

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 Classic Care Rider

1 What your rider covers

This rider covers the following benefits.

This rider applies as well as **your policy**. We will only pay the benefits under this rider 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 they apply) and **limit in each policy year** of **your policy**, and all other limits listed in the **schedule of benefits** (if any apply).

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, if it applies, an extended panel and non-panel payment 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 | 10% co-payment of the benefits due under your policy | | |
| Co-payment limit | Up to \$3,000 each policy year | Up to \$3,000 each policy year | No limit |

If **you** are claiming for pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if covered), **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 that are directly related to the main outpatient hospital treatment which is covered under **your policy** and ordered by the **registered medical practitioner**, **we** will apply the co-payment limit only if the main outpatient hospital treatment is provided by **our panel** or **extended panel**.

If **you** are making a claim under **your policy** for your **stay in hospital** that is a result of being admitted from the emergency department of the same **hospital** in the same visit, **we** will treat **your** claim as a treatment provided by **our panel**.

For each claim that meets the **limits on special benefits** (if they apply) or the **limit in each policy year** for **your policy**, the co-payment for that claim will not count 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, if 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 following **policy year** after the **stay in hospital**. And, for each further period of 12 months or less that the **stay in hospital** continues 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 per **policy year** for **your** claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if covered). **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.

When there is more than one treating **registered medical practitioner** or **specialist** for the **insured's stay in hospital**, **we** will apply the ENP if 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 following **policy year** after the **stay in hospital**. And, for each further period of 12 months or less that the **stay in hospital** continues for, **you** must pay the ENP of up to \$2,000 for one extra **policy year**.

To avoid doubt, the ENP also applies to claims for emergency overseas treatment benefit under **your policy**.

1.2 Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are on the **Cancer Drug List (CDL)** and selected cancer drug treatments that are not 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 line with the conditions set out in **your policy**.
- If the **insured** is receiving treatments 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.
- 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.

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 for one primary cancer | | | |
|--|--|-----------------------|-----------------------|----------------------|
| | Enhanced IncomeShield Plans | | | |
| | Preferred | Advantage | Basic | Enhanced C |
| Treatment on the 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 for one primary cancer | | | | |
|--|--|-----------------------|-----------------------|----------------------|----------------------|
| | IncomeShield Standard Plan | IncomeShield Plans | | | |
| | | Plan P | Plan A | Plan B | Plan C |
| Treatment on the 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 Plans | | | |
| | Preferred | Advantage | Basic | Enhanced C |
| Treatment on the CDL (each month) | The total of the highest limits among the covered cancer drug treatments for each primary cancer, as shown in table 1a | | | |
| 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 the CDL (each month) | The total of the highest limits among the covered cancer drug treatments for each primary cancer, as shown in table 1b | | | | |
| Non- CDL treatment (each month) | \$5,200 x the number of primary cancers | \$4,000 x the number of primary cancers | \$3,800 x the number of primary cancers | \$3,500 x the number of primary cancers | \$3,200 x the number of primary cancers |

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

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 \$3,000 in clause 1.1a. 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**.

Table 2

| Types of treatment | Co-payment |
|---|---|
| Treatment on the CDL , not provided by our panel or extended panel | 10% of the benefits due under this rider |
| Treatment on the CDL , provided by our panel or extended panel | 10% of the benefits due under this rider, up to a co-payment limit of \$3,000 each policy year |
| Treatment not on the CDL | 20% of the benefits due under this 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. **We** will only pay for the stay of one parent or guardian. This applies while 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.

You do not need to pay the co-payment or ENP if **we** pay this benefit.

2 Our responsibilities to you

Our responsibilities to **you** are only for the cover and period shown in this rider or the **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 ENP (if appropriate) before **we** pay any benefit. **We** will only pay the amount of **your** claim which is more than the co-payment and ENP, and **we** will apply the co-payment before the ENP (if it applies).

3 Your responsibilities

3.1 Premium

Your **policy certificate** or the **renewal certificate** (as the case may be) shows the premium **you** have to pay to **us** to receive the **benefits**. If **you** add this rider to **your policy** during a **policy year**, this rider's premium for that **policy year** will be pro-rated (that is, it will be an appropriate proportion based on the remaining length of the **policy year**). **You** must pay the premium for this rider every year.

We give **you** 60 days' grace, from the **renewal date** for **your policy**, to pay the premium for this rider. During the **period of grace**, this rider will stay in force. **You** must first pay any outstanding premium for this rider, **premium** for **your policy** and any other 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. The cancellation will apply from the **renewal date** for **your policy**.

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

When this rider ends, **we** will refund the pro-rated portion of the premium for this rider (that is, the refund will be an appropriate proportion based on the remaining number of days left for the **policy year**). **We** will pay the refund in cash.

3.3 Change in premium

The premium for this rider 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 this rider

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

4.2 Ending this rider

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

4.3 Reinstating this rider

If this rider is cancelled because **you** have not paid the premiums for it, **you** can apply to reinstate this rider. If **we** agree, the following conditions will apply.

- a **You** must pay all premiums **you** owe before **we** will reinstate this rider.
- b **We** will not pay for any expenses which arise between the date this rider ends and the date immediately before the date this rider is reinstated.
- 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 date this rider is reinstated.

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

4.4 Changing terms and conditions

We may change the premiums, benefits and cover of this rider, 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 they 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 stay the same and will apply to this rider; and
- b words defined in the definitions section of the conditions of **your policy** will have the same meanings in this rider wherever they are printed in bold.

If **MOH**, the **CPF Board** or any other regulatory authority relating to **MediShield Life** introduces any mandatory changes to the benefits, features, guidelines or conditions of **your policy** or rider, **we** may immediately apply those mandatory changes without giving **you** written notice.

If **you** do not agree with the changes to **your policy** or rider, **you** may choose to end **your policy** or rider.

If there is any inconsistency between the terms and conditions of this rider and the terms and conditions of **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 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 www.income.com.sg/specialist-panel. **We** may update this list from time to time.