

Important:

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.

Conditions for Assist Rider

1 What your rider covers

This rider covers the following **benefits**.

This rider applies as well as **your policy**. **Our** responsibility to pay the **benefits** under this rider will only arise if **you** are eligible to make a claim under **your policy**.

Paying the **benefits** under this rider depends on the **limits of compensation**, **limits on special benefits** (if it applies), **limit for each policy year** of **your policy** and all other limits listed in the **schedule of benefits**, where it applies.

1.1 Deductible and co-insurance

While this rider is in force, there is no **deductible** or **co-insurance** due under **your policy**. However, **you** will have to make a co-payment and an extended panel and non-panel payment (if it applies) for each claim, as set out below.

a Co-payment

For each claim under **your policy**, **you** will have to make a co-payment, as shown in the table below. If the treatment is provided by **our panel** or **extended panel**, **we** will apply a co-payment limit as shown in the table.

Treatment provided by	Our panel	Extended panel	Others
Co-payment and limit	10% co-payment of the benefits due under your policy		
	Up to \$3,000 limit (each policy year)		No limit

If **you** are claiming for pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies), **we** will not apply the co-payment limit if the treatment during the **insured's stay in hospital** is not provided by **our panel** or **extended panel**.

If **you** are claiming for consultation fees, medicines, examinations or tests for the main outpatient hospital treatment that is covered under **your policy**, **we** will apply the co-payment limit only if the main outpatient hospital treatment is provided by **our panel** or **extended panel**.

For each claim that meets the **limits on special benefits** (if it applies) or the **limit for each policy year** of **your policy**, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each **policy year**.

When the **insured** is under the care of more than one **registered medical practitioner** or **specialist** for their **stay in hospital** or the main outpatient hospital treatment under **your policy**, **we** will apply the co-payment limit as long as the main treating **registered medical practitioner** or **specialist** (shown in the **hospital** records as the principal doctor) is part of **our panel** or **extended panel**.

For each **stay in hospital** of 12 months or less, where the treatment is provided by **our panel** or **extended panel**, **you** must pay the co-payment (up to a maximum of \$3,000) for one **policy year** (even if the **stay in hospital** runs into the next **policy year**). If the **stay in hospital** is for a continuous period of more than 12 months but less than 24 months, **you** must also pay up to the maximum co-payment for the next **policy year**. And, for each further period of 12 months or less that the **stay in hospital** extends for, **you** must pay the co-payment for one extra **policy year**.

b Extended panel and non-panel payment (ENP)

If the treatment during the **insured's stay in hospital** is provided by a **registered medical practitioner** or **specialist** who is not from **our panel** or is from the **extended panel**, **you** will have to make an extended panel and non-panel payment (ENP) of up to \$2,000 in each **policy year** for **your** claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). **You** must pay the co-payment followed by the ENP. **We** will only pay the amount of **your** claim which is more than the total of the co-payment and the ENP. To avoid doubt, ENP is also applicable for claim paid under emergency overseas treatment benefit of **your policy**.

When there is more than one treating **registered medical practitioner** or **specialist** for the **insured's stay in hospital**, **we** will apply the ENP as long as the main treating **registered medical practitioner** or **specialist** (shown in the **hospital** records as the principal doctor) is not from **our panel** or is from the **extended panel**.

For each **stay in hospital** of 12 months or less that is provided by a **registered medical practitioner** or **specialist** who is not from **our panel** or is from the **extended panel**, **you** must pay the ENP of up to \$2,000 for one **policy year** (even if the **stay in hospital** runs into the next **policy year**). If the **stay in hospital** is for a continuous period of more than 12 months but less than 24 months, **you** must also pay the ENP of up to \$2,000 for the next **policy year**. And, for each further period of 12 months or less that the **stay in hospital** extends for, **you** must pay the ENP of up to \$2,000 for one extra **policy year**.

1.2 Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the **CDL**, and selected cancer drug treatments that are not listed on the **CDL** (non-**CDL** treatments), up to the limits shown in tables 1a and 1b. This benefit will be paid on top of the **benefits** covered under **your policy**.

For claims under this rider for outpatient cancer drug treatments on the **CDL**, the following apply.

- **We** cover outpatient cancer drug treatments on the **CDL** in accordance with the conditions set out in **your policy**.
- For **insured** receiving treatment for **multiple primary cancers**, **we** will pay up to the limits shown in tables 1c and 1d for the cancer drugs administered in that month.
- The cancer drug treatment on the **CDL** benefit limit is based on a multiple of the **MSHL** Limit for the specific cancer drug treatment. For the latest **MSHL** Limit, refer to the **CDL** on **MOH's** website under "MediShield Life Claim Limit per month" (go.gov.sg/moh-cancerdruglist). **MOH** may update this from time to time. The revised list will be applicable to the cancer drug treatment which occurred on and from the effective date of the revised list.

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). **You** can find the details at www.lia.org.sg. LIA may update the list from time to time.

Table 1a

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	Enhanced IncomeShield			
	Preferred	Advantage	Basic	Enhanced C
Treatment on CDL (each month)	18x MSHL limit	18x MSHL limit	10x MSHL limit	6x MSHL limit
Non- CDL treatment (each month)	\$15,000	\$7,000	\$6,000	\$4,000

Table 1b

Type of cancer drug treatment	Additional cancer drug treatment benefit limits				
	IncomeShield Standard Plan	IncomeShield Plans			
		Plan P	Plan A	Plan B	Plan C
Treatment on CDL (each month)	6x MSHL limit	10x MSHL limit	10x MSHL limit	6x MSHL limit	6x MSHL limit
Non- CDL treatment (each month)	\$5,200	\$4,000	\$3,800	\$3,500	\$3,200

Table 1c

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers			
	Enhanced IncomeShield			
	Preferred	Advantage	Basic	Enhanced C
Treatment on CDL (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer			
Non- CDL treatment (each month)	\$15,000 x number of primary cancers	\$7,000 x number of primary cancers	\$6,000 x number of primary cancers	\$4,000 x number of primary cancers

Table 1d

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers				
	IncomeShield Standard Plan	IncomeShield Plans			
		Plan P	Plan A	Plan B	Plan C
Treatment on CDL (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer				
Non- CDL treatment (each month)	\$5,200 x number of primary cancers	\$4,000 x number of primary cancers	\$3,800 x number of primary cancers	\$3,500 x number of primary cancers	\$3,200 x number of primary cancers

For each outpatient cancer drug treatment claim under **your** rider, **you** will have to make a co-payment as shown in table 2.

If the **insured** receives cancer drug treatment on the **CDL** that is provided by **our panel** or **extended panel**, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 in clause 1.1a. To avoid doubt, **we** will not apply the co-payment limit for all non-**CDL** treatments, including non-**CDL** treatments provided by **our panel** or **extended panel**.

Table 2

Types of Treatment	Co-payment
Treatment on CDL , not provided by our panel or extended panel	10% of the benefits due under the rider
Treatment on CDL , provided by our panel or extended panel	10% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non- CDL treatment	20% of the benefits due under the rider

1.3 Extra bed benefit

If during the **insured's stay in hospital** their parent or guardian stays and shares the same room, **we** will reimburse up to \$80 for each day the parent or guardian stays. This applies as long as the following conditions are met.

- The **insured** is a child aged 18 or younger during their **stay in hospital**.
- **We** will pay up to 10 days for each **stay in hospital**.
- If the **insured** is in **hospital** for only part of a day, **we** will pay half of this benefit for that day.

The co-payment under clause 1.1 (a) and ENP under clause 1.1 (b) of this rider does not apply to any claim for this benefit.

2 Our responsibilities to you

Our responsibilities to **you** are only for the cover and period shown in this endorsement or **renewal certificate** (as the case may be) and depend on the terms, conditions and limits of this rider.

2.1 Co-payment and extended panel and non-panel payment

You must make the co-payment and extended panel and non-panel payment (ENP) (if it applies) before **we** pay any benefit. **We** will only pay the amount of **your** claim which is more than the co-payment and ENP.

We will apply the co-payment followed by the ENP (if it applies).

3 Your responsibilities

3.1 Premium

The amount of **premium for the rider** which **you** have to pay to **us** to receive the **benefits** in clause 1 is set out above. If this rider is added to **your policy** during a **policy year**, the **premium for this rider** for that **policy year** will be pro-rated. **You** must pay the **premium for the rider** every year.

We give **you** 60 days' grace from the **renewal date of this rider** to pay the **premium for this rider**. During this **period of grace**, this rider will stay in force. **You** must first pay any outstanding **premium for this rider**, **premium for your policy** or amounts **you** owe **us** before **we** pay any claim under this rider.

If **you** still have not paid the **premium for this rider** after the **period of grace**, this rider will be cancelled. This cancellation will apply from the **renewal date of this rider**.

You are responsible for making sure that the **premium for this rider** is paid up to date.

3.2 Refunding the premium when this rider ends

We will refund the unused pro-rated portion of the **premium for this rider** to **you** in cash when this rider ends.

3.3 Change in premium

The **premium for this rider** that **you** pay can change from time to time. If **we** change the **premium for this rider**, **we** will write to **you** at **your** last known address, at least 30 days before the change is to take place, to tell **you** what **your** new **premium for this rider** is. **We** will change the **premium for this rider** only if the change applies to all policies within the same class.

4 What you need to be aware of

4.1 Cancelling the rider

You may cancel this rider by giving **us** at least 30 days' notice in writing. **We** will tell **you** the date it will end. Cancelling **your** rider will not affect the validity of **your policy**.

4.2 Ending the rider

If **your policy** is cancelled, ends or has lapsed for any reason, this rider will automatically and immediately end even if the **period of grace** has not come to an end.

4.3 Reinstating the rider

If this rider is cancelled because **you** have not paid the **premiums**, **you** may apply to reinstate **your** rider.

You can do this if **we** agree and **you** meet all of the following conditions.

a **You** must pay all **premiums for the rider** **you** owe before **we** will reinstate this rider.

- b **We** will not pay for any expenses which happen between the date this rider ends and the date immediately before the **reinstatement date** of this rider.
- c If there is any change in the **insured's** medical or physical condition, **we** may add exclusions or charge an extra **premium for this rider** from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium for this rider** after this rider has ended, it does not mean **we** will not enforce **our** rights under this rider or create any liability for **us** in terms of any claim. **Our** responsibility to pay will only arise after **we** have reinstated this rider.

4.4 The terms and conditions of your policy

We may change the **premiums, benefits** or cover or these conditions at any time. However, **we** will write to **you** at **your** last-known address at least 30 days before doing so. **We** will apply the changes only if the changes apply to all policies within the same class.

Unless they are changed by this rider:

- a all other terms and conditions of **your policy** will not change and will apply to this rider, if it applies; and
- b words defined in the definitions section of the conditions of **your policy**, if used in this rider, will have the same meanings.

If there is any inconsistency between the terms and conditions of this rider and **your policy**, the terms and conditions of this rider will apply.

4.5 Exclusions

All exclusions under **your policy** will apply to this rider.

5 Definitions

For the purposes of this rider, **we** have added the following definitions.

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 www.income.com.sg/specialist-panel. **Our** list of approved **panels** also includes all **restructured hospitals, community hospitals** and **voluntary welfare organisations (VWO)** dialysis centres.

Extended panel means a **registered medical practitioner** or **specialist** approved by **us** to provide coverage on the benefits in Section 1.1. The **registered medical practitioner** or **specialist** must not be on **our panel** or **preferred partners** lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved **extended panel** list, which **we** may update from time to time, can be found at www.income.com.sg/specialist-panel.