

Product summary – Enhanced IncomeShield Plan and Rider

Policy Number

Policyholder (Payor)'s
Name

Full name (as in NRIC/Long-Term Pass)

Life to be insured's
Name

Full name (as in NRIC/BC/Long-Term Pass)

☐ I agree that the contents of the product summary has been explained to me to my satisfaction by my advisor. I have fully read through the contents of the product summary and I understand them.

Signed in Singapore on

Signature of
Policyholder (Payor)

(dd/mm/yyyy)

Advisor's Name

Advisor's Code

Full name (as in NRIC)

Signed in Singapore on

Signature of Advisor

(dd/mm/yyyy)

Product summary – Enhanced IncomeShield Plan

Product information

Enhanced IncomeShield Plan

This is a hospital and surgical plan that helps you reduce the financial burden on your family if you, or your family members who are covered, have to stay in hospital. Depending on the plan you have chosen, we will pay the reasonable expenses for the insured person's necessary medical treatment according to the limits of compensation set out in the benefits schedule below.

Enhanced C plan is not available for new business, upgrade or downgrade from 1 March 2019. You may only switch to a plan that corresponds with the insured person's current nationality or residency status.

Integration with MediShield Life (MSHL)

If the insured person is a Singapore citizen or a Singapore permanent resident, the insured person will be jointly insured under MSHL which is run by the Central Provident Fund Board (CPF Board) and governed by the Central Provident Fund Act 1953 and the MediShield Life Scheme Act 2015 and any subsidiary legislation made under such acts (the "act and regulations"). Upon renunciation of your Singapore citizenship or Singapore permanent resident status, we can convert your existing plan to a foreigner plan, as long as the insured has an eligible valid pass.

Comparison of Benefits between MSHL and Enhanced IncomeShield Plan

An Enhanced IncomeShield Plan policy is made up of two parts – a MSHL portion provided by the CPF Board and an additional private insurance coverage portion provided by Income Insurance Limited (Income Insurance). The full Enhanced IncomeShield Plan premium comprises the MSHL premium and your Enhanced IncomeShield Plan's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will comprise the MSHL payout and the Enhanced IncomeShield Plan coverage payout. For example,

- if the payout computed based on the full Enhanced IncomeShield Plan benefits is \$2,000, and the payout based on MSHL benefits is \$500, the policyholder will receive \$2,000, which comprises \$500 from the MSHL payout, and \$1,500 from the Enhanced IncomeShield Plan additional coverage payout.
- in the case where the payout based on MSHL benefits is higher than that from the Enhanced IncomeShield Plan benefits, the eventual payout will be based on the MSHL benefits.

Benefits	Full benefit features				
	MediShield Life	Enhanced IncomeShield Plan (Payout includes MediShield Life ¹ payout)			
		Preferred	Advantage	Basic	Enhanced C
Ward entitlement		Standard room in a private hospital or private medical institution	Restructured hospital for ward class A and below	Restructured hospital for ward class B1 and below	Restructured hospital for ward class B2 and below
Inpatient hospital treatment	Limits of compensation				
Daily ward and treatment charges (each day) ² – Normal ward (including MIC@Home) – Intensive care unit ward	\$830^^ \$5,140^^			As charged	
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 table:	A	B	C		
– Table 1 A/B/C (less complex procedures)	\$240	\$420	\$490		
– Table 2 A/B/C	\$760	\$1,120	\$1,120		
– Table 3 A/B/C	\$1,390	\$1,740	\$1,920		
– Table 4 A/B/C	\$2,310	\$2,370	\$2,460		
– Table 5 A/B/C	\$2,700	\$3,270	\$3,270		
– Table 6 A/B/C	\$3,540	\$3,540	\$3,540		
– Table 7 A/B/C (more complex procedures)	\$3,900	\$3,900	\$3,900		
Organ transplant benefit (including stem-cell transplant)	Covered under inpatient hospital				
Surgical implants ³ (each treatment)	\$7,000				
Accident inpatient dental treatment	Covered under inpatient hospital				
Pre-hospitalisation treatment ^{4,5}	Not covered		As charged	As charged Up to 100 days before admission	
			Not provided by our panel ⁶ : up to 100 days before admission Provided by our panel ⁶ : Up to 180 days before admission		
Post-hospitalisation treatment ^{4,5}	Not covered		As charged	As charged Up to 100 days after discharge	
			Not provided by our panel ⁶ : up to 100 days after discharge Provided by our panel ⁶ : Up to 365 days after discharge		

^{^^} An additional claim limit of \$800 per day applies for the first 2 days

Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
Inpatient hospital treatment	Limits of compensation				
Community hospital (Rehabilitative) ^{2,7} (each day)	\$370	As charged (up to 90 days for each admission)			As charged (up to 45 days for each admission)
Community hospital (Sub-acute) ^{2,7} (each day)	\$570				
Inpatient palliative care service (General) (each day)	\$460	As charged			
Inpatient palliative care service (Specialised) (each day)	\$500				
Outpatient hospital treatment ⁸	Limits of compensation				
Radiotherapy for cancer (each treatment session) – External (except Hemi-body) – Brachytherapy – Hemi-body – Stereotactic	\$400 \$620 \$620 \$460	As charged			
Kidney dialysis (each month)	\$1,750				
Erythropoietin for chronic kidney failure (each month)	\$220				
Immunosuppressants for organ transplant (each month)	\$710				
Long-term parenteral nutrition (each month)	\$2,200				
Home Ventilation and Respiratory Support Service (each month) [^]	\$840				
Paediatric Home Care (each month) [^]	\$420	\$1,680	Covered up to MediShield Life benefits only		
Negative Pressure Wound Therapy (each day) [^]	\$120	\$840			
Repetitive Transcranial Magnetic Stimulation (each treatment session) [^]	\$120	\$240			
Pasteurised Donated Human Milk (each day) [^]	\$85	\$240 (up to 39 treatments per lifetime)			
Hyperbaric Oxygen Therapy (each treatment session) [^]	\$780	\$170			
Outpatient Parenteral Antibiotic Therapy (each day) [^]	\$90	\$1,560			
Insured receiving treatment for one primary cancer					
Cancer drug treatment (each month) [^]	\$200 - \$12,800, depending on cancer drug treatment	5x MSHL Limit for one primary cancer			3x MSHL Limit for one primary cancer
Cancer drug services (each policy year)	\$4,500	\$18,000			\$10,800

Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
Outpatient hospital treatment ⁸	Limits of compensation				
Insured receiving treatment for multiple primary cancers**					
Cancer drug treatment (each month)*	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer	The total of the highest limits among the covered cancer drug treatments received for each primary cancer			
Cancer drug services (each policy year)	\$9,000	\$36,000			\$21,600
Special benefits	Limits on special benefits				
Radiosurgery (each treatment course)	\$15,700	As charged			
Breast reconstruction after mastectomy ⁹	Covered under inpatient hospital treatment	As charged			Covered up to MediShield Life benefits only
Congenital abnormalities benefit (with 12 months' waiting period)		As charged			
Pregnancy and delivery-related complications benefit ¹⁰ (with 10 months' waiting period)		As charged			
Living organ donor (insured) transplant benefit – insured as the living donor donating an organ (each transplant with 24 months' waiting period for the person receiving the organ)		As charged, up to \$60,000	As charged, up to \$40,000	As charged, up to \$20,000	
Living organ donor (non-insured) transplant benefit (each transplant) – insured as the recipient of organ		As charged, up to \$60,000	Not covered	Not covered	
Cell, tissue and gene therapy benefit [#] (one treatment per indication per lifetime) – Kymriah – Yescarta	\$141,000 \$141,000	As charged, up to \$250,000 As charged, up to \$250,000		As charged, up to \$150,000 As charged, up to \$150,000	
Proton beam therapy (each policy year) ^{##,11}	\$400 (Category 1) (each treatment session) \$620 (Category 2) (each treatment session) \$460 (Category 3) (each treatment session) \$15,700 (Category 4) (each treatment course)	As charged, up to \$100,000		As charged, up to \$70,000	
Continuation of autologous bone marrow transplant treatment for multiple myeloma	\$6,000 (each treatment)	As charged, up to \$25,000 (each policy year)		As charged, up to \$10,000 (each policy year)	
Inpatient psychiatric treatment benefit (each policy year)	\$230 (each day, up to 60 days)	As charged, up to \$20,000	As charged, up to \$10,000	As charged, up to \$7,000	
Prosthesis benefit (each policy year)	Covered under surgical implants	As charged, up to \$10,000	As charged, up to \$6,000	As charged, up to \$6,000	As charged, up to \$3,000

Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
Special benefits	Limits on special benefits				
Emergency overseas treatment	Not covered	As charged but limited to costs of Singapore private hospitals	As charged but limited to costs of ward class A in Singapore restructured hospitals	As charged but limited to costs of ward class B1 in Singapore restructured hospitals	As charged but limited to costs of ward class B2 in Singapore restructured hospitals
Waiver of pro-ration factor for outpatient kidney dialysis		Does not apply	Waive pro-ration factor for applicable treatment provided by our preferred partner ⁶		
Final expenses benefit (waiver of co-insurance and deductible) ¹²		\$5,000		\$3,000	\$1,500

Benefits	MediShield Life		Preferred	Advantage	Basic	Enhanced C
Pro-ration factor ¹³	SG	PR	SG/PR/FR	SG/PR/FR	SG/PR/FR ¹⁴	SG/PR/FR ¹⁴
Inpatient Daily Ward & Treatment Charges						
- Restructured hospital						
- Ward class C	100%	50%		Does not apply	Does not apply	Does not apply
- Ward class B2	100%	50%		Does not apply	Does not apply	Does not apply
- Ward class B2+	100%	50%		Does not apply	Does not apply	Does not apply
- Ward class B1	34%	29%		Does not apply	Does not apply	40%
- Ward class A	27%	25%		Does not apply	70%	20%
- Private hospital or private medical institution or emergency overseas treatment ¹⁵	16%	16%	Does not apply	50%	35%	15%
- Community hospital						
- Ward class C, B2 or B2+	100%	60%		Does not apply	Does not apply	Does not apply
- Ward class B1	45%	37%		Does not apply	Does not apply	40%
- Ward class A	45%	37%		Does not apply	70%	20%
Day surgery						
- Restructured hospital subsidised	100%	54%		Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised	33%	33%		Does not apply	Does not apply	20%
- Private hospital or private medical institution or emergency overseas treatment ¹⁵	21%	21%	Does not apply	55%	40%	15%
Short-stay ward						
- Restructured hospital subsidised	100%	50%				Does not apply
- Restructured hospital non-subsidised	27%	25%	Does not apply	Does not apply	Does not apply	20%

SG: Singapore Citizen PR: Singapore Permanent Resident FR: Foreigner

Benefits	MediShield Life		Preferred	Advantage	Basic	Enhanced C
Pro-ration factor ¹³	SG	PR	SG/PR/FR	SG/PR/FR	SG/PR/FR ¹⁴	SG/PR/FR ¹⁴
Inpatient Surgical Charges						
– Restructured hospital						
– Ward class C	100%	60%		Does not apply	Does not apply	Does not apply
– Ward class B2	100%	60%		Does not apply	Does not apply	Does not apply
– Ward class B2+	100%	60%		Does not apply	Does not apply	Does not apply
– Ward class B1	35%	30%	Does not apply	Does not apply	Does not apply	40%
– Ward class A	25%	25%		Does not apply	70%	20%
– Private hospital or private medical institution or emergency overseas treatment ¹⁵	10%	10%		50%	35%	15%
Day surgery						
– Restructured hospital subsidised	100%	58%		Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised	25%	25%		Does not apply	Does not apply	20%
– Private hospital or private medical institution or emergency overseas treatment ¹⁵	15%	15%	Does not apply	55%	40%	15%
Short-stay ward						
– Restructured hospital subsidised	100%	60%	Does not apply	Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised	25%	25%				20%
Outpatient hospital treatment excluding dialysis and erythropoietin						
– Restructured hospital subsidised	100%	56%		Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised ¹⁶	35%	35%		Does not apply	Does not apply	Does not apply
– Private hospital or private medical institution ¹⁶	30%	30%	Does not apply	45%	30%	15%
Outpatient hospital treatment for dialysis and erythropoietin						
– Restructured hospital subsidised	100%	67%		Does not apply	Does not apply	Does not apply
– MOH-subsented Voluntary Welfare Organisations	100%	67%		Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised ¹⁶	100%	56%	Does not apply	Does not apply	Does not apply	Does not apply
– Private hospital or private medical institution ¹⁶	100%	56%		45%	30%	15%

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[^] This benefit covers treatments in Singapore restructured hospitals only.

[#] The cell, tissue and gene therapy is on MOH's CTGTP list, and is provided to the insured according to the indications on the CTGTP list, as shown on MOH's website (go.gov.sg/ctgtp-list). MOH may update this list from time to time. We will only cover the cell, tissue and gene therapies listed above. This is subject to one treatment per indication per lifetime, subject to indication requirements as listed within the MOH CTGTP List.

^{##} 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.

^{*} 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.

^{**} 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.

Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
Deductible for each policy year for an insured aged 80 years or below at next birthday¹⁷					
Inpatient					
– Restructured hospital					
- Ward class C	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,500	\$2,000	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500	\$2,500	\$2,000
- Ward class A	\$3,500	\$3,500	\$3,500	\$2,500	\$2,000
– Private hospital or private medical institution or emergency overseas treatment ¹⁵	\$3,500	\$3,500	\$3,500	\$2,500	\$2,000
– Community hospital					
- Ward class C	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500	\$2,500	\$2,000
- Ward class A	\$2,500	\$3,500	\$3,500	\$2,500	\$2,000
Day surgery					
– Subsidised	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000
– Non-subsidised	\$1,500	\$3,500	\$3,500	\$2,500	\$2,000
Short-stay ward					
– Subsidised	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
– Non-subsidised	\$2,500	\$3,500	\$3,500	\$2,500	\$2,000
Outpatient hospital treatment					
– Restructured hospital subsidised	\$500	\$500	\$500	\$500	\$500
– Restructured hospital non-subsidised	\$500	\$500	\$500	\$500	\$500
– Private hospital or private medical institution	\$500	\$500	\$500	\$500	\$500
Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
Deductible for each policy year for an insured aged over 80 years at next birthday¹⁷					
Inpatient					
– Restructured hospital					
- Ward class C	\$2,750	\$2,250	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,500	\$3,000	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,500	\$3,750	\$3,750	\$3,750	\$3,000
- Ward class A	\$4,500	\$5,250	\$5,250	\$3,750	\$3,000
– Private hospital or private medical institution or emergency overseas treatment ¹⁵	\$4,500	\$5,250	\$5,250	\$3,750	\$3,000
– Community hospital					
- Ward class C	\$2,750	\$2,250	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$2,750	\$3,000	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,500	\$3,750	\$3,750	\$3,750	\$3,000
- Ward class A	\$3,500	\$5,250	\$5,250	\$3,750	\$3,000
Day surgery					
– Subsidised	\$2,000	\$3,000	\$3,000	\$3,000	\$3,000
– Non-subsidised	\$2,000	\$5,250	\$5,250	\$3,750	\$3,000
Short-stay ward					
– Subsidised	\$2,750	\$3,000	\$3,000	\$3,000	\$3,000
– Non-subsidised	\$3,500	\$5,250	\$5,250	\$3,750	\$3,000
Outpatient hospital treatment					
– Restructured hospital subsidised	\$500	\$500	\$500	\$500	\$500
– Restructured hospital non-subsidised	\$500	\$500	\$500	\$500	\$500
– Private hospital or private medical institution	\$500	\$500	\$500	\$500	\$500

Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
Co-insurance					
– Inpatient hospital treatment Claimable amount ¹⁸ : \$0 - \$5,000 \$5,001 - \$10,000 Above \$10,000	10% 5% 3%	10%			
– Outpatient hospital treatment	10%				
Limit in each policy year	\$200,000	\$1,500,000	\$1,000,000	\$250,000	\$150,000
Limit in each lifetime	Unlimited	Unlimited			
Last entry age (age next birthday)	Does not apply	75			
Maximum coverage age	Lifetime	Lifetime			

“As charged” means we will reimburse you the eligible hospitalisation cost you have incurred, subject to deductible, co- insurance, admission of ward class, benefit limits and any other policy terms (including exclusions).

- ¹ For more information on the benefits covered under MediShield Life, you may refer to the MediShield Life Benefits published on the website of the Ministry of Health at www.medishieldlife.sg.
- ² 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 contract for Enhanced IncomeShield Plan for details.
- ³ 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).
- ⁴ Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after inpatient psychiatric treatment, accident inpatient dental treatment or emergency overseas treatment. Pre-hospitalisation and post-hospitalisation treatment are also not payable if the inpatient hospital treatment received during the stay in hospital is not payable. Post-hospitalisation treatment such as medication bought during a period of post-hospitalisation treatment but not used during that period is not payable. To avoid doubt, pre-hospitalisation and post-hospitalisation treatment do not include inpatient hospital treatment or day surgery.
- ⁵ If the inpatient hospital treatment is provided by our panel and paid for under the Enhanced IncomeShield Preferred Plan, we will cover the cost of medical treatment the insured received for up to 180 days before the stay in hospital starts and up to 365 days after the stay in hospital ends. 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 180 days of pre-hospitalisation treatment and up to 365 days of post-hospitalisation treatment only when the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel.
- ⁶ 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 income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.
- ⁷ To claim for staying in a community hospital, the conditions as set out in the policy contract must be met. You can refer to clause 1.1j in the policy contract for Enhanced IncomeShield Plan for details.
- ⁸ 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 1.2n in the policy contract for Enhanced IncomeShield Plan for details.
- ⁹ The breast reconstruction must be performed by a registered medical practitioner, during a stay in hospital, within 365 days after the date the insured leaves the hospital after the mastectomy was done.

- ¹⁰ Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment if conditions as set out in the policy contract are met. You can refer to clause 1.3d in the policy contract for Enhanced IncomeShield Plan for details.
- ¹¹ We will only cover the proton beam therapy if it is administered for an MOH-approved proton beam therapy indication (that is, MOH has approved the therapy for the insured's condition) and the insured meets the eligibility criteria for proton beam therapy under MSHL. The proton beam therapy indications and the eligibility criteria are set out on MOH's website (go.gov.sg/pbt-approved-indications). MOH may update these from time to time.
- ¹² We will waive (not enforce) the co-insurance and deductible due for a claim for the inpatient hospital treatment, pre-hospitalisation treatment and post-hospitalisation treatment if the insured dies (i) while in hospital; or (ii) within 30 days of leaving hospital. If the insured dies within 30 days of leaving the hospital, we will also waive the co-insurance due for a claim of outpatient hospital treatment if the treatment was received by the insured within 30 days of leaving hospital.
- ¹³ 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 your plan (as set out in the schedule of benefits). If the insured's stay in hospital is in a ward that is the same as or lower than their ward entitlement but their pre-hospitalisation treatment or post-hospitalisation treatment was or is in a hospital or clinic higher than they are entitled to, we will use the pro-ration factor on the reasonable expenses relating to the pre-hospitalisation treatment or post-hospitalisation treatment, as the case may be. 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 your plan (as set out in the schedule of benefits).
- ¹⁴ If the insured is not a Singapore citizen or Singapore permanent resident (is a foreigner) but is covered under a plan for a Singapore citizen or Singapore permanent resident, we will reduce the amount of each benefit we will pay to the percentages (citizenship factors) as specified in the policy contract. The citizenship factor applies to any claim under the policy.
 - Enhanced Basic: 80% (for foreigner)
 - Enhanced C: 28% (for foreigner)
- ¹⁵ MSHL does not cover emergency overseas treatment.
- ¹⁶ Pro-ration will apply under MSHL for outpatient radiotherapy for cancer, long-term parenteral nutrition and cancer drug treatment if the insured is a non-subsidised patient. Kidney dialysis and immunosuppressant drugs approved under MSHL for organ transplant will not be pro-rated for MSHL.
- ¹⁷ Deductible for all claims incurred within each policy year shall be accumulated. You will not be required to pay any further deductible if your total accumulated deductible paid has exceeded the highest deductible applicable to a claim within the policy year. This is applicable across the deductibles payable for inpatient hospital treatment, day surgery or short-stay ward, and outpatient hospital treatment as set out in the schedule of benefits.
- ¹⁸ Claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ration and citizenship factor, if needed.

What you will need to pay

You may use your MediSave to pay the yearly premium for the Enhanced IncomeShield Plan. If the insured is a Singapore citizen or Singapore permanent resident, the MSHL portion of the premium is fully payable by MediSave. For the remaining portion of the premium for additional private insurance coverage, the amount that can be paid by MediSave is subject to the Additional Withdrawal Limits (AWLs). If the insured is a foreigner whose plan does not have a MSHL component, the MediSave Withdrawal Limits for the plan's full premium is equivalent to the combined standard MSHL premium amount and AWLs that can be used for Singapore citizens and Singapore permanent residents. The premium rate is based on the insured person's age at their next birthday, and will increase when the insured person reaches the next age band. You will also need to pay the deductible and co-insurance parts of the medical expenses that is not covered by your Enhanced IncomeShield Plan.

Breakdown of yearly standard premiums for Enhanced IncomeShield Plan (S\$, Premiums include GST.)

The tables below show the breakdown of premiums for a standard life¹ under your plan type.

For insured person who is a Singapore citizen or Singapore permanent resident

Age next birthday ²	MediShield Life Premiums (Fully payable by MediSave) ^{3,4}	Additional Withdrawal Limits (AWLs)	Additional private insurance coverage							
			Enhanced IncomeShield Plan							
			Preferred		Advantage		Basic-SG / Basic-PR		Enhanced C-SG / Enhanced C-PR	
			Premiums	Cash outlay ⁵	Premiums	Cash outlay ⁵	Premiums	Cash outlay ⁵	Premiums	Cash outlay ⁵
1 - 18	\$200.00	300	\$299.00	-	\$51.00	-	\$45.00	-	\$24.00	-
19 - 20	\$200.00		\$313.00	\$13.00	\$75.00	-	\$53.00	-	\$45.00	-
21 - 25	\$295.00		\$321.00	\$21.00	\$77.00	-	\$60.00	-	\$22.00	-
26 - 30	\$295.00		\$347.00	\$47.00	\$84.00	-	\$62.00	-	\$22.00	-
31 - 35	\$503.00		\$484.00	\$184.00	\$129.00	-	\$91.00	-	\$37.00	-
36 - 40	\$503.00		\$502.00	\$202.00	\$161.00	-	\$103.00	-	\$37.00	-
41 - 45	\$637.00	600	\$977.00	\$377.00	\$274.00	-	\$164.00	-	\$79.00	-
46 - 50	\$637.00		\$1,140.00	\$540.00	\$284.00	-	\$201.00	-	\$81.00	-
51 - 55	\$903.00		\$1,715.00	\$1,115.00	\$445.00	-	\$245.00	-	\$110.00	-
56 - 60	\$903.00		\$2,192.00	\$1,592.00	\$493.00	-	\$249.00	-	\$115.00	-
61 - 65	\$1,131.00		\$2,936.00	\$2,336.00	\$793.00	\$193.00	\$441.00	-	\$246.00	-
66 - 70	\$1,326.00		\$3,557.00	\$2,957.00	\$1,215.00	\$615.00	\$597.00	-	\$366.00	-
71 - 73	\$1,643.00	900	\$5,136.00	\$4,236.00	\$1,679.00	\$779.00	\$1,001.00	\$101.00	\$561.00	-
74 - 75	\$1,816.00		\$5,866.00	\$4,966.00	\$1,979.00	\$1,079.00	\$1,060.00	\$160.00	\$678.00	-
76 - 78	\$2,027.00		\$6,611.00	\$5,711.00	\$2,409.00	\$1,509.00	\$1,268.00	\$368.00	\$853.00	-
79 - 80	\$2,187.00		\$7,446.00	\$6,546.00	\$2,842.00	\$1,942.00	\$1,443.00	\$543.00	\$978.00	\$78.00
81 - 83	\$2,303.00		\$7,826.00	\$6,926.00	\$2,889.00	\$1,989.00	\$1,694.00	\$794.00	\$1,202.00	\$302.00
84 - 85	\$2,616.00		\$8,889.00	\$7,989.00	\$3,298.00	\$2,398.00	\$1,865.00	\$965.00	\$1,292.00	\$392.00
86 - 88	\$2,785.00		\$9,741.00	\$8,841.00	\$3,796.00	\$2,896.00	\$2,058.00	\$1,158.00	\$1,364.00	\$464.00
89 - 90	\$2,785.00		\$10,675.00	\$9,775.00	\$4,060.00	\$3,160.00	\$2,397.00	\$1,497.00	\$1,468.00	\$568.00
91 - 93	\$2,826.00		\$10,775.00	\$9,875.00	\$4,493.00	\$3,593.00	\$2,620.00	\$1,720.00	\$1,592.00	\$692.00
94 - 95	\$2,826.00		\$11,168.00	\$10,268.00	\$4,998.00	\$4,098.00	\$2,688.00	\$1,788.00	\$1,858.00	\$958.00
96 - 98	\$2,826.00		\$11,742.00	\$10,842.00	\$5,476.00	\$4,576.00	\$2,770.00	\$1,870.00	\$2,106.00	\$1,206.00
99 - 100	\$2,826.00		\$12,501.00	\$11,601.00	\$5,940.00	\$5,040.00	\$2,930.00	\$2,030.00	\$2,278.00	\$1,378.00
Over 100	\$2,826.00		\$12,501.00	\$11,601.00	\$6,424.00	\$5,524.00	\$2,969.00	\$2,069.00	\$2,522.00	\$1,622.00
Estimated lifetime premium summed from age next birthday 1 to 100			\$345,446.00	\$288,464.00	\$129,303.00	\$85,500.00	\$70,980.00	\$31,999.00	\$46,235.00	\$14,740.00

SG: Singapore Citizen PR: Singapore Permanent Resident

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

- A standard life is an insured, who at the point of proposal, does not have any pre-existing conditions.
- The last entry age is 75, based on the insured's age next birthday.
- Your MSHL premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MSHL premium payable after accounting for these is fully payable by MediSave.
- The MSHL premiums here are accurate as of 1 April 2025. Please refer to www.medishieldlife.sg for the latest MediShield Life premiums.
- This refers to the cash outlay if you are paying by MediSave (assuming you have sufficient monies in your MediSave account). If you are not paying by MediSave, your total cash outlay will be equal to MSHL Premiums + Premiums for Additional private insurance coverage. For example, for an insured aged 30 (at next birthday) buying Enhanced IncomeShield Preferred Plan, the total premium = \$295.00 + \$347.00 = \$642.00.

For insured person who is a foreigner

Age next birthday ²	Total MediSave Withdrawal Limits ³	Enhanced IncomeShield Plan							
		Preferred		Advantage		Basic-FR		Enhanced C-FR	
		Total Premiums	Cash outlay ⁴	Total Premiums	Cash outlay ⁴	Total Premiums	Cash outlay ⁴	Total Premiums	Cash outlay ⁴
1 to 18	\$500.00	\$499.00	-	\$251.00	-	\$250.00	-	\$247.00	-
19 to 20	\$500.00	\$513.00	\$13.00	\$275.00	-	\$269.00	-	\$260.00	-
21 to 25	\$595.00	\$616.00	\$21.00	\$372.00	-	\$371.00	-	\$350.00	-
26 to 30	\$595.00	\$642.00	\$47.00	\$379.00	-	\$378.00	-	\$350.00	-
31 to 35	\$803.00	\$987.00	\$184.00	\$632.00	-	\$609.00	-	\$602.00	-
36 to 40	\$803.00	\$1,005.00	\$202.00	\$664.00	-	\$627.00	-	\$602.00	-
41 to 45	\$1,237.00	\$1,614.00	\$377.00	\$911.00	-	\$869.00	-	\$808.00	-
46 to 50	\$1,237.00	\$1,777.00	\$540.00	\$921.00	-	\$914.00	-	\$814.00	-
51 to 55	\$1,503.00	\$2,618.00	\$1,115.00	\$1,348.00	-	\$1,301.00	-	\$1,140.00	-
56 to 60	\$1,503.00	\$3,095.00	\$1,592.00	\$1,396.00	-	\$1,348.00	-	\$1,168.00	-
61 to 65	\$1,731.00	\$4,067.00	\$2,336.00	\$1,924.00	\$193.00	\$1,816.00	\$85.00	\$1,606.00	-
66 to 70	\$1,926.00	\$4,883.00	\$2,957.00	\$2,541.00	\$615.00	\$2,163.00	\$237.00	\$1,992.00	\$66.00
71 to 73	\$2,543.00	\$6,779.00	\$4,236.00	\$3,322.00	\$779.00	\$3,166.00	\$623.00	\$2,723.00	\$180.00
74 to 75	\$2,716.00	\$7,682.00	\$4,966.00	\$3,795.00	\$1,079.00	\$3,382.00	\$666.00	\$3,088.00	\$372.00
76 to 78	\$2,927.00	\$8,638.00	\$5,711.00	\$4,436.00	\$1,509.00	\$3,901.00	\$974.00	\$3,550.00	\$623.00
79 to 80	\$3,087.00	\$9,633.00	\$6,546.00	\$5,029.00	\$1,942.00	\$4,342.00	\$1,255.00	\$3,964.00	\$877.00
81 to 83	\$3,203.00	\$10,129.00	\$6,926.00	\$5,192.00	\$1,989.00	\$4,473.00	\$1,270.00	\$3,958.00	\$755.00
84 to 85	\$3,516.00	\$11,505.00	\$7,989.00	\$5,914.00	\$2,398.00	\$4,966.00	\$1,450.00	\$4,559.00	\$1,043.00
86 to 88	\$3,685.00	\$12,526.00	\$8,841.00	\$6,581.00	\$2,896.00	\$5,906.00	\$2,221.00	\$5,369.00	\$1,684.00
89 to 90	\$3,685.00	\$13,460.00	\$9,775.00	\$6,845.00	\$3,160.00	\$6,347.00	\$2,662.00	\$5,700.00	\$2,015.00
91 to 93	\$3,726.00	\$13,601.00	\$9,875.00	\$7,319.00	\$3,593.00	\$6,640.00	\$2,914.00	\$6,055.00	\$2,329.00
94 to 95	\$3,726.00	\$13,994.00	\$10,268.00	\$7,824.00	\$4,098.00	\$6,695.00	\$2,969.00	\$6,460.00	\$2,734.00
96 to 98	\$3,726.00	\$14,568.00	\$10,842.00	\$8,302.00	\$4,576.00	\$6,776.00	\$3,050.00	\$6,776.00	\$3,050.00
99 to 100	\$3,726.00	\$15,327.00	\$11,601.00	\$8,766.00	\$5,040.00	\$6,974.00	\$3,248.00	\$6,974.00	\$3,248.00
Over 100	\$3,726.00	\$15,327.00	\$11,601.00	\$9,250.00	\$5,524.00	\$7,002.00	\$3,276.00	\$7,002.00	\$3,276.00
Estimated lifetime premium summed from age next birthday 1 to 100		\$458,453.00	\$288,464.00	\$242,310.00	\$85,500.00	\$215,016.00	\$59,266.00	\$198,909.00	\$46,771.00

FR: Foreigner

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

- ¹ A standard life is an insured, who at the point of proposal, does not have any pre-existing conditions.
- ² The last entry age is 75, based on the insured's age next birthday.
- ³ If you are paying for a foreigner whose plan does not have a MSHL portion, you can utilise an equivalent amount of MediSave to pay for his/her premiums. However, please note that foreigners will not be allowed to use their sibling's MediSave to pay for premiums.
- ⁴ This refers to the cash outlay if you are paying by MediSave (assuming you have sufficient monies in your MediSave account). If you are not paying by MediSave, your total cash outlay will be equal to the Total Premiums. For example, for an insured aged 30 (at next birthday) buying Enhanced IncomeShield Preferred Plan, the total cash outlay will be \$642.00.

You can pay premiums for the main plan by MediSave or cash.

The Total Distribution Cost of this product is 60% of the additional private insurance premium for the first year and 6.5% of the additional private insurance premium for the renewal year. This is the total cost that we may expect to incur, including any commission, fee and other benefit that an insurance intermediary has received or will be receiving for providing advice on, or arranging insurance contracts or both. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Eligibility

The applicant must be aged 16 and above. Both applicant and insured must be a

- Singapore citizen;
- Singapore permanent resident; or
- foreigner who has an eligible valid pass with a foreign identification number (FIN).

Anyone who pays for, or is insured under IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan is not eligible for Additional Premium Support (APS) from the Government. *

If you are currently receiving APS to pay for your MSHL and/or CareShield Life premiums, and you choose to be insured under this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan, you will stop receiving APS. This applies even if you are not the person paying for this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan.

In addition, if you choose to be insured under this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan, the person paying for IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan will stop receiving APS, if he or she is currently receiving APS.

* APS is for families who need assistance with MSHL and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

Nationality

You must buy the Enhanced IncomeShield Plan based on the nationality or citizenship status of the insured person.

Foreigners who hold a long-term visit pass plus (LTVP+) may buy plans under the Singapore Permanent Resident (PR) category, but the plan will not be integrated with MSHL. Please attach a copy of the LTVP+ pass together with your application form.

Change of citizenship and residency status

You must tell us, as soon as possible, if the insured's citizenship or residency status changes in any way.

If the insured is, or becomes, a Singapore citizen or Singapore permanent resident, we can convert the existing plan to a MediSave-approved Integrated Shield Plan.

If, at the time the policy is converted to our MediSave-approved Integrated Shield Plan, you have an existing MediSave-approved Integrated Shield Plan with another insurer, the policy with that insurer will end automatically as you can only be insured under one Integrated Shield Plan.

If the insured is no longer a Singapore citizen or Singapore permanent resident, we can convert the existing plan to a foreigner plan, provided the insured is holding an eligible valid pass.

If we convert your plan to a MediSave-approved Integrated Shield Plan or foreigner plan, we will also:

- a convert your plan to one that corresponds to the insured's citizenship and residency status, which helps to avoid the amount of each benefit we will pay being reduced as a result of the citizenship factor; and
- b adjust the start date and renewal date of your new policy accordingly.

If we convert your plan, the following will apply:

- a we will end your current plan and tell you the start date of your new plan; and

- b any event giving rise to a claim that occurs after the start date for the new plan will depend on the terms, conditions and limits set out in the schedule of benefits of the new plan, except for claims for pre-hospitalisation treatment and post-hospitalisation treatment, which shall depend on the terms, conditions and limits of the plan in force at the time of the corresponding inpatient hospital treatment.

Citizenship factor

If the insured is not a Singapore citizen or Singapore permanent resident, but is covered under a plan for a Singapore citizen or a Singapore permanent resident, we will reduce the amount of each benefit we will pay to the percentages (citizenship factors) in the following table.

Plan type	Enhanced Basic	Enhanced C
Percentage of benefit we will pay	80%	28%

Using MediSave

Premium payments by MediSave are governed by the relevant MediSave regulations.

Pro-ration factor, deductible and co-insurance

If the insured is admitted to a ward and medical institution that is the same as or lower than their ward entitlement, we pay reasonable expenses for the necessary medical treatment according to your plan. We will pay up to the limits of compensation.

If the insured is admitted to 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 your plan (as set out in the schedule of benefits). We will work out the benefits we will pay by multiplying the relevant pro-ration factor by the insured's medical expenses which you can claim under your policy.

If the insured's stay in hospital is in a ward that is the same as or lower than their ward entitlement but their pre-hospitalisation treatment or post-hospitalisation treatment was or is in a hospital or clinic higher than they are entitled to, we will use the pro-ration factor on the reasonable expenses relating to the pre-hospitalisation treatment or post-hospitalisation treatment, as the case may be.

If the insured receives outpatient hospital treatment from a restructured hospital, we pay reasonable expenses for their necessary medical treatment according to your plan. We will pay up to the limits of compensation.

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 your plan (as set out in the schedule of benefits). We will work out the benefits we will pay by multiplying the pro-ration factor by the insured's medical expenses which they can claim under your policy.

The deductible is the part of the benefit you are claiming that you must pay before we will pay any benefit. The co-insurance is the amount that you need to pay after the deductible.

Start of cover

We will start the cover after we have approved your application, and full premium payment is received by Income Insurance. The start date of the plan will be shown in the Policy Certificate.

Pre-existing illness, disease or condition

Pre-existing illness, disease or condition means any illness, disease or condition:

- for which the insured asked for or received (or should have asked for or received) treatment, medication, advice or diagnosis before the start date or the last reinstatement date (if any), whichever is later;
- which was known to exist before the start date or the last reinstatement date (if any), whichever is later, whether or not the insured asked for treatment, medication, advice or diagnosis; or
- the conditions or symptoms of which existed before the start date or the last reinstatement date (if any), whichever is later, and would have led a reasonable and sensible person to get medical advice or treatment.

Terms of renewal

We will automatically renew the cover if you pay the premium within 60 days from the renewal date of the policy, based on the insured person's age on their next birthday.

Guaranteed renewal

We will renew your policy automatically every year. We guarantee to do this for life as long as:

- a the premium is paid at the current rate which applies; and
- b your policy has not ended.

Changing the policy terms and conditions

We may change the premiums, benefits, cover or conditions specified in the policy contract at any time, for example due to Income Insurance's regular review. 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.

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

If you do not agree with the changes to your policy, you can end it.

Change in premium

The premium that you pay for the policy can change from time to time. If we change the premium for the policy, 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 is. We will change the premium for the policy only if the change applies to all policies within the same class.

Changing your plan

You can ask in writing to change your plan.

If we approve your request:

- a We will end your current plan and tell you the start date of your new plan.
- b Any event giving rise to a claim that occurs after the start date for the new plan will depend on the terms, conditions and limits set out in the schedule of benefits of the new plan, except for claims for pre-hospitalisation treatment and post-hospitalisation treatment, which shall depend on the terms, conditions and limits of the plan in force at the time of the corresponding inpatient hospital treatment.

Giving us all information

You and the insured must give us all significant information about the insured (as at the start date or the last reinstatement date, whichever is later) that may influence our decision whether to provide cover or to impose any terms under your policy.

If you fail to give us this information or you misrepresent any information, we may do any of the following.

- a Declare your policy as 'void' from the start date, if no claim has been paid. We will refund you all the premiums paid to us, and we will not pay any benefits.

- b End your policy, if any claim has been paid. We will refund the premiums paid for the renewal of your policy after the date of the last claim, and we will not pay any benefits.
- c Add extra terms and conditions to your policy.

Upgrading or switching of plan

You can only have one Integrated Shield Plan. Once this policy commences, your previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application; or
- not provide you with certain benefits

If you are currently holding an Integrated Shield Plan with us and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding an Integrated Shield Plan with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

Downgrading of plan

In the event that you cannot afford, or do not wish to continue paying the premiums for your Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your Integrated Shield Plan. If you are a Singapore citizen or Singapore permanent resident, regardless of your decision, you will continue to be covered by MSHL for life without any exclusion.

Free-look

You will have 21 days from the date you receive the policy documents to be sure that you want to keep the policy. If we deliver the policy by email or any other electronic means to you, the 21 days will start 7 days after the date of the delivery. If we deliver the policy both by post and email or any other electronic means to you, the 21 days will start 7 days after the date of the delivery by post.

During this time, if you choose to cancel the policy, we will refund you the premiums you have paid. Please note that this right of free-look does not apply if you reinstate your policy.

Cancellation

You may cancel the Enhanced IncomeShield Plan by giving us at least 30 days' written notice. If you are a Singapore citizen or Singapore permanent resident, even though you have terminated your Enhanced IncomeShield Plan, you will continue to be covered under MSHL, which is a basic healthcare insurance that helps to pay for large hospital bills and expensive outpatient treatments such as dialysis. For more details, please visit www.medishieldlife.sg.

Ending your policy

All benefits will end when one of the following events happens, and we will not be legally responsible for any further payment under your policy.

- a You cancel your policy as explained in the clause on cancelling your policy in the policy contract.
- b We do not receive your premium after the period of grace.
- c The insured dies.
- d You fail or refuse to pay or refund any amount you owe us.
- e Fraud is identified as explained in the clause on fraud in the policy contract.
- f Relevant information is not revealed or is misrepresented as explained in the clause on giving us all information in the policy contract.
- g The insured is covered under another MediSave-approved Integrated Shield Plan.
- h The insured is no longer a Singapore citizen or Singapore permanent resident.
- i The insured, who is a foreigner, no longer has an eligible valid pass.

You are advised to read the policy contract for the detailed terms and conditions.

Exclusions

The following treatment items, procedures, conditions, activities and related complications are not covered under your policy.

- a A stay in hospital if the insured was admitted to the hospital before the start date.
- b Any pre-existing illness, disease or condition from which the insured was suffering, unless this was declared in the application form and we accepted the application without any exclusions. However, we will exclude any pre-existing illness, disease or condition which is specifically excluded in the policy, whether a declaration was made in the application form or not. To avoid doubt, any pre-existing illness, disease or condition will be covered under MSHL according to the act and regulations, as long as the insured satisfies the eligibility criteria for MSHL at the time the claim is made under the policy.
- c Cosmetic surgery (unless covered for breast reconstruction after mastectomy or cosmetic surgery due to accident) or any medical treatment claimed to generally prevent illness, promote health or improve bodily function or appearance.
- d General outpatient medical expenses (unless covered under outpatient hospital treatment, pre-hospitalisation treatment or post-hospitalisation treatment).
- e Treatment for birth defects, hereditary conditions and disorders, and congenital sickness or abnormalities (unless covered under congenital abnormalities benefit).
- f Overseas medical treatment (unless covered under emergency overseas treatment).
- g Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction (unless covered under inpatient psychiatric treatment benefit or for repetitive transcranial magnetic stimulation as explained in the policy contract).
- h Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, lactation complications, or any related stay in hospital or treatment (unless covered under pregnancy and delivery-related complications benefit).
- i Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment.
- j Treatment of sexually-transmitted diseases.
- k Acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) (except HIV due to blood transfusion and occupationally acquired HIV).
- l A stay in hospital before 1 April 2023 for injuries or illness resulting from attempted suicide or for self-inflicted injuries, whether the insured is sane or insane.
- m A stay in hospital before 1 April 2023 for drug or alcohol abuse or misuse, or any injury, illness or disease caused directly or indirectly by the abuse or misuse of alcohol, drugs or substance.
- n Injuries or illness resulting directly or indirectly from addiction to or the influence of any controlled drug that is specified in the First Schedule in the Misuse of Drugs Act 1973.
- o Expenses of getting an organ or body part for a transplant from a living organ donor for the insured and all expenses the living organ donor has to pay (unless covered under living organ donor (insured) transplant benefit or living organ donor (non-insured) transplant benefit).
- p Dental treatment (unless covered under accident inpatient dental treatment), regardless of whether it is a direct or indirect result of an illness or injury.
- q Transport-related services, including ambulance fees, emergency evacuation, and sending home a body or ashes (unless covered under MIC@Home).
- r Sex-change operations.

- s The costs of buying or renting special braces, appliances, equipment, machines and other devices (such as wheelchairs, walking or home aids, dialysis machines, iron lungs, oxygen machines and any other hospital-type equipment to use at home or as an outpatient), including, but not limited to, all associated fees such as general or specialist medical services and consultations, diagnostic and laboratory services, examinations and investigations (unless covered under MIC@Home).
- t Optional items which are outside the scope of treatment, prostheses and corrective devices, and medical appliances which are not needed surgically (unless covered under prosthesis benefit or MIC@Home).
- u Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation, and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
- v Private nursing charges and home-based nursing services (unless covered under MIC@Home).
- w Vaccinations.
- x Treatment of injuries arising from being directly or indirectly involved in civil commotion, riot, strike, terrorist activities, breaking or attempting to break the law, resisting arrest or any imprisonment.
- y The consequences arising, whether directly or indirectly, from nuclear fallout, radioactivity, any nuclear fuel, material or waste, war and related risks.
- z Rest cures, hospice care, home or outpatient nursing, home visits or treatments, home rehabilitation or palliative care, convalescent care in a convalescent home or nursing home, care provided in a sanatorium or similar establishment, or outpatient rehabilitation services such as counselling and physical rehabilitation (unless covered under inpatient palliative care service (general or specialised) or MIC@Home).
- aa Alternative or complementary treatments, including those provided by a traditional Chinese medicine practitioner, chiropractor, naturopath, acupuncturist, homeopath, osteopath or dietician, or a stay in any health-care establishment for social or non-medical reasons.
- ab Treatment for any illness or injury resulting from the insured taking part in a dangerous activity or sport, whether as a professional or when an income could or would be earned from the activity or sport.
- ac Treatment arising from or related to obesity, weight reduction or weight management (regardless of whether it is for medical or psychological reasons), including but not limited to gastric band or stapling, or removing fat or surplus tissue from any part of the body.
- ad A stay in hospital for the main purpose of an X-ray, CT scan or MRI scan, a medical check-up, health screening or primary prevention (except for surveillance screening that is related to the insured's history of cancer and is ordered by a registered medical practitioner).
- ae Non-medical items such as parking fees, hospital administration and registration fees, charges for laundry, television rental, personal-care and hygiene products or newspapers, or fees for medical reports (including test results).
- af Genetic testing that is carried out for health screening, risk evaluation or assessing prognosis, unless the genetic testing is ordered by a registered medical practitioner to determine the medical treatment for the diagnosed condition.
- ag Routine eye and ear examinations, correction for refractive errors of the eye (conditions such as nearsightedness, farsightedness, presbyopia (gradual loss of the eye's ability to focus on nearby objects) and astigmatism), lasik treatments, costs of spectacles, costs of contact lenses and costs of hearing aids.
- ah Outpatient cancer drug treatments that are not on the CDL, unless covered under a rider you have (if appropriate).
- ai Cell, tissue and gene therapy products that are not on MOH's CTGTP List (go.gov.sg/ctgtp-list), unless covered under a rider you have (if appropriate).
- aj High-cost drugs (as determined by MOH and notified to the medical institution, registered medical practitioner or us from time to time) that are used in drug treatment for the medical conditions covered by MediShield Life, whether or not those drugs are listed on MediShield Life's benefit schedule (go.gov.sg/mshlbenefits).

To avoid doubt, your policy does not cover any item or exclusion that is set out in the act and regulations or is not allowed by MediShield Life Claims Rules, unless we issue an endorsement to your policy.

Claim

All claims (except pre-hospitalisation treatment and post-hospitalisation treatment) must be made and sent to us through the system set up by MOH (electronic filing), and according to the act and regulations, within 90 days from

the date the insured leaves hospital. Claims for pre-hospitalisation treatment and post-hospitalisation treatment must be sent to us within 90 days from the date of the relevant treatment. You must give us any documents, authorisations or information we need for assessing the claim. You must also pay any costs involved.

For claims which are not eligible for electronic filing (for example, claims under plans which are not integrated with MSHL or claims for pre-hospitalisation treatment, post-hospitalisation treatment or emergency overseas treatment), you must send the claim to us by post or online, or deliver it to us by hand.

For claims which are electronically filed, we will pay the hospital direct. Otherwise, we will pay you direct.

If we need to investigate a claim after it has been paid, we may recover the claim payment (depending on the outcome of the investigation).

If your claim includes expenses that are not reasonable, we will pay only the amount of your claim that we consider to be reasonable expenses for necessary medical treatment. We can reduce your claim to reflect what would have been reasonable, based on our opinion or the professional opinion of our medical advisor.

If there is a dispute in the amount of claim paid by us, the matter will be referred to an independent person for adjudication under the clause on dealing with disputes in the policy contract.

Please refer to our webpage for the claim procedures: income.com.sg/claims.

Reinstatement

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

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

- a You must pay all premiums you owe and any amount you owe us under your policy before we will reinstate your policy.
- b We will not pay for any expenses which happen between the date your policy ends and the date immediately before the reinstatement date of your policy.
- c If there is any change in the insured person's medical or physical condition, we may add exclusions or charge an extra premium from the reinstatement date.

To avoid doubt, if we accept any premium after your policy has ended, it does not mean we will not enforce our rights under your policy, or make us liable for any claim. Our responsibility to pay will only arise after we have reinstated your policy.

Limit in each policy year

A limit in each policy year will apply to the Enhanced IncomeShield Plan. This is provided in the "Comparison of Benefits between MSHL and Enhanced IncomeShield Plan".

Other insurance

We do not pay for claims if the medical expenses have been paid by other medical insurance or you or the insured has received a reimbursement from any other source.

If you or the insured has other medical insurance, including medical benefits under any employment contract, which allows you or them to claim a refund for medical expenses, you or the insured must first claim from those policies before making any claim under your policy. Our obligations to pay under your policy will only arise after you have fully claimed under these policies.

If we have paid any benefit to you before a claim is made under the other medical insurance policies or employee benefits, the other medical insurers or employer will have to refund us their share. You must give us all the information and evidence we need to help us get back any other medical insurer's share of the claim we have paid. For every claim, the total reimbursement we will make will not be more than the actual expenses paid.

Dealing with disputes

Any dispute or matter arising under, out of or in connection with your policy must be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDReC) to be dealt with (if it is a dispute that can be brought before FIDReC).

If the dispute cannot be referred to or dealt with by FIDReC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. We will not be legally responsible under your policy unless you have first received an award under arbitration.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income Insurance or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.

Product summary: Optima Care Rider

Product information

This is a rider that can be added to the Enhanced IncomeShield Plan (Preferred, Advantage and Basic plan). It can be taken up only if the insured person under this rider is covered under the Enhanced IncomeShield Plan (Preferred, Advantage and Basic plan).

Benefits we will pay

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 the table below, unless stated otherwise in the rider contract. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table below.

	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

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.

² 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 income.com.sg/specialist-panel. We may update this list from time to time.

Co-payments made for the insured's treatment provided by our panel¹ or extended panel² 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 panel¹ or extended panel² 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 panel¹ or extended panel². 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 panel¹ or extended panel². 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 panel¹.

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 panel¹ or extended panel².

For each stay in hospital of 12 months or less, if the treatment is provided by our panel¹ or extended panel² 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.

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 the tables below.

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

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 the tables above for pre-hospitalisation treatment and 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.

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 below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for one primary cancer		
	Enhanced IncomeShield		
	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

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 treatment for multiple primary cancers, we will pay up to the limits shown below 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.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers		
	Enhanced IncomeShield		
	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 the table above		
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

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 below, instead of the table shown under co-payment section.

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 for each policy year. 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 below, instead of the table shown under co-payment section. 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 for each policy year.

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

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 the table below, as long as the cell, tissue and gene therapy is approved by the Health Sciences Authority (HSA).

Benefits 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 above.

For each cell, tissue and gene therapy claim under this rider, the co-payment of the benefits due under your policy as shown in the table below will apply instead of the table shown under co-payment section.

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 table above. 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 table below and we will only pay the amount of your claim which is more than the co-payment.

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.

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.

Autism testing benefit

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

This benefit pays if the insured undergoes an autism test, on a reimbursement basis, up to the limits for the relevant plan shown in the table below. 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 table shown under co-payment section. This will not count towards the co-payment limit of \$6,000 for each policy year.

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

Critical care benefit

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

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 the table below. This benefit is only payable once in the lifetime of your policy.

Co-payment is not applicable for this benefit.

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.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

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 in the clause on co-payment in the rider contract, before we pay any benefit. We will only pay the amount of your claim which is more than the deductible and the co-payment.

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income Insurance. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will renew the cover if you have paid the premium within 60 days from the renewal date of your policy, based on the insured's age on their next birthday.

Cancellation

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.

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.

Changing terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract at any time, for

example due to Income Insurance's regular review. 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 CPFB or any other regulatory authority relating to MSHL 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.

Exclusions

All exclusions under your policy will apply to this rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

Claim

For Optima Care Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a claim form, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

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.

Reinstatement

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.

Optima Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Preferred	Advantage	Basic
1 – 18	\$650.00	\$163.00	\$99.00
19 – 20	\$655.00	\$163.00	\$110.00
21 – 25	\$702.00	\$164.00	\$110.00
26 – 30	\$708.00	\$164.00	\$110.00
31 – 35	\$805.00	\$165.00	\$125.00
36 – 40	\$911.00	\$170.00	\$133.00
41 – 45	\$1,196.00	\$218.00	\$168.00
46 – 50	\$1,458.00	\$259.00	\$173.00
51 – 55	\$2,189.00	\$346.00	\$273.00
56 – 60	\$2,862.00	\$490.00	\$283.00
61 – 65	\$4,695.00	\$658.00	\$359.00
66 – 70	\$6,377.00	\$720.00	\$469.00
71 – 73	\$7,751.00	\$1,062.00	\$514.00
74 – 75	\$8,586.00	\$1,253.00	\$637.00
76 – 78	\$9,809.00	\$1,342.00	\$756.00
79 – 80	\$10,313.00	\$1,539.00	\$886.00
81 – 83	\$11,109.00	\$1,701.00	\$989.00
84 – 85	\$11,445.00	\$1,714.00	\$1,081.00
86 – 88	\$11,660.00	\$2,029.00	\$1,375.00
89 – 90	\$11,869.00	\$2,077.00	\$1,506.00
91 – 93	\$11,901.00	\$2,147.00	\$1,644.00
94 – 95	\$11,950.00	\$2,208.00	\$1,741.00
96 – 98	\$11,951.00	\$2,229.00	\$1,854.00
99 – 100	\$11,975.00	\$2,353.00	\$1,977.00
Over 100	\$11,985.00	\$2,464.00	\$2,015.00
Estimated lifetime premium summed from age next birthday 1 to 100	\$447,344.00	\$73,848.00	\$50,069.00

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash only.

The Total Distribution Cost of this product is 30% of the additional private insurance premium for the first year and 6.5% of the additional private insurance premium for the renewal year. This is the total cost that we may expect to incur, including any commission, fee and other benefit that an insurance intermediary has received or will be receiving for providing advice on, or arranging insurance contracts or both. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.

Product summary: Essential Care Rider

Product information

This is a rider that can be added to the Enhanced IncomeShield Plan (Preferred, Advantage and Basic plan). It can be taken up only if the insured person under this rider is covered under the Enhanced IncomeShield Plan (Preferred, Advantage and Basic plan).

Benefits we will pay

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 the table below, unless stated otherwise in the rider contract. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table below.

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	7% co-payment of the benefits due under your policy	10% co-payment of the benefits due under your policy	10% 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

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.

² 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 income.com.sg/specialist-panel. We may update this list from time to time.

Co-payments made for the insured's treatment provided by our panel¹ or extended panel² 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 panel¹ or extended panel² 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 panel¹ or extended panel². 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 panel¹ or extended panel². 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 panel¹.

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 panel¹ or extended panel².

For each stay in hospital of 12 months or less, if the treatment is provided by our panel¹ or extended panel² 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.

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 below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for one primary cancer		
	Enhanced IncomeShield		
	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

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 treatment for multiple primary cancers, we will pay up to the limits shown below 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.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers		
	Enhanced IncomeShield		
	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 the table above		
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

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 below, instead of the table shown under co-payment section.

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 for each policy year. 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 below, instead of the table shown under co-payment section. 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 for each policy year.

Types of Treatment	Co-payment
Treatment on the CDL provided by our panel or extended panel	10% co-payment and co-payment limit of \$6,000 each policy year
Treatment on the CDL not provided by our panel or extended panel	10% co-payment and no co-payment limit
Non-CDL treatment	20% co-payment and no co-payment limit
Cancer Drug Services provided by our panel or extended panel	10% co-payment and co-payment limit of \$6,000 each policy year
Cancer Drug Services not provided by our panel or extended panel	10% co-payment and no co-payment limit

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 the table below, as long as the cell, tissue and gene therapy is approved by the Health Sciences Authority (HSA).

Benefits 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 above.

For each cell, tissue and gene therapy claim under this rider, the co-payment of the benefits due under your policy as shown in the table below will apply instead of the table shown under co-payment section.

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 table above. 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 table below and we will only pay the amount of your claim which is more than the co-payment.

Types of Treatment	Co-payment
Treatment not on MOH's CTGTP list	20% 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.

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.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

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 in the clause on co-payment in the rider contract, before we pay any benefit. We will only pay the amount of your claim which is

more than the deductible and the co-payment.

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income Insurance. The start date of the rider will be shown in the Rider Endorsement.

Terms of renewal

We will renew the cover if you have paid the premium within 60 days from the renewal date of your policy, based on the insured's age on their next birthday.

Cancellation

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.

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.

Changing terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract at any time, for example due to Income Insurance's regular review. 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 CPFB or any other regulatory authority relating to MSHL 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.

Exclusions

All exclusions under your policy will apply to this rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

Claim

For Essential Care Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a claim form, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

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.

Reinstatement

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.

Essential Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Preferred	Advantage	Basic
1 – 18	\$267.00	\$69.00	\$54.00
19 – 20	\$305.00	\$71.00	\$59.00
21 – 25	\$322.00	\$71.00	\$59.00
26 – 30	\$333.00	\$71.00	\$59.00
31 – 35	\$346.00	\$74.00	\$65.00
36 – 40	\$432.00	\$81.00	\$69.00
41 – 45	\$450.00	\$113.00	\$106.00
46 – 50	\$627.00	\$122.00	\$114.00
51 – 55	\$1,000.00	\$150.00	\$139.00
56 – 60	\$1,185.00	\$177.00	\$165.00
61 – 65	\$2,118.00	\$229.00	\$184.00
66 – 70	\$2,932.00	\$300.00	\$237.00
71 – 73	\$3,804.00	\$402.00	\$303.00
74 – 75	\$4,263.00	\$482.00	\$376.00
76 – 78	\$4,889.00	\$563.00	\$448.00
79 – 80	\$5,839.00	\$621.00	\$473.00
81 – 83	\$5,938.00	\$681.00	\$503.00
84 – 85	\$6,191.00	\$719.00	\$553.00
86 – 88	\$6,704.00	\$873.00	\$704.00
89 – 90	\$6,928.00	\$933.00	\$765.00
91 – 93	\$6,961.00	\$1,078.00	\$892.00
94 – 95	\$6,979.00	\$1,111.00	\$956.00
96 – 98	\$6,992.00	\$1,143.00	\$1,001.00
99 – 100	\$7,037.00	\$1,176.00	\$1,063.00
Over 100	\$7,039.00	\$1,221.00	\$1,102.00
Estimated lifetime premium summed from age next birthday 1 to 100	\$234,479.00	\$32,628.00	\$27,000.00

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash only.

The Total Distribution Cost of this product is 30% of the additional private insurance premium for the first year and 6.5% of the additional private insurance premium for the renewal year. This is the total cost that we may expect to incur, including any commission, fee and other benefit that an insurance intermediary has received or will be receiving for providing advice on, or arranging insurance contracts or both. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.

Product summary: Deluxe Care Rider

Product information

This is applicable for existing Deluxe Care Rider policyholders only. Deluxe Care Rider is not available from 1 April 2026.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table:

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	5% 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

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.

² 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 income.com.sg/specialist-panel. We may update this list from time to time.

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 panel¹ or extended panel².

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 panel¹ or extended panel².

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 panel¹.

For each claim that meets the limits on special benefits (if they apply) or the limit in each policy year for the 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 the 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 panel¹ or extended panel².

Extended panel and Non-panel Payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹, or is from the extended panel², 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 panel¹ or is from the extended panel².

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

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 below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for one primary cancer			
	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

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 treatment for multiple primary cancers, we will pay up to the limits shown below 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.

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)	The total of the highest limits among the covered cancer drug treatments 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

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment as shown below. 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 for each policy year. 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.

Types of Treatment	Co-payment
Treatment on the CDL, not provided by our panel or extended panel	5% of the benefits due under this rider
Treatment on the CDL, provided by our panel or extended panel	5% of the benefits due under this rider, up to a co-payment limit of \$3,000 per policy year
Treatment not on the CDL	10% of the benefits due under this rider

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.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While this rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan. However, you will have to make a co-payment and, if it applies, an ENP for each claim, 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).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income Insurance. The start date of the rider will be shown in the Rider Endorsement.

Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

Ending the rider

If your main 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.

Changing terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract at any time, for example due to Income Insurance's regular review. 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.

If MOH, the CPFB or any other regulatory authority relating to MSHL 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.

Exclusions

All exclusions under the main policy will apply to this rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

Claim

For Deluxe Care Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a claim form, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

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.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. 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. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

Deluxe Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Preferred	Advantage	Basic	Enhanced C
1 – 18	\$850.00	\$275.00	\$168.00	\$83.00
19 – 20	\$851.00	\$275.00	\$187.00	\$107.00
21 – 25	\$946.00	\$277.00	\$187.00	\$107.00
26 – 30	\$954.00	\$277.00	\$187.00	\$107.00
31 – 35	\$1,142.00	\$279.00	\$212.00	\$126.00
36 – 40	\$1,182.00	\$279.00	\$226.00	\$132.00
41 – 45	\$1,743.00	\$355.00	\$310.00	\$210.00
46 – 50	\$1,870.00	\$536.00	\$319.00	\$233.00
51 – 55	\$2,892.00	\$617.00	\$530.00	\$329.00
56 – 60	\$4,108.00	\$829.00	\$620.00	\$352.00
61 – 65	\$5,932.00	\$1,196.00	\$719.00	\$462.00
66 – 70	\$8,043.00	\$1,320.00	\$825.00	\$546.00
71 – 73	\$9,806.00	\$2,144.00	\$1,119.00	\$676.00
74 – 75	\$10,862.00	\$2,529.00	\$1,343.00	\$832.00
76 – 78	\$12,410.00	\$2,708.00	\$1,472.00	\$987.00
79 – 80	\$13,048.00	\$3,106.00	\$1,775.00	\$1,212.00
81 – 83	\$14,054.00	\$3,433.00	\$2,044.00	\$1,398.00
84 – 85	\$14,479.00	\$3,460.00	\$2,256.00	\$1,524.00
86 – 88	\$14,752.00	\$4,096.00	\$2,486.00	\$1,668.00
89 – 90	\$15,016.00	\$4,193.00	\$2,722.00	\$1,858.00
91 – 93	\$15,057.00	\$4,333.00	\$2,972.00	\$2,034.00
94 – 95	\$15,118.00	\$4,457.00	\$3,147.00	\$2,176.00
96 – 98	\$15,120.00	\$4,500.00	\$3,351.00	\$2,276.00
99 – 100	\$15,150.00	\$4,750.00	\$3,573.00	\$2,463.00
Over 100	\$15,163.00	\$4,973.00	\$3,643.00	\$2,478.00
Estimated lifetime premium summed from age next birthday 1 to 100	\$572,005.00	\$143,957.00	\$94,037.00	\$61,975.00

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash only.

The Total Distribution Cost of this product is 30% of the additional private insurance premium for the first year and 6.5% of the additional private insurance premium for the renewal year. This is the total cost that we may expect to incur, including any commission, fee and other benefit that an insurance intermediary has received or will be receiving for providing advice on, or arranging insurance contracts or both. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.

Product summary: Classic Care Rider

Product information

This is applicable for existing Classic Care Rider policyholders only. Classic Care Rider is not available from 1 April 2026.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², 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

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.

² 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 income.com.sg/specialist-panel. We may update this list from time to time.

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 panel¹ or extended panel².

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 panel¹ or extended panel².

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 panel¹.

For each claim that meets the limits on special benefits (if they apply) or the limit in each policy year for the 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 the 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 panel¹ or extended panel².

Extended panel and Non-panel Payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹, or is from the extended panel², 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 panel¹ or is from the extended panel².

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

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 below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for one primary cancer			
	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

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 treatment for multiple primary cancers, we will pay up to the limits shown below 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.

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)	The total of the highest limits among the covered cancer drug treatments 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

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment as shown below. 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 for each policy year. 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.

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 per policy year
Treatment not on the CDL	20% of the benefits due under this rider

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.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While this rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan. However, you will have to make a co-payment and, if it applies, an ENP for each claim, 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).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income Insurance. The start date of the rider will be shown in the Rider Endorsement.

Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

Ending the rider

If your main 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.

Changing terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract at any time, for example due to Income Insurance's regular review. 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.

If MOH, the CPFB or any other regulatory authority relating to MSHL 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.

Exclusions

All exclusions under the main policy will apply to this rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

Claim

For Classic Care Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a claim form, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

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.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. 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. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

Classic Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Preferred	Advantage	Basic	Enhanced C
1 – 18	\$369.00	\$144.00	\$112.00	\$62.00
19 – 20	\$389.00	\$149.00	\$122.00	\$68.00
21 – 25	\$410.00	\$149.00	\$122.00	\$68.00
26 – 30	\$425.00	\$149.00	\$122.00	\$68.00
31 – 35	\$508.00	\$156.00	\$134.00	\$73.00
36 – 40	\$553.00	\$170.00	\$143.00	\$79.00
41 – 45	\$655.00	\$218.00	\$211.00	\$120.00
46 – 50	\$926.00	\$235.00	\$222.00	\$134.00
51 – 55	\$1,464.00	\$284.00	\$280.00	\$186.00
56 – 60	\$1,742.00	\$325.00	\$289.00	\$195.00
61 – 65	\$2,718.00	\$431.00	\$367.00	\$266.00
66 – 70	\$3,762.00	\$563.00	\$480.00	\$307.00
71 – 73	\$4,872.00	\$747.00	\$527.00	\$401.00
74 – 75	\$5,460.00	\$894.00	\$654.00	\$474.00
76 – 78	\$6,262.00	\$1,044.00	\$772.00	\$581.00
79 – 80	\$7,479.00	\$1,152.00	\$901.00	\$684.00
81 – 83	\$7,605.00	\$1,264.00	\$1,006.00	\$784.00
84 – 85	\$7,930.00	\$1,334.00	\$1,107.00	\$890.00
86 – 88	\$8,586.00	\$1,620.00	\$1,409.00	\$1,021.00
89 – 90	\$8,874.00	\$1,732.00	\$1,530.00	\$1,127.00
91 – 93	\$8,916.00	\$2,000.00	\$1,785.00	\$1,234.00
94 – 95	\$8,939.00	\$2,062.00	\$1,912.00	\$1,338.00
96 – 98	\$8,956.00	\$2,121.00	\$2,043.00	\$1,447.00
99 – 100	\$9,013.00	\$2,183.00	\$2,171.00	\$1,551.00
Over 100	\$9,015.00	\$2,267.00	\$2,249.00	\$1,615.00
Estimated lifetime premium summed from age next birthday 1 to 100	\$304,216.00	\$61,392.00	\$53,286.00	\$37,264.00

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash only.

The Total Distribution Cost of this product is 30% of the additional private insurance premium for the first year and 6.5% of the additional private insurance premium for the renewal year. This is the total cost that we may expect to incur, including any commission, fee and other benefit that an insurance intermediary has received or will be receiving for providing advice on, or arranging insurance contracts or both. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.

Product summary: Plus Rider

Product information

This is applicable for existing Plus Rider policyholders only. Plus Rider is not available from 1 March 2019.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², we will apply a co-payment limit as shown in the table:

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	5% 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

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.

² 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 income.com.sg/specialist-panel. We may update this list from time to time.

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 panel¹ or extended panel².

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 panel¹ or extended panel².

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 panel¹.

For each claim that meets the limits on special benefits (if they apply) or the limit in each policy year for the 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 the 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 panel¹ or extended panel².

Extended panel and Non-panel Payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹, or is from the extended panel², 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 panel¹ or is from the extended panel².

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

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 below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for one primary cancer			
	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

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 treatment for multiple primary cancers, we will pay up to the limits shown below 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.

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)	The total of the highest limits among the covered cancer drug treatments 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

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment as shown below. 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 for each policy year. 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.

Types of Treatment	Co-payment
Treatment on the CDL, not provided by our panel or extended panel	5% of the benefits due under this rider
Treatment on the CDL, provided by our panel or extended panel	5% of the benefits due under this rider, up to a co-payment limit of \$3,000 per policy year
Treatment not on the CDL	10% of the benefits due under this rider

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.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While this rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan. However, you will have to make a co-payment and, if it applies, an ENP for each claim, 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).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income Insurance. The start date of the rider will be shown in the Rider Endorsement.

Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

Ending the rider

If your main 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.

Changing terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract at any time, for example due to Income Insurance's regular review. 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.

If MOH, the CPFB or any other regulatory authority relating to MSHL 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.

Exclusions

All exclusions under the main policy will apply to this rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

Claim

For Plus Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a claim form, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

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.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. 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. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

Plus Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Preferred	Advantage	Basic	Enhanced C
1 – 18	\$850.00	\$275.00	\$168.00	\$83.00
19 – 20	\$851.00	\$275.00	\$187.00	\$107.00
21 – 25	\$946.00	\$277.00	\$187.00	\$107.00
26 – 30	\$954.00	\$277.00	\$187.00	\$107.00
31 – 35	\$1,142.00	\$279.00	\$212.00	\$126.00
36 – 40	\$1,182.00	\$279.00	\$226.00	\$132.00
41 – 45	\$1,743.00	\$355.00	\$310.00	\$210.00
46 – 50	\$1,870.00	\$536.00	\$319.00	\$233.00
51 – 55	\$2,892.00	\$617.00	\$530.00	\$329.00
56 – 60	\$4,108.00	\$829.00	\$620.00	\$352.00
61 – 65	\$5,932.00	\$1,196.00	\$719.00	\$462.00
66 – 70	\$8,043.00	\$1,320.00	\$825.00	\$546.00
71 – 73	\$9,806.00	\$2,144.00	\$1,119.00	\$676.00
74 – 75	\$10,862.00	\$2,529.00	\$1,343.00	\$832.00
76 – 78	\$12,410.00	\$2,708.00	\$1,472.00	\$987.00
79 – 80	\$13,048.00	\$3,106.00	\$1,775.00	\$1,212.00
81 – 83	\$14,054.00	\$3,433.00	\$2,044.00	\$1,398.00
84 – 85	\$14,479.00	\$3,460.00	\$2,256.00	\$1,524.00
86 – 88	\$14,752.00	\$4,096.00	\$2,486.00	\$1,668.00
89 – 90	\$15,016.00	\$4,193.00	\$2,722.00	\$1,858.00
91 – 93	\$15,057.00	\$4,333.00	\$2,972.00	\$2,034.00
94 – 95	\$15,118.00	\$4,457.00	\$3,147.00	\$2,176.00
96 – 98	\$15,120.00	\$4,500.00	\$3,351.00	\$2,276.00
99 – 100	\$15,150.00	\$4,750.00	\$3,573.00	\$2,463.00
Over 100	\$15,163.00	\$4,973.00	\$3,643.00	\$2,478.00
Estimated lifetime premium summed from age next birthday 1 to 100	\$572,005.00	\$143,957.00	\$94,037.00	\$61,975.00

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash only.

The Total Distribution Cost of this product is 30% of the additional private insurance premium for the first year and 6.5% of the additional private insurance premium for the renewal year. This is the total cost that we may expect to incur, including any commission, fee and other benefit that an insurance intermediary has received or will be receiving for providing advice on, or arranging insurance contracts or both. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.

Product summary: Assist Rider

Product information

This is applicable for existing Assist Rider policyholders only. Assist Rider is not available from 1 March 2019.

Benefits we will pay

Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel¹ or extended panel², 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

¹ Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at income.com.sg/specialist-panel. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.

² 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 income.com.sg/specialist-panel. We may update this list from time to time.

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 panel¹ or extended panel².

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 panel¹ or extended panel².

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 panel¹.

For each claim that meets the limits on special benefits (if they apply) or the limit in each policy year for the 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 the 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 panel¹ or extended panel².

Extended panel and Non-panel Payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel¹, or is from the extended panel², 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 panel¹ or is from the extended panel².

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

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 below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for one primary cancer			
	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

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 treatment for multiple primary cancers, we will pay up to the limits shown below 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.

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)	The total of the highest limits among the covered cancer drug treatments 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

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment as shown below. 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 for each policy year. 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.

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 per policy year
Treatment not on the CDL	20% of the benefits due under this rider

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.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Deductible and co-insurance

While this rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan. However, you will have to make a co-payment and, if it applies, an ENP for each claim, 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).

Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income Insurance. The start date of the rider will be shown in the Rider Endorsement.

Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

Ending the rider

If your main 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.

Changing terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract at any time, for example due to Income Insurance's regular review. 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.

If MOH, the CPFB or any other regulatory authority relating to MSHL 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.

Exclusions

All exclusions under the main policy will apply to this rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

Claim

For Assist Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a claim form, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

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.

Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. 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. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

Assist Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday ³	Preferred	Advantage	Basic	Enhanced C
1 – 18	\$369.00	\$144.00	\$112.00	\$62.00
19 – 20	\$389.00	\$149.00	\$122.00	\$68.00
21 – 25	\$410.00	\$149.00	\$122.00	\$68.00
26 – 30	\$425.00	\$149.00	\$122.00	\$68.00
31 – 35	\$508.00	\$156.00	\$134.00	\$73.00
36 – 40	\$553.00	\$170.00	\$143.00	\$79.00
41 – 45	\$655.00	\$218.00	\$211.00	\$120.00
46 – 50	\$926.00	\$235.00	\$222.00	\$134.00
51 – 55	\$1,464.00	\$284.00	\$280.00	\$186.00
56 – 60	\$1,742.00	\$325.00	\$289.00	\$195.00
61 – 65	\$2,718.00	\$431.00	\$367.00	\$266.00
66 – 70	\$3,762.00	\$563.00	\$480.00	\$307.00
71 – 73	\$4,872.00	\$747.00	\$527.00	\$401.00
74 – 75	\$5,460.00	\$894.00	\$654.00	\$474.00
76 – 78	\$6,262.00	\$1,044.00	\$772.00	\$581.00
79 – 80	\$7,479.00	\$1,152.00	\$901.00	\$684.00
81 – 83	\$7,605.00	\$1,264.00	\$1,006.00	\$784.00
84 – 85	\$7,930.00	\$1,334.00	\$1,107.00	\$890.00
86 – 88	\$8,586.00	\$1,620.00	\$1,409.00	\$1,021.00
89 – 90	\$8,874.00	\$1,732.00	\$1,530.00	\$1,127.00
91 – 93	\$8,916.00	\$2,000.00	\$1,785.00	\$1,234.00
94 – 95	\$8,939.00	\$2,062.00	\$1,912.00	\$1,338.00
96 – 98	\$8,956.00	\$2,121.00	\$2,043.00	\$1,447.00
99 – 100	\$9,013.00	\$2,183.00	\$2,171.00	\$1,551.00
Over 100	\$9,015.00	\$2,267.00	\$2,249.00	\$1,615.00
Estimated lifetime premium summed from age next birthday 1 to 100	\$304,216.00	\$61,392.00	\$53,286.00	\$37,264.00

³ The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash only.

The Total Distribution Cost of this product is 30% of the additional private insurance premium for the first year and 6.5% of the additional private insurance premium for the renewal year. This is the total cost that we may expect to incur, including any commission, fee and other benefit that an insurance intermediary has received or will be receiving for providing advice on, or arranging insurance contracts or both. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.