

## Coverage for IncomeShield Standard Plan

Benefits	IncomeShield Standard Plan (Includes MediShield Life (MSHL) payout)		
<b>Ward entitlement</b>	<b>Restructured hospital for ward class B1 and below</b>		
<b>Inpatient hospital treatment</b>	<b>Limits of compensation</b>		
Daily ward and treatment charges (each day) <sup>a</sup>			
- Normal ward <sup>b</sup>			\$2,250 <sup>c</sup>
- Intensive care unit ward			\$6,850 <sup>c</sup>
Surgical benefit (including day surgery) <sup>d</sup> (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:	A	B	C
- Table 1A/B/C (less complex procedures)	\$590	\$1,050	\$1,050
- Table 2A/B/C	\$1,800	\$2,300	\$2,370
- Table 3A/B/C	\$3,290	\$4,240	\$4,760
- Table 4A/B/C	\$5,970	\$8,220	\$8,220
- Table 5A/B/C	\$8,920	\$9,750	\$11,030
- Table 6A/B/C	\$15,910	\$15,910	\$17,300
- Table 7A/B/C (more complex procedures)	\$21,840	\$21,840	\$21,840
Surgical implants (each treatment) <sup>e</sup>		\$9,800	
Radiosurgery, including proton beam therapy – Category 4 (each treatment course) <sup>f</sup>		\$31,300	
Community hospital (Rehabilitative) (each day) <sup>a,g</sup>		\$760	
Community hospital (Sub-acute) (each day) <sup>a,g</sup>		\$960	
Inpatient psychiatric treatment (each day, up to 60 days for each policy year)		\$680	
Inpatient palliative care service (General) (each day)		\$560	
Inpatient palliative care service (Specialised) (each day)		\$760	
Continuation of autologous bone marrow transplant treatment for multiple myeloma (each treatment)		\$14,040	
Serious pregnancy and delivery-related complications	Covered up to inpatient hospital treatment limits		

Benefits	IncomeShield Standard Plan (Includes MSHL payout)		
Outpatient hospital treatment <sup>f</sup>	Limits of compensation		
Radiotherapy for cancer (each treatment)			
- External (except Hemi-body)			\$880
- Brachytherapy			\$1,100
- Hemi-body			\$2,510
- Stereotactic			\$6,210
- Proton beam therapy – Category 1			\$880
- Proton beam therapy – Category 2			\$1,100
- Proton beam therapy – Category 3			\$6,210
Kidney dialysis (each month)			\$3,740
Erythropoietin for chronic kidney failure (each month)			\$450
Immunosuppressants for organ transplant (each month)			\$1,480
Long-term parenteral nutrition (each month)			\$3,980
Insured receiving treatment for one primary cancer			
Cancer drug treatment (each month) <sup>h</sup>	3x MSHL Limit for one primary cancer		
Cancer drug services (each policy year) <sup>i</sup>	2x MSHL Limit for one primary cancer		
Insured receiving treatment for multiple primary cancers			
Cancer drug treatment (each month) <sup>h</sup>	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer		
Cancer drug services (each policy year) <sup>i</sup>	2x MSHL Limit for multiple primary cancers		
Pro-ratio factor <sup>j</sup>	SG	PR	FR
Inpatient			
- Restructured hospital			
- Ward class C, B2 or B2+	Does not apply	Does not apply	Does not apply
- Ward class B1	Does not apply	90%	80%
- Ward class A	80%	80%	80%
- Private hospital or private medical institution	50%	50%	50%
- Community hospital			
- Ward class C, B2 or B2+	Does not apply	Does not apply	Does not apply
- Ward class B1	Does not apply	90%	80%
- Ward class A	80%	80%	80%
Day surgery			
- Restructured hospital subsidised	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution	65%	65%	65%

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

Benefits	IncomeShield Standard Plan (Includes MSHL payout)		
Pro-ration factor <sup>l</sup>	SG	PR	FR
<b>Short-stay ward</b>			
- Restructured hospital subsidised	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised	Does not apply	Does not apply	Does not apply
<b>Outpatient hospital treatment</b>			
- Restructured hospital subsidised	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution	65%	65%	65%
<b>Deductible for each policy year for an insured aged 80 years or below at next birthday<sup>k</sup></b>			
<b>Inpatient</b>			
- Restructured hospital			
- Ward class C		\$1,500	
- Ward class B2 or B2+		\$2,000	
- Ward class B1		\$2,500	
- Ward class A		\$2,500	
- Private hospital or private medical institution		\$2,500	
- Community hospital			
- Ward class C		\$1,500	
- Ward class B2 or B2+		\$2,000	
- Ward class B1		\$2,500	
- Ward class A		\$2,500	
<b>Day surgery or short-stay ward</b>			
- Subsidised		\$1,500	
- Non-subsidised		\$2,000	
<b>Deductible for each policy year for an insured aged over 80 years at next birthday<sup>k</sup></b>			
<b>Inpatient</b>			
- Restructured hospital			
- Ward class C		\$2,000	
- Ward class B2 or B2+		\$3,000	
- Ward class B1		\$3,000	
- Ward class A		\$3,000	
- Private hospital or private medical institution		\$3,000	
- Community hospital			
- Ward class C		\$2,000	
- Ward class B2 or B2+		\$3,000	
- Ward class B1		\$3,000	
- Ward class A		\$3,000	

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Benefits	IncomeShield Standard Plan (Includes MSHL payout)
<b>Deductible for each policy year for an insured aged over 80 years at next birthday<sup>k</sup></b>	
<b>Day surgery or short-stay ward</b>	
– Subsidised	\$2,000
– Non-subsidised	\$3,000
<b>Co-insurance</b>	10%
<b>Limit in each policy year</b>	\$200,000
<b>Limit in each lifetime</b>	Unlimited
<b>Last entry age (age next birthday)</b>	None
<b>Maximum coverage age</b>	Lifetime

## Coverage for Deluxe Care Rider and Classic Care Rider

Benefits	Deluxe Care Rider			Classic Care Rider			
	Panel <sup>l</sup>	Extended Panel <sup>m</sup>	Non-panel	Panel <sup>l</sup>	Extended Panel <sup>m</sup>	Non-panel	
<b>Cover deductible and co-insurance</b>	Yes Up to benefit limits						
<b>Co-payment</b>	5% co-payment of the benefits due under your policy <sup>n</sup>			10% co-payment of the benefits due under your policy <sup>n</sup>			
<b>Co-payment limit (each policy year)</b>	Up to \$3,000 limit		No limit	Up to \$3,000 limit		No limit	
<b>Extended panel<sup>m</sup> and non-panel payment (each policy year)</b>	Not applicable	Up to \$2,000 limit		Not applicable	Up to \$2,000 limit		
<b>Additional Cancer Drug Treatment Benefit for outpatient treatments</b>	<b>Treatment<sup>h</sup> on CDL (each month)</b>	<b>One Primary Cancer:</b> 6x MSHL Limit  <b>Multiple Primary Cancers:</b> Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer					
	<b>Non-CDL treatment<sup>o</sup> (each month)</b>	<b>One Primary Cancer:</b> \$5,200  <b>Multiple Primary Cancers:</b> \$5,200 x number of primary cancers					
	<b>Treatment on CDL co-payment</b>	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
	<b>Non-CDL treatment co-payment</b>	10% co-payment of the benefits due under your rider			20% co-payment of the benefits due under your rider		
No limit							
<b>Extra Bed Benefit</b>	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 <sup>p</sup> gets warded						

Non-panel: Registered medical practitioners, specialists, hospitals or medical institutions that are not our panel<sup>l</sup> or extended panel<sup>m</sup>.

## 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. Includes eligible Mobile Inpatient Care @ Home stays.
- c. Limits are higher by \$300 for the first 2 days of inpatient stay.
- d. Please refer to [go.gov.sg/mshlbenefits](https://go.gov.sg/mshlbenefits) for the updated list of MediShield Life (MSHL) benefits for surgical treatments.
- e. 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)
- f. This benefit covers the following main outpatient hospital treatment received by the insured from a hospital or a licensed medical centre or clinic.
  - For proton beam therapy, we will only cover the proton beam therapy if it is administered for a Ministry of Health (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://go.gov.sg/pbt-approved-indications)). MOH may update these from time to time.
  - 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 MOH's website ([go.gov.sg/moh-cancerdruglist](https://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.
- 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. 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](http://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.
- i. 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](http://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.
- j. 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.
- k. Deductible does not apply to outpatient treatment.
- l. Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The lists of approved panels and preferred partners, which we may update from time to time, can be found at [income.com.sg/specialist-panel](http://income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.
- m. 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](http://income.com.sg/specialist-panel). We may update this list from time to time.
- n. Subject to precise terms, conditions and exclusions specified in the policy conditions for IncomeShield Standard Plan and riders.
- o. 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](http://lia.org.sg/media/3553/non-cdl-classification-framework.pdf) for more details. LIA may update the list from time to time.
- p. The insured child must be aged 18 years or below during the stay in the hospital under the insured child’s policy.

IncomeShield Standard Plan 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), IncomeShield Standard Plan is not available as an Integrated Shield Plan.

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