

## Coverage for Optima Care rider and Essential Care rider

Benefits	Optima Care Rider			Essential Care Rider		
	Panel <sup>a</sup>	Extended Panel <sup>a</sup>	Others	Panel <sup>a</sup>	Extended Panel <sup>a</sup>	Others
Covers co-insurance	Yes, up to benefit limits					
Co-payment of the benefits due under the policy	5%	8%	8%	7%	10%	10%
Co-payment limit <sup>b</sup> (each policy year)	Up to \$6,000 limit		No limit	Up to \$6,000 limit		No limit
<b>Outpatient Cancer Drug Treatment Benefit limit</b>						
Treatment on the CDL <sup>c</sup> (each month)	<p style="text-align: center;"><b>One Primary Cancer:</b>  <b>Enhanced Preferred (EP):</b> 18x MSHL Limit  <b>Enhanced Advantage (EA):</b> 18x MSHL Limit  <b>Enhanced Basic (EB):</b> 10x MSHL Limit</p> <p style="text-align: center;"><b>Multiple Primary Cancers:</b>                      The total of the highest limits among the covered cancer drug treatments received for each primary cancer</p>					
Non-CDL treatment <sup>d</sup> (each month)	<p style="text-align: center;"><b>One Primary Cancer:</b>  <b>EP:</b> \$15,000  <b>EA:</b> \$7,000  <b>EB:</b> \$6,000</p> <p style="text-align: center;"><b>Multiple Primary Cancers:</b>                      One primary cancer's benefit limit x number of primary cancers</p>					
<b>Co-payment for Cancer Drug Treatment and Cancer Drug Services<sup>e</sup></b>						
Treatment on the CDL	Co-payment of the benefits due under the policy	5%			10%	
	Co-payment limit (each policy year)	Up to \$6,000 limit	No limit	Up to \$6,000 limit		No limit
Non-CDL treatment	Co-payment of the benefits due under the policy	10%			20%	
	Co-payment limit (each policy year)	No limit			No limit	
Cancer Drug Services	Co-payment of the benefits due under the policy	5%			10%	
	Co-payment limit (each policy year)	Up to \$6,000 limit	No limit	Up to \$6,000 limit		No limit

Benefits		Optima Care Rider			Essential Care Rider			
		Panel <sup>a</sup>	Extended Panel <sup>a</sup>	Others	Panel <sup>a</sup>	Extended Panel <sup>a</sup>	Others	
<b>Cell, Tissue and Gene Therapy Benefit<sup>f</sup> limit</b>								
Treatment not on MOH's CTGTP list (one treatment per indication per lifetime)					<b>EP:</b> \$150,000 <b>EA:</b> \$150,000 <b>EB:</b> \$100,000			
<b>Co-payment for Cell, Tissue and Gene Therapy Benefit<sup>f</sup></b>								
Treatment not on MOH's CTGTP list	Co-payment of the benefits due under the policy	10%			20%			
	Co-payment limit (each policy year)	No limit			No limit			
<b>Other benefits</b>								
Pre-hospitalisation Benefit <sup>g</sup> (before admission)		<b>Rider coverage</b>						
		<b>EP:</b> Not applicable  <b>EA:</b> Up to 80 additional days  <b>EB:</b> Not applicable	Not applicable		Not applicable		Not applicable	
		<b>Main plan and rider coverage (if applicable)</b>						
		<b>EP:</b> Up to 180 days  <b>EA:</b> Up to 180 days <sup>h</sup>  <b>EB:</b> Up to 100 days	<b>EP:</b> Up to 100 days <b>EA:</b> Up to 100 days <b>EB:</b> Up to 100 days		<b>EP:</b> Up to 180 days  <b>EA:</b> Up to 100 days  <b>EB:</b> Up to 100 days		<b>EP:</b> Up to 100 days <b>EA:</b> Up to 100 days <b>EB:</b> Up to 100 days	

Benefits	Optima Care Rider			Essential Care Rider		
	Panel <sup>a</sup>	Extended Panel <sup>a</sup>	Others	Panel <sup>a</sup>	Extended Panel <sup>a</sup>	Others
<b>Other benefits</b>						
Post-hospitalisation Benefit <sup>g</sup> (after discharge)	<b>Rider coverage</b>					
	<b>EP:</b> Not applicable  <b>EA:</b> Up to 80 additional days  <b>EB:</b> Not applicable	<b>EP:</b> Up to 80 additional days <b>EA:</b> Not applicable <b>EB:</b> Not applicable		Not applicable		Not applicable
	<b>Main plan and rider coverage (if applicable)</b>					
	<b>EP:</b> Up to 365 days  <b>EA:</b> Up to 180 days <sup>i</sup>  <b>EB:</b> Up to 100 days	<b>EP:</b> Up to 180 days <sup>i</sup> <b>EA:</b> Up to 100 days <b>EB:</b> Up to 100 days		<b>EP:</b> Up to 365 days  <b>EA:</b> Up to 100 days  <b>EB:</b> Up to 100 days	<b>EP:</b> Up to 100 days <b>EA:</b> Up to 100 days <b>EB:</b> Up to 100 days	
Extra Bed Benefit <sup>j</sup>	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>j</sup> gets warded					
<b>The benefits below are only payable for insured up to age 18 (next birthday)</b>						
Autism Testing Benefit <sup>k</sup> (once per lifetime)	<b>EP:</b> \$1,000 <b>EA:</b> \$500 <b>EB:</b> Not applicable			Not applicable		
Autism Testing Benefit <sup>k</sup>	Co-payment of the benefits due under the policy	10%				
	Co-payment limit (each policy year)	No limit				
Critical Care Benefit <sup>l</sup> (once per lifetime)	<b>EP:</b> \$50,000 <b>EA:</b> \$30,000 <b>EB:</b> Not applicable					
Critical Care Benefit <sup>l</sup>	Co-payment of the benefits due under the policy	Not applicable				
	Co-payment limit (each policy year)					

## IMPORTANT NOTES

- a. Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. 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 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 panels, preferred partners, and 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.

- b. Subject to precise terms, conditions and exclusions specified in the policy conditions for Enhanced IncomeShield and riders.
- c. The cancer drug treatment on the Cancer Drug List (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](http://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.
- d. 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.
- e. For each outpatient cancer drug treatment claim under your policy (including this rider), you will have to make a co-payment of the benefits due under your policy as shown in the policy conditions. If the insured receives cancer drug treatment that is on the CDL and is provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$6,000 in the policy conditions. To avoid doubt, we will not apply the co-payment limit for all non-CDL treatments, even if they are provided by our panel or extended panel. For each cancer drug services claim under your policy, you will have to make a co-payment of the benefits due under your policy as shown in the policy conditions. If the insured receives cancer drug services provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$6,000 in the policy conditions.
- f. Cell, tissue and gene therapy benefit pays for all reasonable expenses for inpatient hospital treatment (including day surgery) and outpatient hospital treatment for cell, tissue and gene therapy (CTGTP) not on MOH's CTGTP list ([go.gov.sg/ctgtp-list](http://go.gov.sg/ctgtp-list)) provided to the insured, up to the limits shown in the policy conditions, as long as the cell, tissue and gene therapy is approved by the Health Sciences Authority (HSA). When we pay the cell, tissue and gene therapy benefit under this rider, we add together all reasonable expenses for the cell, tissue and gene therapy treatment (including inpatient hospital treatment and outpatient hospital treatment), and pay up to the limits shown in the policy conditions.
- You may make a claim under this benefit as long as you have not fully used the benefit payable up to the benefit limit in the policy conditions. We will pay the claim amount based on the following:
- If the claim amount after applying the co-payment is higher than the remaining benefit payable under this rider, we will pay up to the remaining benefit limit.
  - If the claim amount after applying the co-payment is lower than the remaining benefit payable under this rider, you will have to make a co-payment of the benefits due under your policy as shown in the policy conditions and we will only pay the amount of your claim which is more than the co-payment.
- g. Pre-hospitalisation and post-hospitalisation benefit is only applicable if your plan is either the Enhanced IncomeShield Preferred plan or the Enhanced IncomeShield Advantage plan. This benefit applies on top of the pre-hospitalisation treatment benefit and post-hospitalisation treatment benefit covered under your Enhanced IncomeShield Preferred plan or Enhanced IncomeShield Advantage plan (where applicable), up to the limits shown in the policy conditions. Please refer to the policy conditions for further details.
- h. Pre-hospitalisation benefit covers up to 100 days before admission under the Enhanced Advantage plan and an additional up to 80 days before admission when you add an Optima Care rider and seek treatment provided by our panel.
- i. Post-hospitalisation benefit covers:
- up to 100 days after discharge under the Enhanced Preferred plan and an additional up to 80 days after discharge when you add an Optima Care rider and seek treatment not provided by our panel.
  - up to 100 days after discharge under the Enhanced Advantage plan and an additional up to 80 days after discharge when you add an Optima Care rider and seek treatment provided by our panel.

**IMPORTANT NOTES**

- j. If, during the insured's stay in hospital, their parent or guardian stays in the same room as the insured, we will reimburse up to \$80 for each day the parent or guardian stays. We will only pay for the stay of one parent or guardian. This applies if 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. Co-payment is not applicable for this benefit.
- k. Autism testing benefit is only payable for insured up to age 18 (next birthday) for the relevant plan. This benefit is payable if the insured undergoes an autism test, on a reimbursement basis, up to the limits for the relevant plan shown in the policy conditions. There must be a referral from a paediatrician for the autism test. This benefit is only payable once in the lifetime of your policy. You will have to make a 10% co-payment for each claim for this benefit due under your policy. Please refer to the policy conditions for further details on the co-payment limit.
- l. Critical care benefit is only payable for insured up to age 18 (next birthday) for the relevant plan. If the insured requires a stay in an intensive care unit (ICU) or high dependency unit (HDU) for a total of 4 days or more in one hospital admission, we will pay the benefit as shown in the policy conditions. The stay in the ICU or HDU must be confirmed as necessary medical treatment. We will not consider a stay in ICU or HDU as necessary medical treatment if the insured can be safely and adequately treated in any other facility. This benefit is not payable for the following:
- the insured suffered symptoms of, had investigations for, or was diagnosed with illness any time before or within 90 days from the start date of this rider (except for accidents).
  - claims for overseas treatment, including emergency overseas treatment.
- This benefit is only payable once in the lifetime of your policy. Co-payment is not applicable for this benefit.

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.

This is for general information only and does not constitute an offer, recommendation, solicitation, or advice to buy or sell any product(s). You can find the usual terms, conditions and exclusions of this policy at [income.com.sg/enhanced-incomeshield-policy-conditions.pdf](https://income.com.sg/enhanced-incomeshield-policy-conditions.pdf), [income.com.sg/optima-care-rider-policy-conditions.pdf](https://income.com.sg/optima-care-rider-policy-conditions.pdf) and [income.com.sg/essential-care-rider-policy-conditions.pdf](https://income.com.sg/essential-care-rider-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 product is suitable for you, we strongly encourage you to speak to a qualified insurance advisor. Otherwise, you may end up buying a product 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 policy is not suitable after purchasing it, you may terminate it within the free-look period and obtain a refund of the premiums paid.

Protected up to specified limits by SDIC.

Information is correct as at 1 April 2026.

Protected by copyright and owned by Income Insurance Limited.