

Coverage for Enhanced IncomeShield

Benefits	Enhanced IncomeShield (Includes MediShield Life (MSHL) payout)		
	Preferred	Advantage	Basic
Ward entitlement	Standard room in a private hospital or private medical institution	Restructured hospital for ward class A and below	Restructured hospital for ward class B1 and below
Inpatient hospital treatment	Limits of compensation		
Daily ward and treatment charges (each day) ^a - Normal ward - Intensive care unit ward	As charged		
Surgical benefits (including day surgery) ^b (each procedure) Surgical limits table - limits for various categories of surgery, as classified by the Ministry of Health (MOH) in its latest surgical operation fees tables: Table 1 (less complex procedures) Table 2 Table 3 Table 4 Table 5 Table 6 Table 7 (more complex procedures)			
Organ transplant benefit (including stem-cell transplant)			
Surgical implants ^c			
Radiosurgery			
Accident inpatient dental treatment			
Pre-hospitalisation treatment ^{d,e}			

Benefits	Preferred	Advantage	Basic
Inpatient hospital treatment	Limits of compensation		
Post-hospitalisation treatment ^{d,e}	As charged Not provided by our panel ^f : up to 100 days after discharge Provided by our panel ^f : up to 365 days after discharge ^e		As charged Up to 100 days after discharge
Community hospital (Rehabilitative) ^{a,g}	As charged (up to 90 days for each admission)		
Community hospital (Sub-acute) ^{a,g}			
Inpatient palliative care service (General)	As charged		
Inpatient palliative care service (Specialised)			
Outpatient hospital treatment^h	Limits of compensation		
Radiotherapy for cancer - External (except Hemi-body) - Brachytherapy - Hemi-body - Stereotactic	As charged		
Kidney dialysis			
Erythropoietin for chronic kidney failure			
Immunosuppressants for organ transplant			
Long-term parenteral nutrition			
Insured receiving treatment for one primary cancer			
Cancer drug treatment (each month) ⁱ	5x MSHL Limit for one primary cancer		
Cancer drug services (each policy year) ⁱ			
Insured receiving treatment for multiple primary cancers			
Cancer drug treatment (each month) ⁱ	The total of the highest limits among the covered cancer drug treatments received for each primary cancer		
Cancer drug services (each policy year) ⁱ	5x MSHL limit for multiple primary cancers		

Benefits	Preferred	Advantage	Basic
Special benefits	Limits on special benefits		
Breast Reconstruction after Mastectomy ^k	As charged		
Congenital abnormalities benefit	As charged (with 12 months' waiting period)		
Pregnancy and delivery-related complications benefit ^l	As charged (with 10 months' waiting period)		
Living organ donor (insured) transplant benefit – insured as the living donor donating an organ	As charged, up to \$60,000 (each transplant with 24 months' waiting period for the person receiving the organ)	As charged, up to \$40,000 (each transplant with 24 months' waiting period for the person receiving the organ)	As charged, up to \$20,000 (each transplant with 24 months' waiting period for the person receiving the organ)
Living organ donor (non-insured) transplant benefit (each transplant) – insured as the recipient of organ	As charged, up to \$60,000	Covered up to MSHL benefits only	
Cell, tissue and gene therapy benefit (each policy year) ^m	As charged, up to \$250,000		As charged, up to \$150,000
Proton beam therapy (each policy year) ⁿ	As charged, up to \$100,000		As charged, up to \$70,000
Continuation of autologous bone marrow transplant treatment for multiple myeloma (each policy year)	As charged, up to \$25,000		As charged, up to \$10,000
Inpatient psychiatric treatment benefit (each policy year)	As charged, up to \$20,000	As charged, up to \$10,000	As charged, up to \$7,000
Prosthesis benefit (each policy year)	As charged, up to \$10,000	As charged, up to \$6,000	
Emergency overseas treatment	As charged but limited to costs of Singapore private hospitals	As charged but limited to costs of ward class A in Singapore restructured hospitals	As charged but limited to costs of ward class B1 in Singapore restructured hospitals
Waiver of pro-ration factor for outpatient kidney dialysis	Does not apply	Waive pro-ration factor for applicable treatment provided by our preferred partner ^f	
Final expenses benefit (waiver of co-insurance and deductible) ^o	\$5,000		\$3,000

Benefits	Preferred	Advantage	Basic
Pro-ration factor^P	SG/PR/FR^Q		
Inpatient			
<ul style="list-style-type: none"> - Restructured hospital <ul style="list-style-type: none"> - Ward class C, B2 or B2+ - Ward class B1 - Ward class A - Private hospital or private medical institution or emergency overseas treatment - Community hospital <ul style="list-style-type: none"> - Ward class C, B2 or B2+ - Ward class B1 - Ward class A 	Does not apply	Does not apply Does not apply Does not apply	Does not apply Does not apply 85%
	Does not apply	65%	50%
		Does not apply Does not apply Does not apply	Does not apply Does not apply 85%
Day surgery			
<ul style="list-style-type: none"> - Restructured hospital subsidised - Restructured hospital non-subsidised - Private hospital or private medical institution or emergency overseas treatment 	Does not apply	Does not apply Does not apply	Does not apply Does not apply
	Does not apply	65%	50%
Short-stay ward			
<ul style="list-style-type: none"> - Restructured hospital subsidised - Restructured hospital non-subsidised 	Does not apply	Does not apply	Does not apply
Outpatient hospital treatment			
<ul style="list-style-type: none"> - Restructured hospital subsidised - Restructured hospital non-subsidised - Private hospital or private medical institution 	Does not apply	Does not apply Does not apply	Does not apply Does not apply
	Does not apply	65%	50%

SG: Singapore Citizen | PR: Singapore Permanent Resident | FR: Foreigner

Benefits	Preferred	Advantage	Basic
Deductible for each policy year for an insured aged 80 years or below at next birthday^r			
Inpatient			
- Restructured hospital			
- Ward class C	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500
- Ward class A	\$3,500	\$3,500	\$2,500
- Private hospital or private medical institution or emergency overseas treatment	\$3,500	\$3,500	\$2,500
- Community hospital			
- Ward class C	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500
- Ward class A	\$3,500	\$3,500	\$2,500
Day surgery or short-stay ward			
- Subsidised	\$2,000	\$2,000	\$2,000
- Non-subsidised	\$3,500	\$3,500	\$2,500
Deductible for each policy year for an insured aged over 80 years at next birthday^r			
Inpatient			
- Restructured hospital			
- Ward class C	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750
- Ward class A	\$5,250	\$5,250	\$3,750
- Private hospital or private medical institution or emergency overseas treatment	\$5,250	\$5,250	\$3,750
- Community hospital			
- Ward class C	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750
- Ward class A	\$5,250	\$5,250	\$3,750
Day surgery or short-stay ward			
- Subsidised	\$3,000	\$3,000	\$3,000
- Non-subsidised	\$5,250	\$5,250	\$3,750
Co-insurance	10%		
Limit in each policy year	\$1,500,000	\$500,000	\$250,000
Limit in each lifetime	Unlimited		
Last entry age (age next birthday)	75		
Maximum coverage age	Lifetime		

Coverage for Deluxe Care Rider and Classic Care Rider

Benefits	Deluxe Care Rider			Classic Care Rider			
	Panel ^f	Extended Panel ^e	Non-panel	Panel ^f	Extended Panel ^e	Non-panel	
Cover deductible and co-insurance	Yes Up to benefit limits						
Co-payment	5% co-payment of the benefits due under your policy ^t			10% co-payment of the benefits due under your policy ^t			
Co-payment limit (each policy year)	Up to \$3,000 limit		No limit	Up to \$3,000 limit		No limit	
Extended panel^e and non-panel payment (each policy year)	Not applicable	Up to \$2,000 limit		Not applicable	Up to \$2,000 limit		
Additional Cancer Drug Treatment Benefit for outpatient treatments	Treatmentⁱ on CDL (each month)	<p>One Primary Cancer: Enhanced Preferred: 18x MSHL Limit Enhanced Advantage: 18x MSHL Limit Enhanced Basic: 10x MSHL Limit</p> <p>Multiple Primary Cancers: The total of the highest limits among the covered cancer drug treatments received for each primary cancer</p>					
	Non-CDL treatment^u (each month)	<p>One Primary Cancer: Enhanced Preferred: \$15,000 Enhanced Advantage: \$7,000 Enhanced Basic: \$6,000</p> <p>Multiple Primary Cancers: Enhanced Preferred: \$15,000 x number of primary cancers Enhanced Advantage: \$7,000 x number of primary cancers Enhanced Basic: \$6,000 x number of primary cancers</p>					
	Treatment on CDL co-payment	5% co-payment of the benefits due under your rider			10% co-payment of the benefits due under your rider		
		Up to \$3,000 limit (each policy year)		No limit	Up to \$3,000 limit (each policy year)		No limit
	Non-CDL treatment co-payment	10% co-payment of the benefits due under your rider			20% co-payment of the benefits due under your rider		
No limit							
Extra Bed Benefit	Receive up to \$80 each day (up to a maximum of 10 days for each hospital stay) for the cost of an extra bed for you to sleep over if your insured child ^v gets warded						

Non-panel: Registered medical practitioners, specialists, hospitals or medical institutions that are not our panel^f or extended panel^e.

IMPORTANT NOTES

- a. Includes meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, and laboratory tests. Daily ward and treatment charges include being admitted to a high-dependency ward or a short-stay ward.
- b. Please refer to go.gov.sg/mshlbenefits for the updated list of MediShield Life (MSHL) benefits for surgical treatments.
- c. Includes charges for the following approved medical items:
 - Intravascular electrodes used for electrophysiological procedures
 - Percutaneous transluminal coronary angioplasty (PTCA) balloons
 - Intra-aortic balloons (or balloon catheters)
- d. Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after inpatient psychiatric treatment, accident inpatient dental treatment or emergency overseas treatment. We do not cover pre-hospitalisation and post-hospitalisation treatment if, under the policy, we do not pay for the inpatient hospital treatment received during the stay in the hospital. Post-hospitalisation treatment, such as medication bought during a period of post-hospitalisation treatment but not used during that period, is not covered.
Please refer to the policy conditions for further details.
- e. If the inpatient hospital treatment is provided by our panel and paid for under the Enhanced IncomeShield Preferred plan, we will cover the cost of medical treatment the insured received in the policy year for up to 180 days before the date they went into the hospital and up to 365 days after the date they left the hospital.
Please refer to the policy conditions for further details.
- f. Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.
- g. To claim for staying in a community hospital,
 - the insured must have first had inpatient hospital treatment in a restructured hospital or private hospital or been referred from the emergency department of a restructured hospital;
 - the attending registered medical practitioner in the restructured hospital or private hospital must have recommended in writing that the insured needs to be admitted to a community hospital for necessary medical treatment;
 - after the insured is discharged from the restructured hospital or private hospital, they must be immediately admitted to a community hospital for a continuous period of time; and
 - the treatment must arise from the same injury, illness, or disease that resulted from the inpatient hospital treatment.

IMPORTANT NOTES

- h. This benefit covers the following main outpatient hospital treatment received by the insured from a hospital or a licensed medical centre or clinic.
- For long-term parenteral nutrition, it covers the parenteral bags and consumables necessary for administering long-term parenteral nutrition that meets the MSHL claimable criteria.
 - For cancer drug treatment, only cancer drug treatments listed on the Cancer Drug List (CDL) and used according to the indications for the cancer drugs, as specified in the CDL on Ministry of Health (MOH) website (go.gov.sg/moh-cancerdruglist) will be covered. For each primary cancer, if the cancer drug treatment on the CDL involves more than one drug, we allow a particular drug to be removed from the treatment or replaced with another drug on the CDL that has the indication 'for cancer treatment', only if this is due to intolerance or contraindications (for example, allergic reactions). In such cases, the claim limit of the original cancer drug treatment on the CDL will apply.
- For each primary cancer, if more than one cancer drug treatment is administered in a month, the following will apply.
- If any of the cancer drug treatments that are on the CDL have an indication that states 'monotherapy', only the treatments on the CDL that have the indication 'for cancer treatment' will be covered in that month.
 - If none of the cancer drug treatments that are on the CDL has an indication that states 'monotherapy':
 - if more than one of the cancer drug treatments administered in a month has an indication other than 'for cancer treatment', only cancer drug treatments that are on the CDL and have the indication 'for cancer treatment' will be covered in that month.
 - if one or none of the cancer drug treatments administered in a month has an indication other than 'for cancer treatment', all cancer drug treatments that are on the CDL will be covered in that month.
- Cancer drug treatments not on the CDL will be considered as having an indication other than 'for cancer treatment'.
- For cancer drug services, it covers services that are part of any outpatient cancer drug treatment, such as consultations, scans, lab investigations, preparing and administering the cancer drug, supportive-care drugs and blood transfusions. It does not cover services provided before the insured is diagnosed with cancer or after the cancer drug treatment has ended.
- i. For cancer drug treatment on the CDL, the benefit limit for a plan is a multiple of the MSHL Limit for the specific cancer drug treatment. The latest MSHL limits are shown under "MediShield Life Claim Limit per month" in the CDL on MOH's website (go.gov.sg/moh-cancerdruglist). MOH may update these limits from time to time. The revised list will apply to the cancer drug treatment administered on and after the date the revised list comes into effect.
- j. For cancer drug services, it covers services that are part of any outpatient cancer drug treatment, such as consultations, scans, lab investigations, preparing and administering the cancer drug, supportive-care drugs and blood transfusions. It does not cover services provided before the insured is diagnosed with cancer or after the cancer drug treatment has ended.
- The cancer drug services benefit limit is based on a multiple of the MSHL Limit for cancer drug services. For the latest MSHL Limit for cancer drug services, refer to "Cancer Drug Services" under the MSHL benefits on MOH's website (go.gov.sg/mshlbenefits). MOH may update this from time to time. The revised limit will be applicable to the cancer drug services incurred within the policy year of the revised limit.
- k. The breast reconstruction must be performed by a registered medical practitioner during a stay in the hospital within 365 days after the date the insured leaves the hospital after the mastectomy was done.

IMPORTANT NOTES

- l. Pregnancy and delivery-related complications benefit pay for inpatient hospital treatment for the following complications in pregnancy:
- ectopic pregnancy - the condition in which a fertilised ovum implants outside the womb. The ectopic pregnancy must have been terminated by laparotomy, laparoscopic surgery or ultrasound-guided methotrexate injection.
 - pre-eclampsia or eclampsia
 - disseminated intravascular coagulation (DIC)
 - miscarriage- when the fetus of the insured dies as a result of a sudden unexpected and involuntary event which must not be due to a voluntary or malicious act.
 - ending a pregnancy if an obstetrician considers it necessary to save the life of the insured.
 - acute fatty liver diagnosed during pregnancy
 - postpartum haemorrhage with a hysterectomy performed
 - amniotic fluid embolism
 - abruptio placentae (placenta abruption)
 - choriocarcinoma and hydatidiform mole – a histologically confirmed choriocarcinoma or molar pregnancy.
 - placenta previa
 - antepartum haemorrhage (haemorrhage before delivery)
- In addition to the above, pregnancy and delivery-related complications benefit pays for inpatient hospital treatment for the following complications if treatment is provided by our preferred partner in the areas of obstetrics and gynaecology:
- Intrapartum haemorrhage (haemorrhage during delivery)
 - Postpartum haemorrhage (haemorrhage after delivery)
 - Cervical incompetency (weakness or insufficiency)
 - Accreta placenta (placenta attaches too deeply to the uterine wall)
 - Placental insufficiency (failure of placenta to deliver an adequate supply of nutrients and oxygen to the fetus) and intrauterine growth restriction (unborn baby is smaller than expected for the gestational age)
 - Gestational diabetes mellitus
 - Obstetric cholestasis (liver disorder during pregnancy resulting in a build-up of bile)
 - Twin to twin transfusion syndrome (disease of the placenta that affects identical twins, resulting in intrauterine blood transfusion from one twin to another)
 - Infection of the amniotic sac and membranes
 - Fourth-degree perineal laceration (tears that extend into the rectum)
 - Uterine rupture
 - Postpartum inversion of uterus (when the uterus turns inside out after childbirth)
 - Obstetric injury or damage to pelvic organs
 - Complications resulting from a hysterectomy carried out at the time of a caesarean section
 - Retained placenta and membranes
 - Abscess of the breast
 - Stillbirth
 - Death of the mother
- m. Cell, tissue and gene therapy benefit pays for inpatient hospital treatment (including day surgery) and outpatient hospital treatment for cell, tissue and gene therapy provided to the insured, as long as the following conditions are met.
- The cell, tissue and gene therapy is approved by MOH and the Health Sciences Authority (HSA).
 - The registered medical practitioner recommends in writing that the insured needs the cell, tissue and gene therapy for necessary medical treatment, according to the relevant guidelines from MOH.
- n. We will only cover the proton beam therapy if it is administered for a MOH-approved proton beam therapy indication (that is, MOH has approved the therapy for the insured's condition) and the insured meets the eligibility criteria for proton beam therapy under MSHL. The proton beam therapy indications and the eligibility criteria are set out on MOH's website ([go.gov.sg/pbt-approved-indications](https://www.moh.gov.sg/pbt-approved-indications)). MOH may update these from time to time.

IMPORTANT NOTES

- o. We will waive (not enforce) the co-insurance and deductible due for a claim for the inpatient hospital treatment, pre-hospitalisation treatment and post-hospitalisation treatment if the insured dies (i) while in hospital; or (ii) within 30 days of leaving the hospital. If the insured dies within 30 days of leaving the hospital, we will also waive the co-insurance due for a claim of outpatient hospital treatment if the treatment was received by the insured within 30 days of leaving the hospital.
- p. If the insured is admitted into a ward and medical institution that is higher than what they are entitled to, we will only pay a percentage of the reasonable expenses for necessary medical treatment of the insured. The percentage will depend on the pro-ration factor which applies to the plan (as set out in the schedule of benefits). If the insured receives outpatient hospital treatment from a private hospital or private medical institution, we will only pay the percentage of the reasonable expenses for the necessary medical treatment of the insured, depending on the pro-ration factor which applies to the plan.
- q. If the insured is not a Singapore citizen or Singapore permanent resident (is a foreigner) but is covered under the plan for a Singapore citizen, we will reduce the amount of each benefit we will pay to the percentages (citizenship factors) specified in the policy conditions. The citizenship factor applies to any claim under the policy.
Enhanced Basic: 80% (for foreigners)
- r. Deductible does not apply to outpatient treatment.
- s. Extended panel means a registered medical practitioner or specialist approved by us to provide cover for the benefits under this rider. The registered medical practitioner or specialist must not also be on our lists of approved panels or preferred partners and must meet other criteria, including being on another Integrated Shield Plan provider's panel list. The list of our approved extended panel can be found at income.com.sg/specialist-panel. We may update this list from time to time.
- t. Subject to precise terms, conditions and exclusions specified in the policy conditions for Enhanced IncomeShield and riders.
- u. For outpatient cancer drug treatments not on the CDL, we cover only treatments with drug classes A to E (according to the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework). Refer to lia.org.sg/media/3553/non-cdl-classification-framework.pdf for more details. LIA may update the list from time to time.
- v. The insured child must be aged 18 years or below during the stay in the hospital under the insured child's policy.

Enhanced IncomeShield is available as a MediSave-approved Integrated Shield Plan for the insured who is a Singapore Citizen or a Singapore Permanent Resident. This applies as long as the insured meets the eligibility conditions under MediShield Life. If the insured is a foreigner who has an eligible valid pass with a foreign identification number (FIN), Enhanced IncomeShield is not available as an Integrated Shield Plan.

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