

Coverage for IncomeShield Standard Plan

Benefits	IncomeShield Standard Plan (Includes MediShield Life (MSHL) payout)		
Ward entitlement	Restructured hospital for ward class B1 and below		
Inpatient hospital treatment	Limits of compensation		
Daily ward and treatment charges (each day) ^a			
- Normal ward (including MIC@Home)			\$2,250 ^b
- Intensive care unit ward			\$6,850 ^b
Surgical benefits (including day surgery) (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) ^c		\$9,800	
Radiosurgery, including proton beam therapy – Category 4 (each treatment course) ^d		\$31,300	
Community hospital (Rehabilitative) (each day) ^{a,e}		\$760	
Community hospital (Sub-acute) (each day) ^{a,e}		\$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 ^f	Covered up to inpatient hospital treatment limits		

Benefits	IncomeShield Standard Plan (Includes MSHL payout)		
Outpatient hospital treatment⁹	Limits of compensation		
Radiotherapy for cancer (each treatment session)			
- External (except Hemi-body)			\$880
- Brachytherapy			\$1,100
- Hemi-body			\$2,510
- Stereotactic			\$6,210
- Proton beam therapy – Category 1 ^d			\$880
- Proton beam therapy – Category 2 ^d			\$1,100
- Proton beam therapy – Category 3 ^d			\$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) ^h	3x MSHL Limit for one primary cancer		
Cancer drug services (each policy year) ⁱ	2x MSHL Limit for one primary cancer		
Insured receiving treatment for multiple primary cancers^j			
Cancer drug treatment (each month) ^h	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer		
Cancer drug services (each policy year) ⁱ	2x MSHL Limit for multiple primary cancers		
Pro-ration factor^k	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)		
	SG	PR	FR
Pro-ration factor^k			
Short-stay ward			
- 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
Outpatient hospital treatment excluding dialysis and erythropoietin			
- 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%
Outpatient hospital treatment for dialysis and erythropoietin			
- Restructured hospital subsidised	Does not apply	Does not apply	Does not apply
- MOH-subsented Voluntary Welfare Organisations	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%
Deductible for each policy year for an insured aged 80 years or below at next birthday^l			
Inpatient			
- 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	
Day surgery or short-stay ward			
- Subsidised		\$1,500	
- Non-subsidised		\$2,000	

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Benefits	IncomeShield Standard Plan (Includes MSHL payout)
Deductible for each policy year for an insured aged over 80 years at next birthday¹	
Inpatient	
<ul style="list-style-type: none"> - Restructured hospital <ul style="list-style-type: none"> - Ward class C - Ward class B2 or B2+ - Ward class B1 - Ward class A - Private hospital or private medical institution - Community hospital <ul style="list-style-type: none"> - Ward class C - Ward class B2 or B2+ - Ward class B1 - Ward class A 	<ul style="list-style-type: none"> \$2,000 \$3,000 \$3,000 \$3,000 \$3,000 \$2,000 \$3,000 \$3,000 \$3,000
Day surgery or short-stay ward	
<ul style="list-style-type: none"> - Subsidised - Non-subsidised 	<ul style="list-style-type: none"> \$2,000 \$3,000
Co-insurance	10%
Limit in each policy year	\$200,000
Limit in each lifetime	Unlimited
Last entry age (age next birthday)	Does not apply
Maximum coverage age	Lifetime

IMPORTANT NOTES

- a. Includes meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, and laboratory tests. You can refer to clause 1.1a, 1.1b and 1.1c in the policy conditions for IncomeShield Standard Plan for details.
- b. An additional claim limit of \$300 per day applies for the first 2 days.
- c. 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)
- d. The MOH-approved proton beam therapy indications and eligibility criteria are set out on MOH's website (go.gov.sg/pbt-approved-indications). MOH may update these from time to time.
- e. To claim for staying in a community hospital, the conditions as set out in the policy conditions must be met. You can refer to clause 1.1g in the policy conditions for IncomeShield Standard Plan for details.
- f. Serious pregnancy and delivery-related complications pays for inpatient hospital treatment if conditions as set out in the policy conditions are met. You can refer to clause 1.1k in the policy conditions for IncomeShield Standard Plan for details.
- g. This benefit covers the following main outpatient hospital treatment received by the insured from a hospital or a licensed medical centre or clinic. You can refer to clause 1.2a to 1.2g in the policy conditions for IncomeShield Standard Plan for details.
- h. 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). 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.
- i. 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). 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. Defined as two or more cancers arising from different sites and are of a different histology or morphology group. The claim limits for patients receiving treatment for multiple primary cancers are accorded on an application basis; doctors are to send the application form to MOH and Income Insurance for assessment of MSHL and Integrated Shield Plan coverage respectively.
- k. 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. 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.
- l. The deductible does not apply to the outpatient hospital treatment benefits.

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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