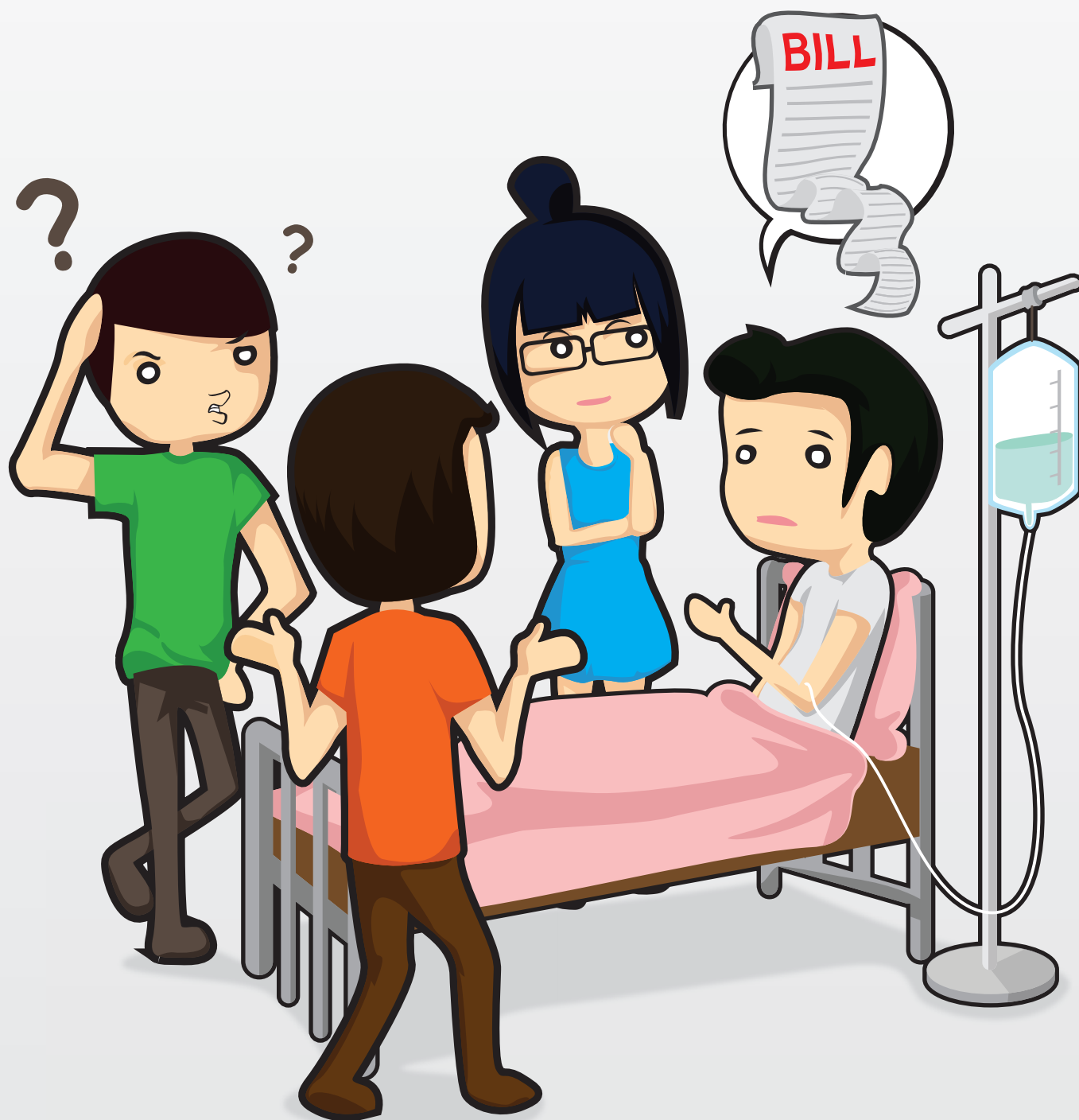




MINISTRY OF HEALTH
SINGAPORE

10 TOP COMMON MYTHS of Singapore Health Care

Navigating our healthcare system



Health care affordability is a shared concern among many Singaporeans.

Our healthcare system, premised on the principle of co-payment, encourages individuals to take ownership of his/her own health care costs. However, everyone can access affordable healthcare with the many support schemes and subsidies available.

Here are some of them:

Means-tested Subsidies

help Singaporeans with lower income pay for medical bills. More subsidies are given to those with lesser ability to pay.

Medisave helps you save up a part of your salary every month for future medical expenses so that you will not need to fork out a large amount of cash for hospitalisation episodes.

MediShield covers you against catastrophic illnesses and corresponding exceptional high bills. Together with Medisave, it reduces the bills to make healthcare more affordable.

Medifund is the financial safety net that all Singapore citizens, who cannot pay the subsidised medical bills due to extenuating circumstances, can fall back on.

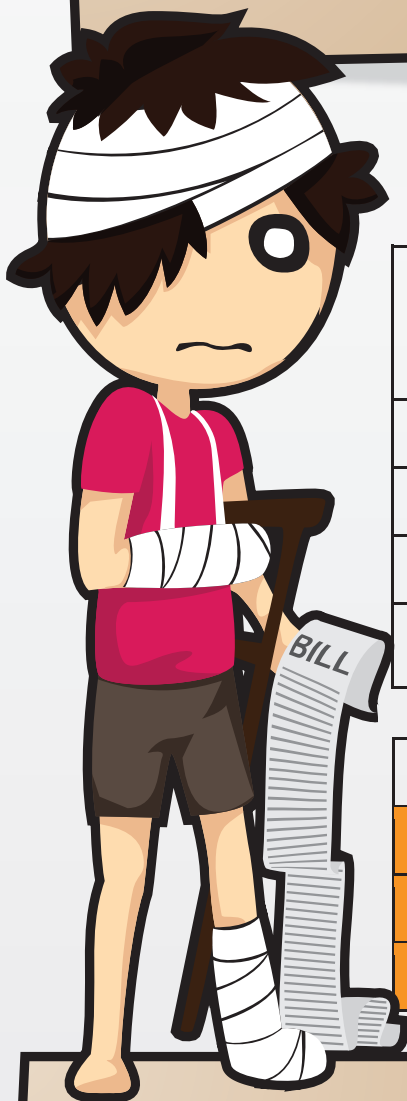


In this brochure, we will guide you through the 10 myths about healthcare affordability to better help you navigate our health care system.

Myth #1

I am afraid of being hospitalised because hospital bills are unaffordable.

All Singaporeans receive heavy subsidies of up to 80% at Class B2/C wards at government-funded hospitals. By the age of 56 - 60, the average Singaporean will have more than sufficient funds in his/her Medisave account to cover the average Class B2/C bill (which is \$1,768 in 2010) after subsidies. MediShield helps co-pay most of the remaining bill. You can also tap on your immediate family's Medisave to reduce out-of-pocket payments.



Example of how MediShield and Medisave help with a large bill (85th Percentile)

Background: 70 year old Female Patient
Condition: Hip Fracture
Length of Stay: 8 Days in Class C Ward

Ward & Treatment Charges	\$4,080
Surgical Procedure	\$3,800
Implant	\$1,920
Total Bill Before Govt Subsidy	\$9,800

Total Bill After Govt Subsidy	\$2,820
MediShield Pays	\$1,456
Medisave Pays	\$1,364
Cash Needed	\$0

No one will be denied the care they need at government-funded hospitals due to inability to pay. If affordability is an issue, you could consider choosing the less expensive (Class C) wards, where you can receive up to 80% subsidy, or going for less expensive but similarly effective treatments.

You can also seek information from the hospital's Medical Social Worker (MSW) about available financial assistance plans, such as Medifund, which is available in all government hospitals and specialty centres.

Myth #2



I don't need ElderShield because I already have **MediShield**.

MediShield and ElderShield are two different schemes serving different needs. MediShield helps you meet the large costs of hospitalisation (at Class B2 or C wards) or surgeries while ElderShield covers your long-term care expenses due to severe age-related disabilities.

Myth #3

Because of means-testing in hospitals, I can no longer be admitted into Class B2/C wards.

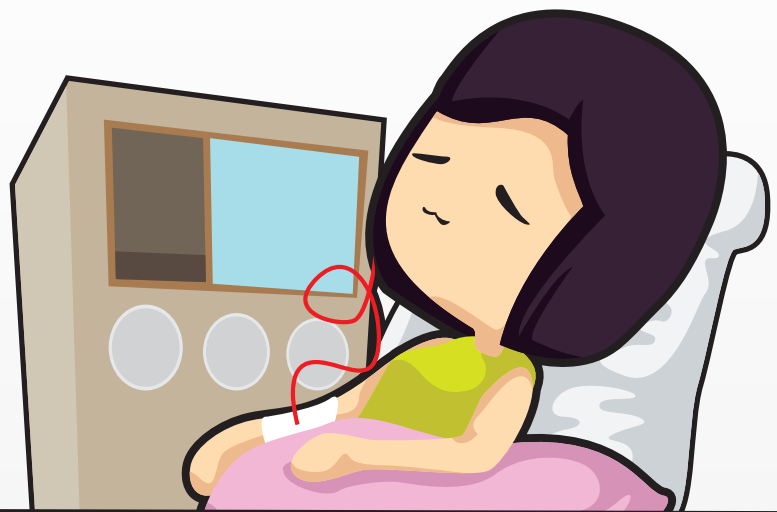
Anyone can choose to stay in Class B2/C wards. Means-testing helps hospitals gauge your ability to pay, so that more resources are channelled to those in greater need. If you choose not to be means-tested, you will still receive the minimum subsidy level, which is 50% for Class B2 and 65% for Class C.

Myth #4

My agent tells me that my coverage will not be affected if I switch between **Integrated Shield plans (IPs)** offered by different insurance companies.



If you are thinking about changing your Integrated Shield Plan, please note that your application will be underwritten and acceptance by the insurer depends on your health status. Any health conditions developed while insured with your current insurer may not be covered by the new insurer. You may lose your IP coverage for any treatment related to these pre-existing health conditions. However, your MediShield coverage will not be affected.



Myth #5

I am a renal dialysis patient who needs regular dialysis treatments. I have stopped working and I cannot afford my dialysis treatments.

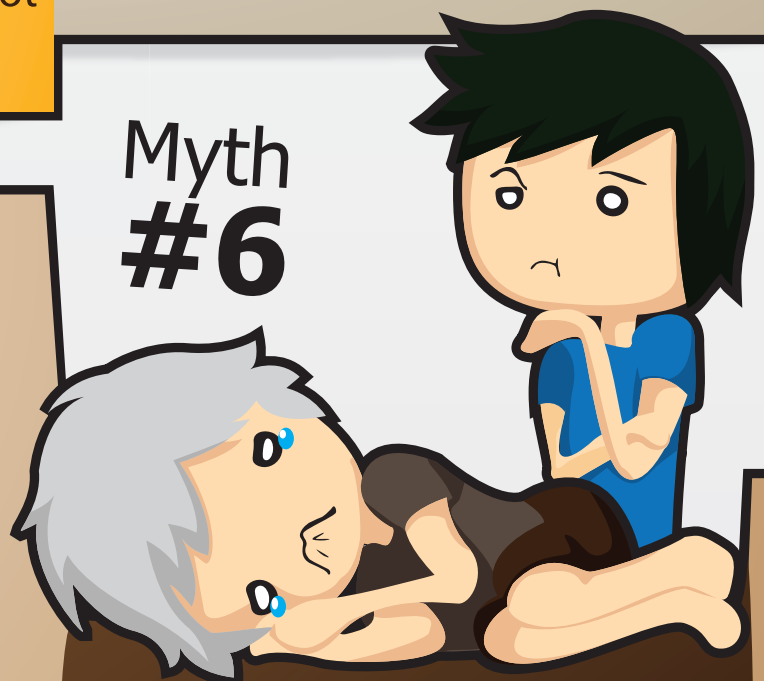
Government subsidies are available for needy renal dialysis patients with National Kidney Foundation or the Kidney Dialysis Foundation. Additional charity assistance may also be available for needy patients. You can also use MediShield and Medisave to help cover the costs of dialysis. Seek assistance from the Medical Social Workers at the hospitals or at either dialysis providers for more information.

to help cover the costs of dialysis. Seek assistance from the Medical Social Workers at the hospitals or at either dialysis providers for more information.

Government subsidies are available for needy families whose members need nursing care. You can apply for means-tested subsidies of up to 75% for home or institutionalised care at private or VWO nursing homes. Some nursing homes may also provide additional charity assistance for needy patients.

Do approach the Agency for Integrated Care (AIC) or the patient's nursing home for more information on financial assistance.

Myth #6



I have an elderly bed-ridden mother who needs nursing care. There is no financial assistance available for her care.

Myth #7

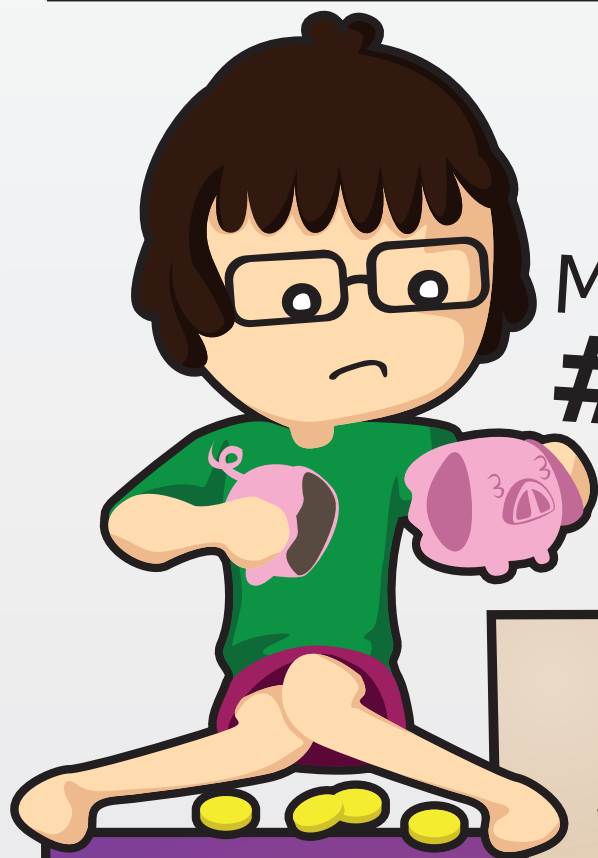
MediShield and Medisave are sufficient to cover the majority of Class B2/C hospitalisations. In 2010, seven out of 10 patients with MediShield and/or

Medisave did not need to pay any out-of-pocket cash for their inpatient hospitalisation. Different ward classes have different facilities, charges and level of subsidy, but the quality of medical care remains the same in all wards.

I'm forced to buy an expensive private insurance plan because **MediShield & Medisave** are not enough to pay my hospital bills.

Table: Bill sizes in different ward classes in restructured hospitals

Ward Class	Subsidy Level	Median	Average
A [Single-bed, air-con, TV]	0%	S\$2,966	S\$5,076
B1 [4 beds, air-con, TV]	20%	S\$2,266	S\$4,282
B2 [6 beds, self ventilated, no TV]	50-65%	S\$1,033	S\$1,817
C [8-10 beds, self ventilated, no TV]	65-80%	S\$865	S\$1,729



Myth #8

Medisave-approved Integrated Shield Plans (IP) by private insurers provide additional coverage on top of that provided by MediShield but cost more, and are suitable for people who wish to stay in private hospitals or Class A/B1 wards. Do approach a financial advisor to find out about the private IPs.

I do not have much money in my **Medisave** to pay for my treatment in the hospital or clinic.

If you have insufficient funds in your Medisave, you can use the Medisave of your spouse, child and parent to pay for your treatment. No one will be denied or receive delayed treatment due to an inability to pay at any government-funded healthcare institution.

Do approach a Medical Social Worker or any hospital staff for financial assistance if you are unable to afford healthcare bills for you or your family members.

Myth #9

Medisave & MediShield only cover hospitalisations. There is no help available for my ongoing outpatient care for my chronic illness.

Medisave and MediShield can be used for some expensive outpatient treatments such as renal dialysis and chemotherapy and radiotherapy for cancer treatment.

Medisave can also be used at participating specialist clinics, GPs and Polyclinics for the treatment of 10 common chronic diseases, with a limit of \$400 per year from January 2012. The diseases are: diabetes, high blood pressure, high cholesterol, stroke, asthma, COPD, schizophrenia, major depression, dementia and bipolar disorder.

The polyclinics also provide very affordable and subsidised primary care for Singaporeans. At the same time, participating private GP clinics under the Primary Care Partnership Scheme (PCPS) provide subsidies for middle to lower income Singaporeans.

Approach the Medical Social Worker (MSW) at polyclinics or specialist outpatient clinics for more information on other financial schemes available if you require additional assistance.



Myth #10

As I'm still young and healthy and have employer benefits, there is no need for me to buy health insurance.

Health conditions can develop when you least expect it. You may be denied coverage if you develop some health problems before purchasing insurance. It is advisable to insure yourself early before that happens.

MediShield and IP premiums are age-based, i.e. they are much more affordable at the younger ages, and you can use your own or your family members' Medisave accounts to pay for your insurance premiums. Unlike MediShield and IPs, employer health benefits will end when you retire or change employers, and may leave you with no coverage.

As your situation and needs are different from another, you may wish to approach a financial adviser for customised advice on plans that are suitable for you.



MINISTRY OF HEALTH
SINGAPORE

10 TOP COMMON MYTHS
of Singapore Health Care

FOR MORE
INFORMATION



On Medisave, MediShield and the Primary Care Partnership Scheme, visit the Ministry of Health website at <http://www.moh.gov.sg>

On Medisave, MediShield and Medisave-approved Integrated Shield Plans, visit the Central Provident Fund Board website at <http://www.cpf.gov.sg>

On financial assistance with Intermediate and Long-Term Care services, visit the Agency for Integrated Care (AIC) website at <http://www.aic.sg>

On using Medisave for chronic diseases, visit the Health Promotion Board website at <http://www.hpb.gov.sg>