choose my class of ward?

Patients have the freedom to choose their class of ward accommodation. Patients are advised to choose an appropriate class for which they can afford to pay.

3. How much will my hospital stay cost?

For easy reference, the estimated bill sizes for different conditions in the various hospitals are published on MOH's website (www.moh.gov.sg) under Healthcare Financing > Hospital Bill Size.

Your actual bill may differ from the estimate depending on your medical condition and treatment received.

4. What rates will I pay for follow-up at Specialist Outpatient Clinics (SOCs) after discharge?

For follow-up at SOC's after discharge, Class A/B1 patients will be charged at private rates and Class B2/C patients at subsidised rates.

5. Is a deposit required?

In general, no cash deposit is required for subsidised patients. A deposit is normally collected at the time of a patient's admission if the estimated hospital bill exceeds the Medisave withdrawal limits or available Medisave balances. The amount varies among the hospitals, depending on the type of cases and the class of ward chosen. Please refer to the hospital's Deposit Schedule (given out at admission) or ask the staff handling your admission.

6. Is a deposit required for emergency admission?

Patients who are admitted through the A&E Department will be allowed admission without an initial deposit, as their medical needs take priority. If their Medisave balance is not sufficient to cover the estimated bill, they will be asked to pay the deposit subsequently.

7. What happens if I do not have the money to pay the deposit?

Patients seeking admission to Class A or B1 wards and who are unable to pay the deposit should re-consider their choice of ward. Needy patients who are unable to pay the deposit or hospital charges can seek help from the hospital or Medifund.

8. Will I need to pay a deposit if I have hospitalisation insurance?

The hospital will collect deposits from insured patients as the hospital is unable to determine the level of insurance coverage for each patient, since different insurance schemes apply different claim limits and conditions of coverage. If your insurer provides a letter of guarantee of payment to the hospital, the hospital may decrease your deposit amount.



Intermediate and long-term care (ILTC) refers to the range of healthcare services outside of acute hospitals which patients may require after an acute hospitalisation episode when their acute medical conditions have stabilised: community hospitals, nursing homes, chronic sick units, hospices, day rehabilitation centres, home medical and home nursing services etc.

ILTC services are typically provided by VWOs and a small number of private operators. Charges vary from operator to operator, and are usually higher if the patient requires more intensive care due to his/her condition. Some institutions also receive Government subsidies that can help patients reduce their out-of-pocket burden. Apart from Government subsidies, VWO operators may also provide additional help via charity funds.

Medisave and MediShield can be used to pay for some of these ILTC services. You may contact the institution directly for more information and further additional financial assistance if needed.

Frequently Asked Questions on Intermediate and Long-Term Care

1.If I need additional financial assistance, what assistance is available for Intermediate and Long-Term Care Services?

Government subsidies are available for some intermediate and long-term care services, depending on the setting.

You can apply for Government subsidy at community hospitals, chronic sick units, hospices and nursing homes if you are a Singapore Citizen or Permanent Resident. The amount of subsidy received will depend on the ability of you and your family to pay as well as your resident status. Please approach a staff member at the institution directly for more assistance on the application process. You may need to provide supporting documents during the application.

Subsidy Levels for Residential Care Services (i.e. Community Hospitals, Hospices, Nursing Homes, Chronic Sick Units and Psychiatric Rehabilitation Homes)

Total Family Income (based on family of 4)	Subsidy Level for Citizens*
≤ \$1,440	75%
\$1,441 - \$2,200	70%
\$2,201 - \$3,000	60%
\$3,001 - \$3,800	50%
\$3,801 - \$4,600	40%
\$4,601 - \$5,200	30%
\$5,201 - \$5,400	20%
\$5,401 - \$5,600	10%
> \$5,600	0%

*Permanent Residents will receive 10%-point less subsidy.

If you are still unable to afford the bill after Government subsidies, Medisave and MediShield (where applicable), you may apply for Medifund at Medifund-accredited institutions.

Subsidy Levels for Non-Residential Care Services (i.e. Day Rehabilitation, Home Medical, Home Nursing, Hospice, Home Medical and Hospice Home Nursing)

Total Family Income (based on family of 4)	Subsidy Level for Citizens*
≤ \$1,440	75%
\$1,441 - \$3,800	50%
\$3,801 - \$5,600	25%
> \$5,600	0%

*Permanent Residents will receive 10%-point less subsidy than Singapore citizens.

Subsidy Levels for ILTC Renal Dialysis centres

Total Family Income (based on family of 4)	Subsidy Level for Citizens*
≤ \$1,440	\$300 per month
\$1,441 - \$3,800	\$200 per month

*Permanent Residents will receive 10%-point less subsidy than Singapore citizens.



Medisave is a national medical savings scheme to help individuals save part of their money for either their personal medical expenses or their immediate family members' hospitalisation bills. Medisave can be used to pay for hospitalisation, day surgery and certain approved outpatient treatment, including renal dialysis and chemotherapy. Everyone who works will have a Medisave account, saving between 6.5% - 9% of his monthly salary into it.

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 them last a lifetime.

Frequently Asked Questions on Medisave

1. As an employee, how much do I have to contribute to my Medisave Account?

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

Age	Contribution Rate
Below 35	6.5%
Between 35 to 44	7.5%
Between 45 and 60	8.5%
60 and above	9.0%

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

Yes. 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 (www.cpf.gov.sg).

3. 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, outpatient clinics, and medical institutions.

4. What steps should I take before hospitalisation?

The medical staff at the hospital will first assess your medical needs before admission. If your condition permits, you are strongly advised to attend a financial counselling session with the hospital staff. They will estimate your hospital bill size, check your Medisave balance, and 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.

5. 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.

6. What hospital charges does 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

7. How much of my Medisave can I use to cover my inpatient and/or day surgery medical 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 as given below).

- **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 as given below).

- **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 operation	Medisave withdrawal per procedure
1A/1B/1C	\$250 / \$350 / \$450
2A/2B/2C	\$600 / \$750 / \$950
3A/3B/3C	\$1,250 / \$1,550 / \$1,850
4A/4B/4C	\$2,150 / \$2,600 / \$2,850
5A/5B/5C	\$3,150 / \$3,550 / \$3,950
6A/6B/6C	\$4,650 / \$5,150 / \$5,650
7A/7B/7C	\$6,200 / \$6,900 / \$7,550

8. How much of my Medisave can I use to cover my intermediate and long-term care (ILTC) medical bills?

Medisave covers the following:

- **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**

For admissions before 1 June 2010, 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.

For admissions on or after 1 June 2010, up to \$250 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 \$5,000 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.

- **Treatment at Day Rehabilitation Centres**

For visits before 1 June 2010, up to \$20 per day for day rehabilitation treatment, subject to a maximum of \$1,500 a year.

For visits on or after 1 June 2010, up to \$25 per day for day rehabilitation treatment, subject to a maximum of \$1,500 a year.

9. What type of outpatient charges does Medisave cover?

Medisave can only be used for selected outpatient treatments, as listed below:

- Hepatitis B vaccination and pneumococcal vaccinations for children under 5 years of age
- Assisted conception procedures
- Renal dialysis treatment
- Radiotherapy
- Chemotherapy
- HIV anti-retroviral drugs registered in Singapore

- 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), stroke, asthma, Chronic Obstructive Pulmonary Disease (COPD), schizophrenia and major depression (refer to Questions 18 and 19 in this section)
- MRI, CT scans and diagnostics which form part of the treatment for cancer

More details on the withdrawal limits may be found on MOH's website (www.moh.gov.sg)

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, provided 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 under the Medisave Maternity Package, which allows withdrawal of 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, depending on the delivery procedure and the number of days of hospitalisation.

Alternatively, you may choose to use your Medisave to help pay for your delivery expenses and daily hospital charges only. This does not cover pre-delivery medical expenses. As an illustration, the table below compares the withdrawal limits for the 2 options:

No. of days of Hospitalisation	Medisave Withdrawal Limits under the Medisave Maternity Package (including pre-delivery expenses)	Medisave Withdrawal Limits for Delivery Procedure only (Non-Medisave Maternity Package)
Vaginal Delivery (Normal)		
3	Up to \$2,550 Which comprises of: - \$1,350 (\$450 x 3 days) for daily hospital charges; and - \$1,200 for Medisave Maternity Package	Up to \$2,100 Which comprises of: - \$1,350 (\$450 x 3 days) for daily hospital charges; and - \$750 for Delivery Procedure
Caesarean Delivery (Normal)		
4	Up to \$4,400 Which comprises of: - \$1,800 (\$450 x 4 days) for daily hospital charges; and - \$2,600 for Medisave Maternity Package	Up to \$3,950 Which comprises of: - \$1,800 (\$450 x 4 days) for daily hospital charges; and - \$2,150 for Delivery Procedure

To make a withdrawal from Medisave for pre-delivery medical expenses under the Medisave Maternity Package, you will have to present the receipts to the hospital where your newborn is delivered. The hospital will submit these receipts, 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
- Tests done on the patient before the diagnosis is confirmed for a Medisave-claimable treatment, i.e. health screening tests
- Cosmetic surgery and minor surgical procedures
- Medical reports

- Purchase or rental of equipment, devices and appliances such as wheelchairs
- Other services such as ambulance fees, telephone calls, laundry etc
- Respite care
- Outpatient treatment at Accident & Emergency departments
- Experimental treatments or alternative treatments e.g. traditional remedies

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 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 may need to pay cash for part of the bill which is above the withdrawal limit.

14. When will my Medisave account be deducted?

Upon your 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.

15. 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. Besides Medisave, your hospital bills may also be covered by employer medical benefits, or hospitalisation insurance such as MediShield or an integrated Shield plan. You may also qualify for financial assistance from Medifund.

16. 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 (if any) from your employer or insurer, or present your Hospitalisation Identity Card (if any). At the point of admission, you will still be required to sign the Medisave Authorisation Form. Depending on the arrangement between your employer, insurer and the hospital, your Medisave will be deducted either fully or partially at the point of billing.

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

If you had paid your hospital expenses using cash and Medisave first, your employer or insurer should pay you back for the share that was paid in cash first. After this, if there is still any remaining balance due from your employer or insurer, they would have to refund it back to your Medisave Account. This amount cannot be given back in cash.

18. 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 to 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 the outpatient treatment of approved conditions such as diabetes, hypertension, lipid disorders (e.g. high blood cholesterol), stroke, asthma, Chronic Obstructive Pulmonary Disease (COPD), schizophrenia and major depression.

For each bill, you will need to pay the first \$30 of the bill (as the deductible) as well as 15% of the balance of the bill in cash. Medisave can be used to pay for the remaining amount, up to the limit of \$300 per Medisave account, per year, regardless of the number of chronic diseases you may have. This is regardless of whether the bill is for a one-off visit or a package.

For example, on a bill of \$100, you will pay \$30, plus \$10.50 (15% of \$70) in cash, and use Medisave to settle the balance of \$59.50, as shown below:

Bill size	Patient Pays in Cash	Medisave Pays
\$100	<ul style="list-style-type: none"> • Deductible = \$30 • 15% of balance = 15% x (\$100 - \$30) = \$10.50 	\$100 - \$30 - \$10.50 = \$59.50
	Total = \$30 + \$10.50 = \$40.50	

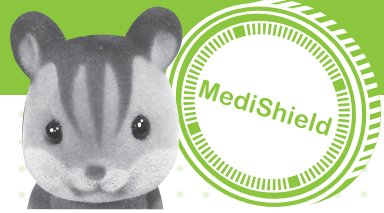
Your doctor (who has to be Medisave-accredited and from one of the participating clinics) will need to certify in the Medisave Authorisation form that you suffer from one of the approved chronic diseases supported by the Programme.

19. 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. Patients may also make use of the Medisave of their immediate family members to pay for the treatment, up to a limit of \$300 per year, per account. Up to 10 accounts can be used at one time.

20. Where can I get more information about Medisave?

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



MediShield is an affordable medical insurance scheme designed to cover large hospitalisation bills resulting from serious or prolonged illnesses at the Class B2/C level.

Frequently Asked Questions on MediShield

1. What is MediShield?

MediShield is an affordable catastrophic medical insurance scheme which helps Medisave account holders and their dependants meet the costs of treatment for serious or prolonged illnesses.

Singaporeans can use Medisave to pay the premiums of MediShield or Medisave-approved Integrated Shield Plans up to a limit of \$800 per insured per year for those below age 80, and up to \$1,150 for those age 80 and above. Medisave account holders can also use their Medisave to pay these premiums for their dependants.

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 after turning 16 years old, unless they choose to opt out. If you are not sure whether you or your dependants are insured under MediShield, you can check with CPF Board or the hospital staff handling your hospital admission.

From 1 December 2007, all newborns are offered MediShield coverage on an opt-out basis. Entry to MediShield will be dependant on the good health of the applicant upon entry.

Early coverage will benefit youths and their parents, helping them to meet medical expenses in the event of major or prolonged illnesses. The annual premium will be automatically deducted from the Medisave account of the father. If there are insufficient funds in the father's account, the premium will be deducted from the mother's Medisave account.

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

MediShield is a catastrophic insurance scheme meant to help patients pay for large hospitalisation bills. The patient will have to first pay the deductible (See the table in Question 4). MediShield will then pay between 80% and 90% of the remaining claimable amount, depending on the size of the bill and up to the claim limits. The patient can use Medisave to pay for the portion of the bill not covered by MediShield.

4. How much can I claim from MediShield?

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:

MediShield Features	
Deductibles*	\$1,000 (Class C) \$1,500 (Class B2)
Co-insurance	10% to 20%
Lifetime	\$200,000
Annual	\$50,000
Daily ward & treatment charges (Normal)	\$450
Daily ward & treatment charges (Intensive Care Unit)	\$900
Daily ward & treatment charges (Community Hospitals)	\$250
Surgical procedures	\$150 - \$1,100
Surgical implants	\$7,000

* The deductibles for those above 80 years are \$2,000 for Class C and \$3,000 for Class B2

MediShield also pays for certain expensive outpatient treatments such as chemotherapy and radiotherapy for cancer treatment, and renal dialysis. MediShield also covers ward charges in a community hospital for patients recuperating after an acute care episode.

5. How do I claim from MediShield?

MediShield only covers for hospitalisation, surgical/day surgery expenses and approved outpatient treatments sought on medical grounds. Overseas expenses cannot be claimed from MediShield.

You can make your MediShield claim through the hospital by informing them that you are insured under MediShield and you wish to make a claim. The hospital will submit your claim to CPF Board. After calculating how much MediShield will pay, CPF Board will pay the hospital directly. The remaining amount may be settled with Medisave and/or cash.

Example of Claim Computation (1)

Ward Class: C

Length of stay: 10 Days (including 8 days in ICU and 10 days in a Community Hospital)

Hospital Procedure Performed: Stomach Operation

	Hospital Bill	Claimable Amount
Daily Ward & Treatment Charges (for 2 days + 8 days ICU + 10 days community hospital stay)	\$6,400	\$6,400 ¹
Surgical Procedure (Table 6)	\$550	\$550 ²
Total	\$6,950	\$6,950
Less Deductible	-	(\$1,000)
Claimable Amount (less deductible)	-	\$5,950
Less Co-insurance	-	(\$795) ³
MediShield pays	-	\$5,155
Medisave and/or Cash	-	\$1,795

¹ Claimable amount for Daily Ward & Treatment Charges= [(2 x \$450) + (8 x \$900) + (10 X \$250)] = \$10,600 or actual claimable amount of \$6,400 whichever is lower.

² Claimable amount for surgical procedure = \$960 or \$550, whichever is lower.

³ Co-insurance = (\$2,000 x 20%) + (\$2,000 x 15%) + (\$950 x 10%) = \$795

6. What does MediShield not cover?

MediShield does not cover the treatment of serious pre-existing illnesses for which the patient had 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.

7. How should I go about claiming from MediShield?

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

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

Yes, you may stay in any class of ward and still make a claim from MediShield. However, as MediShield is meant for Class B2/C wards, your MediShield claim for hospitalisation stay in a higher ward class or private hospital will be calculated based on a percentage of your hospital bill. For the rest of your bill which is not covered by MediShield, you may need to top up with cash and/or Medisave (subject to the prevailing Medisave withdrawal limits). If you are insured under an Integrated Shield Plan, you may wish to check with your insurer on the claim limits for your insurance policy.

Example of MediShield Claim Computation (2)

Ward class: A

Length of stay: 18 Days

Hospital Procedure Performed: Hip Replacement

As the patient stayed in a Class A ward, the claimable amount is based on 35% of his bill.

	Hospital Bill	35% of Hospital Bill	Claimable Amount
Daily Ward & Treatment Charges (for 18 days)	\$7,500	$(\$7,500 \times 35\%) = \$2,625$	\$2,625 ¹
Surgical Procedure (Table 5C)	\$5,000	$(\$5,000 \times 35\%) = \$1,750$	\$840 ²
Surgical Implants	\$4,000	$(\$4,000 \times 35\%) = \$1,400$	\$1,400
Total	\$16,500	\$5,775	\$4,865
Less Deductible	-	-	(\$1,500)
Claimable Amount less deductible	-	-	\$3,365
Less Co-insurance	-	-	(\$580) ³
MediShield pays	-	-	\$2,785
Medisave and/or Cash	-	-	\$13,715

¹ Claimable amount for Daily Ward & Treatment Charges= $(\$450 \times 18 \text{ days}) = \$8,100$ or actual claimable amount of \$2,625, whichever is lower

² Claimable amount for surgical procedure = Table 5 limit of \$840 or actual claimable amount of \$1,750, whichever is lower.

³ Co-insurance = $(\$1,500 \times 20\%) + (\$1,865 \times 15\%) = \$580$

9. MediShield does not suit me as I prefer to stay in Class A/B1 wards or in private hospitals. Are there any other medical plans that I can buy using Medisave?

For those who wish to stay in Class A/B1 wards or private hospitals, they can choose to be insured under a Medisave-approved private Integrated Shield Plan. These plans provide higher benefits and coverage for stays in Class A/B1 in restructured hospitals, or in the private hospitals. Medisave can also be used to pay for the premiums of these Medisave-approved private products, up to a limit of \$800 per insured per year for policyholders below age 80, and \$1,150 per year for policyholders age 80 and above.

Medisave-approved Integrated Shield plans are offered by the following insurers:

- American International Assurance (AIA) Singapore
- Aviva
- Great Eastern Life
- NTUC Income
- Prudential

More updated information and a product comparison of the Shield plans offered can be found on the MOH website (www.moh.gov.sg), under Healthcare Financing > MediShield > Medisave-approved insurance

10. 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 www.cpf.gov.sg.



Needy Singaporeans who cannot afford the cash payment for their medical expenses despite Medisave and MediShield can turn to Medifund. As a financial safety net set up by the Government, Medifund helps subsidised patients who need financial assistance to pay their medical bills.

In 2007, a portion of Medifund was specifically set aside to form Medifund Silver to deliver targeted assistance to needy elderly patients. Any Singaporean 65 years or above can apply for Medifund Silver.

To obtain help from Medifund or Medifund Silver, the patient can approach a Medical Social Worker, who will then assess his financial situation and provide the appropriate help. With Medifund or Medifund Silver, no needy Singaporean will be deprived of healthcare.

Frequently Asked Questions on Medifund and Medifund Silver

1. What is Medifund and Medifund Silver?

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 Medifund-accredited restructured hospitals, institutions and residential ILTC facilities.

A portion of Medifund was set aside as Medifund Silver in 2007 to deliver assistance to needy elderly patients in a more targeted manner. Any Singaporean 65 years or above can apply for Medifund Silver.

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

You can apply for help from Medifund or Medifund Silver in all restructured hospitals and medical institutions, as well as Medifund-accredited residential ILTC facilities.

3. Who qualifies for Medifund or Medifund Silver 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, a subsidised outpatient or a subsidised residential ILTC patient; and be unable to afford the medical bills either by yourself or with the help of your family even after Medisave and/or MediShield.

Medifund Silver assistance is targeted to patients who meet the above criteria and who are aged 65 years or above.

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

To focus assistance to those who need it the most, Medifund and Medifund Silver will only help Singaporean patients in subsidised Class B2/C wards.

5. How do I apply for Medifund or Medifund Silver assistance?

You can inform the hospital staff (e.g. doctors, nurses or medical social workers) of your need for Medifund or Medifund Silver assistance. You will need to fill in an application form obtainable from the Medical Social Services/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.

6. Who decides on the amount of help from Medifund or Medifund Silver?

Every approved hospital and medical institution has its own Medifund Committee to consider and approve applications, and decide on the amount of help according to the recommended guidelines. This Medifund Committee comprises largely of 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.

7. How much help can a patient obtain from Medifund or Medifund Silver?

The amount of help from Medifund or Medifund Silver depends on your financial circumstances and the charges incurred. The Medifund Committee will also 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.

8. Will Medifund and Medifund Silver 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 and Medifund Silver would 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 and Medifund Silver will also give more support to elderly Singaporeans who did not have enough years to accumulate Medisave before they retired.

9. Where can I get more information on Medifund and Medifund Silver?

Members of the public can call the MOH hotline 1800-225-4122 or the respective Medifund-accredited institutions for clarification.



The Medication Assistance Fund (MAF) is a new scheme starting in 2010 which will assist patients with the costs of expensive medication, above the current subsidy policy. Patients who face difficulties affording their bill after MediShield and Medisave (if applicable) may approach a medical social worker in the restructured hospitals and institutions for MAF assistance.

Frequently Asked Questions on Medication Assistance Fund

1. What is the Medication Assistance Fund?

The Medication Assistance Fund (MAF) is a financial assistance scheme which helps patients who face difficulty affording the costs of selected high-cost medications.

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

You can apply for help from the MAF at any restructured hospitals and medical institutions, as well as at the polyclinics.

3. Who qualifies for MAF help?

To qualify for assistance, you must be a Singaporean citizen, who have been prescribed an approved medication for an approved medical indication, who have received treatment as a subsidised patient; and face difficulty affording the costs of the medication even after Medisave and/or MediShield (if applicable).

4. How do I apply for financial assistance?

You can inform the hospital staff (e.g. doctors, nurses or medical social workers) of your need for financial assistance. You will need to fill in an application form obtainable from the Medical Social Services/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.

5. How much help can a patient obtain from the MAF?

The MAF will assist with up to half of the costs of the approved drugs. The precise amount of help provided will depend on your financial circumstances and the charges incurred.

Patients who still face difficulty affording their medical bills after MAF assistance may be further assisted with Medifund or Medifund Silver, depending on the circumstances of their case.

6. Where can I get more information on the MAF?

MOH will provide more details on the MAF on our website (www.moh.gov.sg) nearer to the start date of the scheme. Members of the public can also call the MOH hotline 1800-225-4122 or the respective restructured hospitals for clarification.



ElderShield is an affordable severe disability insurance scheme which provides basic financial protection to those who need long-term care, especially during old age. It provides a monthly cash payout to help pay the out-of-pocket expenses for the care of a severely-disabled person.

The Ministry of Health has appointed three private insurers to run ElderShield: Aviva, Great Eastern, and NTUC Income.

For those who can afford it, ElderShield supplements from the three insurers are also available. These provide additional coverage over and above the basic ElderShield product.

Frequently Asked Questions on ElderShield

1. What is ElderShield?

ElderShield is an affordable severe disability insurance scheme which provides basic financial protection to those who need long-term care, especially during old age. It is estimated that as many as one in 12 elderly persons suffer from disabilities as a result of ageing and illness which render them incapable of doing simple daily activities.

ElderShield provides a monthly cash payout of \$300 for a maximum of 60 months under ElderShield300 or \$400 for a maximum of 72 months under ElderShield400 to help pay the out-of-pocket expenses for the care of the severely disabled person. ElderShield400 came about after the ElderShield reform in 2007.

2. Who is eligible to join ElderShield?

CPF Members (Singapore Citizens and Permanent Residents) who reach the age of 40 will be automatically covered under ElderShield. As it is an auto-cover scheme, when you reach age 40, you do not have to sign up to join ElderShield, or go for medical assessment.

Singapore Citizens and Permanent Residents who are below age 65, and who are not in the auto-coverage group, can apply for ElderShield coverage, subject to medical assessment.

3. Why should I join ElderShield early?

If you join ElderShield early, the premiums payable are more affordable. ElderShield premiums are determined at the age of entry and not your attained age.

4. What does "severely disabled" mean?

For ElderShield purposes, "severely disabled" means unable to do at least 3 of these 6 activities of daily living:

Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.

Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.

Feeding: The ability to feed oneself food after it has been prepared and made available.

Toileting: The ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.

Mobility: The ability to move indoors from room to room on level surfaces.

Transferring: The ability to move from a bed to an upright chair or wheelchair, and vice versa.

5. How can I pay the premiums for ElderShield?

Premiums are payable annually until you reach the age of 65. You can use your Medisave to pay for your ElderShield premiums. If you do not have enough Medisave savings, you may also use the Medisave Accounts of your spouse, parents, children or grandchildren. You may also pay by cash.

6. Do I have to continue paying my premiums if I become severely disabled?

If you become severely disabled, your ElderShield payouts will start and your subsequent premiums will be waived.

If you recover from your severe disability, the insurance payouts will stop, and you will have to continue paying the premiums until the end of the payment term to be entitled to the remaining payouts.

If you have received the maximum payouts of 60 or 72 months according to the plan you are on (ElderShield300 or ElderShield400 respectively), your policy will discontinue. No further premium payment is necessary.

7. Can I choose my ElderShield insurer?

There are 3 ElderShield insurers: Aviva Ltd, Great Eastern Life Assurance Co Ltd and NTUC Income Insurance Cooperative Ltd. All 3 insurers offer the same premiums and payouts under ElderShield. If you are a Singaporean or Permanent Resident aged 40 and above, you will be assigned to any one of the 3 insurers. If you wish to switch to any of the other insurers, you can do so within the 90-day offer period with no penalty.

If you change insurers after the 90-day period, you will lose the premiums already paid and will be regarded as a new application by the second insurer. You may then need to undergo medical assessment in order to be accepted by the second insurer.

8. How do I make a claim?

You will need to fill up the claim form and have your condition assessed by an appointed assessor. The assessor will complete the assessment form and return it to your insurer for processing. You will receive your insurance payouts either by cheque or credited into your bank account 90 days after you have been certified to be severely disabled.

The claim form and list of appointed assessors can be downloaded from the insurer's website. You can also contact your insurer's Customer Service Centre for details and advice.

9. Do I have to bear the cost of assessment?

If your claim is successful, your insurer will reimburse the assessment fee in full to you. If your claim is unsuccessful, you will have to pay for the cost of the assessment.

It costs \$25 for each assessment if you visit an appointed assessor. For those who prefer to have the assessment done at their homes, they can arrange for any of the appointed assessors to go to their homes to do the assessment – for such cases, there will be an additional fee of \$75 for the house call.

(Note: The fees quoted are subject to periodic revision.)

10. Can I see my own doctor or specialist to be assessed?

Yes, you can see your own doctor or specialist for assessment if he or she is in the panel appointed by the insurers. The purpose of having an appointed panel of doctors to conduct the assessments is to minimise inappropriate claims and to ensure consistency in the claims assessment. You are encouraged to bring along your medical records (if any) for your severe disability assessment.

11. What can I do if I disagree with the claims assessment of the insurer?

If you disagree with the assessment of the assessor, you can request to be assessed by a specialist. However, you will need to bear the costs of the assessment fees (\$75 for assessment done at the specialist's clinic or \$150 for house visit). If you are assessed by the specialist to be eligible for claims, your assessment fee will be reimbursed in full by your Insurer.

If the specialist assesses that you are not eligible for claims and you still disagree with the assessment, you could submit an appeal to the ElderShield Arbitration Panel set up by the Ministry of Health. The ElderShield Arbitration Panel may appoint a geriatrician or any other qualified medical practitioner to do a reassessment. The decision of the Arbitration Panel shall be final and binding on both you and your Insurer. Costs incurred for this assessment shall be borne by your insurer if the ElderShield Arbitration Panel decides that you qualify. Otherwise, the assessment fee shall be borne by you if the ElderShield Arbitration Panel decides that you do not qualify.

You can also contact your insurer's Customer Service Centre for details and advice.

(Note: The fees quoted are subject to future revisions.)

12. What are ElderShield Supplements?

ElderShield Supplements provide optional coverage, on top of the ElderShield product, at additional premiums. Premiums for ElderShield Supplements are payable from Medisave, subject to a limit of \$600 per year per person insured.

These plans are not compulsory and policyholders can choose to purchase ElderShield Supplements from any of the approved ElderShield insurers.

To ensure that Singaporeans have at least a basic severe disability plan, a policyholder purchasing an ElderShield Supplement must first be covered under an ElderShield policy.

13. Which insurers offer ElderShield Supplements?

The 3 ElderShield insurers also offer ElderShield Supplements: Aviva, Great Eastern, and NTUC Income.

14. How can I pay the premiums for an ElderShield Supplement?

You can use your Medisave to pay for the premiums of your ElderShield Supplement, up to a limit of \$600 per year per insured person. If you do not have enough Medisave savings, you may also use the Medisave Accounts of your spouse, parents, children or grandchildren. You may also pay by cash.

15. Why is there a limit on the amount of Medisave that can be withdrawn to pay for the premiums of an ElderShield Supplement?

The Medisave withdrawal limit for ElderShield Supplement premiums is to prevent a premature depletion of Medisave funds so that Singaporeans will have enough Medisave to pay for medical expenses during old age.

16. If I have both an ElderShield policy and an ElderShield Supplement policy, does it mean that I can claim from both policies if I become severely disabled?

ElderShield and ElderShield Supplement policies are structured as standalone plans. So long as you fulfil the respective claims eligibility criteria, you can claim under both policies.

17. Where can I get more information on ElderShield?

For further details, you can contact your respective ElderShield insurer:

- Aviva (Hotline no: 6827 7788)
- Great Eastern (Hotline no: 1800- 248 2888)
- NTUC Income (Hotline no: 6332-1133)



Interim Disability Assistance Programme for the Elderly (IDAPE)

IDAPE is a government assistance scheme providing financial help to needy and disabled elderly Singaporeans, who were not eligible for ElderShield during its launch in 2002 because of their age or pre-existing disabilities. IDAPE is administered by NTUC Income.

Should you qualify, IDAPE will provide you \$100 or \$150 a month, for a maximum period of 72 months.

To make a claim under IDAPE, you must meet all of the following criteria:

- You are unable to perform 3 or more of the 6 Activities of Daily Living (i.e. washing, feeding, dressing, toileting, mobility and transferring); and
- You are aged 70 and above as at 30 September 2002. If you are aged 40 to 69 years as at 30 September 2002, your disability must occur before 30 September 2002; and
- Your per capita monthly household income is less than \$1,000.

The following table outlines the benefit payout:

Per Capita Monthly Household Income *	Monthly Payout
\$700 and below	\$150
\$701 - \$1,000	\$100

* Per capita monthly household income means the total monthly household income divided by the total number of persons in the household.

For more information, please refer to the Ministry of Health's website at www.moh.gov.sg, and NTUC Income's website at www.income.com.sg.

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