

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 Optima 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), **limit in each policy year** of **your policy**, all other limits listed in the **schedule of benefits** (if any apply) and the conditions set out in this rider.

1.1 Deductible and co-insurance

While this rider is in force, there is no **co-insurance** due under **your policy**. However, **you** will still need to pay the **deductible** due under **your policy**, and **you** will also have to make a co-payment for each claim, as set out below, before **we** pay any benefit. **We** will only pay the amount of **your** claim which is more than the deductible and the co-payment.

a Co-payment

For each claim under **your policy**, **you** will have to make a co-payment of the **benefits** due under **your policy**, as shown in table 1, unless stated otherwise in this rider. If the treatment is provided by **our panel** or **extended panel**, **we** will apply a co-payment limit as shown in table 1.

Table 1

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	5% co-payment of the benefits due under your policy	8% co-payment of the benefits due under your policy	8% co-payment of the benefits due under your policy
Co-payment limit	Up to \$6,000 each policy year	Up to \$6,000 each policy year	No limit

Co-payments made for the **insured's** treatment provided by **our panel** or **extended panel** shall be accumulated and count toward the overall co-payment limit of each **policy year**. Once the total accumulated co-payments exceed the co-payment limit of \$6,000 for each **policy year**, no further co-payment shall be payable by **you** for the **insured's** treatment provided by **our panel** or **extended panel** for the remainder of the same **policy year**.

If **you** are claiming for pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if covered), **we** will apply the co-payment limit only if the treatment during the **insured's stay in hospital** is provided by **our panel** or **extended panel**. **We** will apply the same co-payment percentage of the inpatient hospital treatment to the pre-hospitalisation treatment and post-hospitalisation treatment.

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**. We will apply the same co-payment percentage for these consultation fees, medicines, examinations or tests as the main outpatient hospital treatment.

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 \$6,000 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 \$6,000, 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**.

1.2 Pre-hospitalisation and post-hospitalisation benefit

This 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 tables 2a and 2b accordingly.

Table 2a

Pre-hospitalisation treatment benefit	Enhanced IncomeShield Plans	
	Preferred	Advantage
Inpatient hospital treatment provided by our panel	Not applicable	Up to 80 additional days before admission
Inpatient hospital treatment not provided by our panel	Not applicable	Not applicable

Table 2b

Post-hospitalisation treatment benefit	Enhanced IncomeShield Plans	
	Preferred	Advantage
Inpatient hospital treatment provided by our panel	Not applicable	Up to 80 additional days after discharge
Inpatient hospital treatment not provided by our panel	Up to 80 additional days after discharge	Not applicable

To avoid doubt, if the **insured** is under the care of more than one **registered medical practitioner** or **specialist** for the **insured's stay in hospital**, **we** will cover up to the limits shown in table 2a for pre-hospitalisation treatment and table 2b for post-hospitalisation treatment according to whether the main treating **registered medical practitioner** or **specialist** (shown in the hospital records as the principal doctor) for the inpatient hospital treatment is on **our panel** or not on **our panel**.

1.3 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) (where applicable), up to the limits shown in table 3a. 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 table 3b 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 3a

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

Table 3b

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers		
	Enhanced IncomeShield Plans		
	Preferred	Advantage	Basic
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 3a		
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

1.3.1 Co-payment for Cancer Drug Treatment and Cancer Drug Services

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 table 4, instead of table 1 in clause 1.1a.

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 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**.

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 table 4, instead of table 1 in clause 1.1a. 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 clause 1.1a.

Table 4

Types of treatment	Co-payment
Treatment on the CDL provided by our panel or extended panel	5% co-payment and co-payment limit of \$6,000 each policy year
Treatment on the CDL not provided by our panel or extended panel	5% co-payment and no co-payment limit
Non- CDL treatment	10% co-payment and no co-payment limit
Cancer Drug Services provided by our panel or extended panel	5% co-payment and co-payment limit of \$6,000 each policy year
Cancer Drug Services not provided by our panel or extended panel	5% co-payment and no co-payment limit

1.4 Cell, tissue and gene therapy benefit

This 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) provided to the **insured**, up to the limits shown in table 5, as long as the cell, tissue and gene therapy is approved by the Health Sciences Authority (HSA).

Table 5

Benefit payable	Enhanced IncomeShield Plans		
	Preferred	Advantage	Basic
Cell, tissue and gene therapy not on MOH's CTGTP list (one treatment per indication per lifetime)	\$150,000	\$150,000	\$100,000

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 table 5.

For each cell, tissue and gene therapy claim under this rider, the co-payment of the **benefits** due under **your policy** as shown in table 6 will apply instead of table 1 in clause 1.1a.

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 table 5. **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 table 6 and **we** will only pay the amount of **your** claim which is more than the co-payment.

Table 6

Types of treatment	Co-payment
Treatment not on MOH's CTGTP list	10% co-payment and no co-payment limit

To avoid doubt, **we** will not apply the co-payment limit for all treatments not on **MOH's** CTGTP list, even if they are provided by **our panel** or **extended panel**.

1.5 Extra-bed benefit

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.

1.6 Autism testing benefit

This benefit is only payable for **insured** up to age 18 (next birthday) for the relevant **plan** shown in table 7.

This benefit pays if the **insured** undergoes an autism test, on a reimbursement basis, up to the limits for the relevant **plan** shown in table 7. 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**, instead of the co-payment in table 1 in clause 1.1a. This will not count towards the co-payment limit of \$6,000 in clause 1.1a.

Table 7

Enhanced IncomeShield Plans		
Preferred	Advantage	Basic
\$1,000	\$500	Not applicable

1.7 Critical care benefit

This benefit is only payable for **insured** up to age 18 (next birthday) for the relevant **plan** shown in table 8.

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, based on the amount for the relevant **plan** shown in table 8. This benefit is only payable once in the lifetime of **your policy**.

Co-payment is not applicable for this benefit.

Table 8

Enhanced IncomeShield Plans		
Preferred	Advantage	Basic
\$50,000	\$30,000	Not applicable

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.

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.

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.

If **we** accept your request to change **your plan** to a **plan** which this rider cannot be attached to, this rider will end when the cover of the new plan starts.

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 and any amount **you** owe **us** under **your policy** 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.