

## Coverage for IncomeShield Standard Plan

Benefits	IncomeShield Standard Plan (Payout 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>1</sup> - Normal ward - Intensive care unit ward	\$2,250 <sup>2</sup> \$6,850 <sup>2</sup>		
Surgical benefit (including day surgery) (each procedure)  Surgical limits table - limits for various categories of surgery, as classified by the Ministry of Health in its latest surgical operation fees table:  Table 1A/B/C (less complex procedures) Table 2A/B/C Table 3A/B/C Table 4A/B/C Table 5A/B/C Table 6A/B/C Table 7A/B/C (more complex procedures)	A	B	C
	\$590	\$1,050	\$1,050
	\$1,800	\$2,300	\$2,370
	\$3,290	\$4,240	\$4,760
	\$5,970	\$8,220	\$8,220
	\$8,920	\$9,750	\$11,030
	\$15,910	\$15,910	\$17,300
	\$21,840	\$21,840	\$21,840
Surgical implants (each treatment) <sup>3</sup>	\$9,800		
Radiosurgery, including proton beam therapy – Category 4 (each treatment course) <sup>4</sup>	\$31,300		
Community hospital (Rehabilitative) (each day) <sup>1,5</sup>	\$760		
Community hospital (Sub-acute) (each day) <sup>1,5</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 (Payout includes MSHL payout)		
<b>Outpatient hospital treatment<sup>4</sup></b>	<b>Limits of compensation</b>		
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			\$800
- 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
Cancer drug treatment (each month) <sup>9</sup>			3x MSHL Limit
Cancer drug services (each policy year) <sup>9</sup>			2x MSHL Limit
<b>Pro-ration factor<sup>6</sup></b>	<b>SG</b>	<b>PR</b>	<b>FR</b>
<b>Inpatient</b>			
<b>– Restructured hospital</b>			
- 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%
<b>– Private hospital or private medical institution</b>	50%	50%	50%
<b>– Community hospital</b>			
- 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%
<b>Day surgery</b>			
<b>– Restructured hospital subsidised</b>	Does not apply	Does not apply	Does not apply
<b>– Restructured hospital non-subsidised</b>	Does not apply	Does not apply	Does not apply
<b>– Private hospital or private medical institution</b>	65%	65%	65%
<b>Short-stay ward</b>			
<b>– Restructured hospital subsidised</b>	Does not apply	Does not apply	Does not apply
<b>– Restructured hospital non-subsidised</b>	Does not apply	Does not apply	Does not apply
<b>Outpatient hospital treatment</b>			
<b>– Restructured hospital subsidised</b>	Does not apply	Does not apply	Does not apply
<b>– Restructured hospital non-subsidised<sup>7</sup></b>	Does not apply	Does not apply	Does not apply
<b>– Private hospital or private medical institution<sup>7</sup></b>	65%	65%	65%

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

Benefits	IncomeShield Standard Plan (Payout includes MSHL payout)
<b>Deductible for each policy year for an insured aged 80 years or below at next birthday<sup>8</sup></b>	
<b>Inpatient</b>	
<ul style="list-style-type: none"> <li><b>– Restructured hospital</b> <ul style="list-style-type: none"> <li>- Ward class C</li> <li>- Ward class B2 or B2+</li> <li>- Ward class B1</li> <li>- Ward class A</li> </ul> </li> <li><b>– Private hospital or private medical institution</b></li> <li><b>– Community hospital</b> <ul style="list-style-type: none"> <li>- Ward class C</li> <li>- Ward class B2 or B2+</li> <li>- Ward class B1</li> <li>- Ward class A</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>\$1,500</li> <li>\$2,000</li> <li>\$2,500</li> <li>\$2,500</li> <li>\$2,500</li> <li>\$1,500</li> <li>\$2,000</li> <li>\$2,500</li> <li>\$2,500</li> </ul>
<b>Day surgery or short-stay ward</b>	
<ul style="list-style-type: none"> <li><b>– Subsidised</b></li> <li><b>– Non-subsidised</b></li> </ul>	<ul style="list-style-type: none"> <li>\$1,500</li> <li>\$2,000</li> </ul>
<b>Deductible for each policy year for an insured aged over 80 years at next birthday<sup>8</sup></b>	
<b>Inpatient</b>	
<ul style="list-style-type: none"> <li><b>– Restructured hospital</b> <ul style="list-style-type: none"> <li>- Ward class C</li> <li>- Ward class B2 or B2+</li> <li>- Ward class B1</li> <li>- Ward class A</li> </ul> </li> <li><b>– Private hospital or private medical institution</b></li> <li><b>– Community hospital</b> <ul style="list-style-type: none"> <li>- Ward class C</li> <li>- Ward class B2 or B2+</li> <li>- Ward class B1</li> <li>- Ward class A</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>\$2,000</li> <li>\$3,000</li> <li>\$3,000</li> <li>\$3,000</li> <li>\$3,000</li> <li>\$2,000</li> <li>\$3,000</li> <li>\$3,000</li> <li>\$3,000</li> </ul>
<b>Day surgery or short-stay ward</b>	
<ul style="list-style-type: none"> <li><b>– Subsidised</b></li> <li><b>– Non-subsidised</b></li> </ul>	<ul style="list-style-type: none"> <li>\$2,000</li> <li>\$3,000</li> </ul>
<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>	Does not apply
<b>Maximum coverage age</b>	Lifetime

## IMPORTANT NOTES

- 1 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.
- 2 Limits are higher by \$300 for first 2 days of inpatient stay.
- 3 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)
- 4 This benefit covers the following treatment (if applicable).
  - For proton beam therapy, we will only cover the proton beam therapy if it is administered for an 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](http://go.gov.sg/pbt-approved-indications)). MOH may update these from time to time.
  - For long-term parenteral nutrition, it covers the parental bags and consumables necessary for administering long-term parenteral nutrition that meets MSHL claimable criteria.
  - For cancer drug treatment, only treatments listed on the Cancer Drug List (CDL) and used according to the indications on the CDL will be covered. If the insured is claiming for more than one cancer drug treatment, we will pay a total amount of up to the highest limit for the cancer drugs administered in that month, as long as they are used according to the indications on the CDL. If any of the cancer drug treatments provided are not used according to the indications on the CDL, we will not cover any of the cancer drug treatments used, even individual treatments that are listed on the CDL, except where a particular drug being removed from the indicated treatment, or replaced with another drug indicated 'for cancer treatment' on the CDL, is a necessary medical treatment due to intolerance or contraindications (for example, allergic reactions).
  - 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 drugs, 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.
- 5 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.
  - The treatment must arise from the same injury, illness or disease that resulted in the inpatient hospital treatment.
- 6 If the insured is admitted into a ward and medical institution that is higher than what they are entitled to, we will only pay the percentage of the reasonable expenses for necessary medical treatment of the insured as shown using the pro-ration factor which applies to the plan.
- 7 Pro-ration will apply under MSHL for outpatient radiotherapy for cancer, long-term parenteral nutrition and cancer drug treatment if the insured is a non-subsidised patient. Kidney dialysis and immunosuppressant drugs approved under MSHL for organ transplant will not be pro-rated for MSHL.
- 8 Deductible does not apply to outpatient hospital treatment.
- 9 The benefit limit is based on a multiple of the MSHL Limit for cancer drug treatment. Refer to the Cancer Drug List (CDL) published at [go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist) for the applicable MSHL Limit. MOH may update this list from time to time. The cancer drug services benefit limit (if applicable) is based on a multiple of the MSHL Limit for cancer drug services. Refer to the MediShield Life Benefits published at [go.gov.sg/mshlbenefits](http://go.gov.sg/mshlbenefits) for the applicable MSHL Limit.

## IMPORTANT NOTES

There are certain conditions whereby the benefits under this plan will not be payable. You can refer to your policy contract for the precise terms, conditions and exclusions of the plan. The policy contract will be issued when your application is accepted.

IncomeShield Standard Plan is available as a MediSave-approved Integrated Shield Plan for 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.

This is for general information only. You can find the usual terms, conditions and exclusions of this plan at [www.income.com.sg/incomeshield-standard-policy-conditions.pdf](http://www.income.com.sg/incomeshield-standard-policy-conditions.pdf). All our products are developed to benefit our customers but not all may be suitable for your specific needs. If you are unsure if this plan is suitable for you, we strongly encourage you to speak to a qualified insurance advisor. Otherwise, you may end up buying a plan that does not meet your expectations or needs. As a result, you may not be able to afford the premiums or get the insurance protection you want. If you find that this plan is not suitable after purchasing it, you may terminate it within the free-look period, and obtain a refund of premiums paid.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/ LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

Information is correct as at 1 April 2023