

## MediShield Scheme

### Understanding MediShield

1. What are the benefits under MediShield?
2. If I am a non-Singaporean, do I enjoy the same benefits as that of a Singaporean?
3. If I choose to stay in a higher class ward or private hospital, would I still enjoy the same benefits under MediShield?
4. How much can I claim from MediShield?
  - a) What is a Deductible and how does it work?
  - b) What is Co-insurance and how does it work?
5. Does MediShield cover all medical expenses?

### Coverage under MediShield

6. Who can be covered under MediShield?
7. Can I insure my family members under MediShield?
8. How can I apply for cover for myself and my dependants?
9. How do I know if I have already covered myself/my dependant(s) under MediShield?
10. What is the maximum coverage age under MediShield?
11. Is there a last entry age for MediShield?
12. If I have a serious pre-existing illness, can I still join MediShield?
13. Is there a waiting period before the commencement of my cover?
14. I am already covered by my company's medical insurance plan. How can I benefit from MediShield?

### Declaration of Health Condition

15. Do I have to declare my health condition for MediShield cover and how do I make the health declaration?
16. If there is a change in the health status during the waiting period, do I have to declare my/my dependant(s)' health condition again?

### Paying for MediShield Cover

17. How much does MediShield cost?
18. How long will I be covered after paying the yearly premium?
19. How is my MediShield cover renewed?
20. If I have insufficient funds in my Medisave Account, how and where can I top up my MediShield premium payment?
21. I am currently insured as a dependant under my parent's Medisave Account. How can I take over the payment for my own policy?
22. Is there any loyalty discount for staying insured under MediShield?

### MediShield for Newborns and Youths

23. Who will benefit from the extension of MediShield coverage and when will it take effect?
24. When will the auto-cover commence?
25. Can I claim from my newborn's MediShield policy if my newborn is hospitalised soon after birth?

### Making a Claim

26. **In which hospitals can I claim from MediShield for the medical expenses incurred?**
27. **How do I claim from MediShield?**
28. **Can I make a claim for my community hospital stay?**
29. **Illustration of claim computation for a Singaporean staying in a B2/C class ward.**
30. **Illustration of claim computation for an SPR staying in a B2/C class ward.**
31. **Illustration of claim computation for a Singaporean staying in an A class ward.**
32. **Can I claim from MediShield if I have other medical insurance?**

#### **Application for Higher Coverage**

33. **If I wish to enjoy higher coverage, are there any other medical plans that I can buy using Medisave?**
34. **Will there be any underwriting if I choose to upgrade from MediShield to a Medisave-approved Integrated Shield Plan?**

#### **Termination of MediShield Cover**

35. **What should I do if I do not wish to continue my/my dependant(s)' MediShield cover?**

#### **MediShield Plus Plan A and Plan B**

MediShield Plus Plan A and Plan B were introduced on 1 July 1994 by CPF Board to cater to members who wish to enjoy higher medical coverage.

However, the MediShield Plus plans were privatised under NTUC Income on 1 October 2005 as part of the MediShield reform. As such, CPF Board currently administers only the basic MediShield scheme.

### **Annex A**

#### **List of Excluded Treatments & Medical Expenses**

##### **MediShield Scheme**

##### **Understanding MediShield**

1. ***What are the benefits under MediShield?***

MediShield covers hospitalisation expenses and certain approved outpatient treatments, such as kidney dialysis, chemotherapy and radiotherapy for cancer treatment

Please see Table A

**Table A: MediShield Benefits**

BENEFITS	CLAIM LIMITS
<b>Inpatient/Day Surgery</b>	
Daily Ward & Treatment Charges <sup>1</sup>	
- Normal ward	\$450 per day
- ICU ward	\$900 per day
- Community Hospital	\$250 per day
Surgical operations <sup>2</sup>	
- Table 1	\$150
- Table 2	\$360
- Table 3	\$720
- Table 4	\$800
- Table 5	\$840
- Table 6	\$960
- Table 7	\$1,100
Implants/approved medical consumables <sup>3</sup>	\$7,000 per treatment
Radiosurgery <sup>4</sup>	\$4,800 per procedure
<b>Outpatient Treatments<sup>5</sup></b>	
Chemotherapy for Cancer/Certain Benign Neoplasms	
- Per 7-day treatment cycle	\$270
- Per 21- or 28-day treatment cycle	\$1,240
Stereotactic Radiotherapy for Cancer	\$1,800 per treatment
Radiotherapy for Cancer	
- External or Superficial	\$80 per treatment day
- Brachytherapy with or without external	\$160 per treatment day
Kidney Dialysis	\$1,000 per month
Immunosuppressant drugs for organ transplant	\$200 per month
Erythropoietin for chronic kidney failure	\$200 per month
<b>Maximum Claim Limits</b>	
Per Policy Year	\$50,000
Lifetime	\$200,000
<b>Last Entry Age</b>	
	Below 75 when cover commences
<b>Maximum Coverage Age</b>	
	85 (age next birthday)

<sup>1</sup> Inclusive of meal charges, prescriptions, professional charges, investigations and other miscellaneous charges.

<sup>2</sup> Surgical operations are classified according to their level of complexity, which increases from Table 1 to Table 7.

<sup>3</sup> Approved medical consumables are:

- Intravascular electrodes used for electrophysiological procedures.
- Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons.
- Intra-aortic balloons (or Balloon Catheters).

<sup>4</sup> Radiosurgery includes Novalis radiosurgery and Gamma Knife treatment.

<sup>5</sup> Deductibles are not applicable for Outpatient Treatment.

2. *If I am a non-Singaporean, do I enjoy the same benefits as that of a Singaporean?*

Yes, your benefits would be the same as that of a Singaporean as shown in Table A. However, as a non-Singaporean, (SPR and foreigner), your hospital bill will be larger than your Singaporean counterparts due to the lower government subsidies that you will enjoy (from 1 January 2008 and 1 July 2008). Therefore, a pre-determined percentage is applied to the charges incurred by you before the MediShield claim is computed to equalise the MediShield payout for Singaporeans and non-Singaporeans. The applicable percentages that will be applied to hospital bills for admissions on or after 1 January 2008 and 1 July 2008 are shown in the Table B below:

**Table B – Percentage of Charges Incurred for Non-Singaporeans (For admission on or after 1 January 2008 and 1 July 2008)**

Ward Class	Percentage of charges incurred for non-Singaporeans <sup>1</sup>		
	SPR		Foreigners
	1 January 2008	1 July 2008	1 January 2008
C	80%	67%	20%
B2	87%	78%	35%
Subsidised Day Surgery	87%	78%	Not Eligible
Subsidised Specialist Outpatient	90%	83%	Not Eligible

<sup>1</sup> The applicable percentages may change if there are further changes to hospital subsidies for non-Singaporeans.

For more information on the government hospital subsidy, please click [here](#).

If you wish to have higher coverage than what is provided under MediShield, please click [here](#) to find out more about the Private Medical Insurance Scheme.

[Top of the section ...▲](#)

3. *If I choose to stay in a higher class ward or private hospital, would I still enjoy the same benefits under MediShield?*

Yes, you would still enjoy the same benefits under MediShield. However, as MediShield is designed to cover bills incurred in B2/C class wards for Singaporeans, the MediShield claim for hospital stays in higher class wards or private hospital will be calculated based on a percentage of your hospital bill. Similarly, if you go for unsubsidised day surgery, your MediShield claim will be calculated based on a percentage of your bill. This is done to equalize the payout under MediShield for members who choose to go for higher class wards or use unsubsidised services. The percentage to be applied to your hospital bill is shown in Table C.

**Table C: Percentage of Charges Incurred for higher class wards or private hospitals (For admission on or after 1 January 2008 and 1 July 2008)**

Ward Class	Percentage of charges incurred for higher class wards or private hospitals			
	Singaporean	SPR <sup>1</sup>		Foreigners <sup>1</sup>
	1 January 2008	1 January 2008	1 July 2008	1 January 2008
B2+	70%	63%	58%	35%
B1	43%	40%	38%	35%
A / Private Hospital	35%	35%	35%	35%
Private Day Surgery	35%	35%	35%	35%
Unsubsidised Specialist Outpatient	100%	100%	100%	100%

<sup>1</sup> The applicable percentages may change if there are further changes to hospital subsidies for non-Singaporeans.

If you wish to have higher coverage than what is provided under MediShield, please click [here](#) to find out more about the Private Medical Insurance Scheme.

[Top of the section ... ▲](#)

#### 4. *How much can I claim from MediShield?*

MediShield has Deductible and Co-insurance features which are payable with your Medisave or cash first, before the rest of the claim is payable from MediShield.

##### a) **What is a Deductible and how does it work?**

A Deductible is the amount you would need to pay for claim(s) made in a policy year, before there is a payout from MediShield. You only need to pay the full Deductible once in a policy year. However, the Deductible is waived if your claim is for outpatient treatments.

Please see Table D.

**Table D: Deductible (Per Policy Year) \***

Age (next birthday)	Ward Class		Day Surgery
	Class C	Class B2 & Above	
Members aged 80 years old and below	\$1000	\$1500	
Members aged between 81 – 85 years old	\$2000	\$3000	

\* A policy year is a period of one year, starting from the commencement/renewal date of the MediShield cover. Different policyholders have different commencement/renewal dates for their MediShield cover.

#### **An illustration on how a Deductible works**

You are 50 years old. Your current policy year starts on 1 July 2008 and ends on

30 June 2009. Your next policy year starts on 1 July 2009 and ends on 30 June 2010 upon renewal. You are hospitalised twice between July 2008 and December 2009 and warded in a Class B2 ward on both occasions.

**Scenario One:** Both hospitalisation stays are within the current policy year, one in August 2008 and the other in November 2008.

- (a) If the claimable amount for the first hospitalisation stay is \$1,500 and the second is \$2,000, the Deductible payable by you for the two claims would be:

	1st hospitalisation (August 2008)	2nd hospitalisation (November 2008)
Deductible	\$1,500	\$0*

- \* You have paid the full Deductible of \$1,500 for the policy year. Hence, there is no Deductible payable for the second claim which is in the same policy year.

- (b) If the claimable amount for the first hospitalisation is \$1,000 and the second is \$2,000, the Deductible payable by you for the two claims would be:

	1st hospitalisation (August 2008)	2nd hospitalisation (November 2008)
Deductible	\$1,000	\$500*

- \* You have paid only part of the Deductible of \$1,500 for the first claim. Hence, you have to pay the balance of \$500 for the second claim which is in the same policy year.

**Scenario Two:** The first hospitalisation is in August 2008 but the second hospitalisation is in August 2009 (the next policy year). In this case, the Deductible payable for the two claims would be:

	1st hospitalisation (August 2008)	2nd hospitalisation (August 2009)
Deductible	\$1,500	\$1,500*

- \* You need to pay the Deductible of \$1,500 for the second hospitalisation as it occurs in a different policy year.

[Top of the section ... ▲](#)

b) **What is Co-insurance and how does it work?**

Co-insurance is the amount you need to co-pay after meeting the Deductible. Co-insurance is lower for larger claimable amounts, thus reducing the percentage share of payment by you for larger hospital bills. Co-insurance is three-tiered, ranging from 20% to 10% as the bill size increases.

Please see Table E.

**Table E: Co-insurance Table**

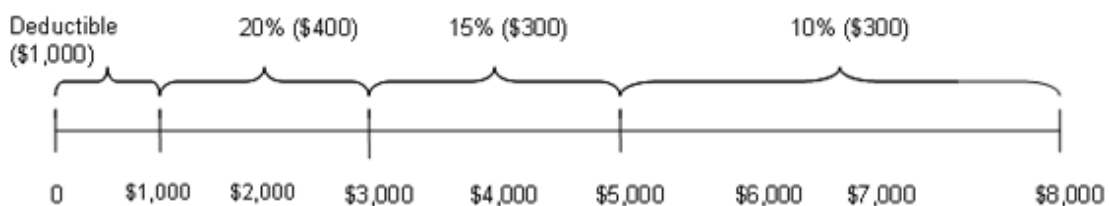
DEDUCTIBLE & CO-INSURANCE			
	Ward Class		Day Surgery
	Class C	Class B2 & Above	
Deductible Per Policy Year (Members aged 80 years old and below)	\$1,000		\$1,500
Deductible Per Policy Year (Members aged 81 - 85 years old)	\$2,000		\$3,000
Co-insurance	Claimable Amount \$1001 - \$3000 : 20% \$3001 - \$5000 : 15% Above \$5000 : 10%		Claimable Amount \$1001 - \$3000 : 20% \$3001 - \$5000 : 15% Above \$5000 : 10%

Notes:

- Co-insurance for outpatient treatments is 20% of a percentage of the charges incurred.
- Claimable amount is the lower of the claim limit in Table A or a percentage of the charges incurred.

#### An illustration on how Co-insurance works

You are 50 years old. You stay in a C-class ward and your claimable amount<sup>1</sup> works out to be \$8,000. You pay the Deductible of \$1,000 and your Co-insurance is then computed as follows: 20% of the claimable amount from \$1,001 to \$3,000 (i.e. 20% of \$2,000 = \$400); 15% of the claimable amount from \$3,001 to \$5,000 (i.e. 15% of \$2,000 = \$300), and 10% of the claimable amount above \$5,000 (i.e. 10% of \$3,000 = \$300). Your Co-insurance payment is therefore \$1,000. You have to pay \$2,000 (\$1,000 Deductible plus \$1,000 Co-insurance) out of the total claimable amount of \$8,000. MediShield pays the balance of \$6,000. The above computation is illustrated in the diagram below.



You pay \$2,000 to meet the Deductible and for Co-insurance (\$1,000 + \$400 + \$300 + \$300 = \$2,000).

<sup>1</sup> Claimable amount is the lower of the claim limit in Table A or a percentage of the charges incurred.

Top of the section ... ▲

#### 5. Does MediShield cover all medical expenses?

MediShield only covers hospitalisation/surgical/day surgery and approved outpatient treatments sought on medical grounds in MOH-accredited medical

institutions in Singapore. Please click [here](#) for the list of accredited medical institutions. Expenses for treatments sought overseas cannot be claimed from MediShield.

In addition, there is also a list of standard excluded medical treatments and expenses which MediShield does not cover. Please refer to [Annex A](#) for the list. Additional exclusions may also be imposed on an insured, depending on his health condition at the time of application on a case-to-case basis.

[Top of the section ... ▲](#)

## Coverage under MediShield

### 6. *Who can be covered under MediShield?*

MediShield is extended automatically to eligible Singaporeans and Singapore Permanent Residents:

- (i) If their births or permanent residencies were registered after 1 December 2007;
- (ii) If they are registered at national schools as at 1 May 2008, 1 May 2009, 1 May 2010, 1 May 2011, 1 May 2012, 1 May 2013 or 1 May 2014;
- (iii) When they make their first CPF contribution after turning 16 years old; or
- (iv) If they get married in Singapore.

CPF members and their dependants, who are Singaporeans or Singapore Permanent Residents, can be covered under MediShield up to 85 years old.

[Top of the section ... ▲](#)

### 7. *Can I insure my family members under MediShield?*

You can insure your immediate family members under MediShield as your dependants and pay their premiums with your Medisave. But they will be individually covered under the scheme. Your immediate family members include your spouse, children, parents and grandparents who are Singapore Citizens or Singapore Permanent Residents.

You can also insure your non-immediate family members (for example, siblings) as your dependants under the MediShield scheme if they and their immediate family members do not have sufficient Medisave to pay the premiums. You may email us at [healthcare@cpf.gov.sg](mailto:healthcare@cpf.gov.sg) if you wish to find out more about how to insure your non-immediate family members under MediShield.

[Top of the section ... ▲](#)

### 8. *How can I apply for cover for myself and my dependants?*

If you are applying for coverage for yourself and/or for your dependants who are below 16 years old, you can submit your [application online](#) via *my cpf* Online Services - My Requests using your CPF Account Number and SingPass, or fill up an [application form](#) and return it to the CPF Board.

To apply for coverage for your dependant(s) who are 16 years old and above, you will need to complete an **application form** and return it to the CPF Board.

You have to declare the past and current illnesses and medical conditions of yourself/your dependant(s) to support your/their application(s). This is to determine your/your dependant(s)' insurability under the MediShield scheme. CPF Board will not consider claims from a member who has given false or misleading information, or withheld relevant information in the health declaration.

[Top of the section ... ▲](#)

#### 9. *How do I know if I have already covered myself/my dependant(s) under MediShield?*

Your yearly CPF Statement of Account and "My Messages" (under "**my cpf Online Services**", which you have to log in to with your CPF Account Number and SingPass) will indicate the status of your/your dependant(s)' coverage. Alternatively, you can also call CPF Board at 1800-227 1188 to check.

[Top of the section ... ▲](#)

#### 10. *What is the maximum coverage age under MediShield?*

The maximum coverage age is currently 85 years old.

[Top of the section ... ▲](#)

#### 11. *Is there a last entry age for MediShield?*

Yes, the last entry age for MediShield is 75 years old. If you are applying for MediShield, you should do so before you turn 75 years old.

[Top of the section ... ▲](#)

#### 12. *If I have a serious pre-existing illness, can I still join MediShield?*

As with any insurance plans, the acceptance of your MediShield application is subject to good health. All new applications will be subject to a health declaration and underwriting to determine your/your dependant(s)' insurability under MediShield.

If you suffer from a serious or chronic illness, you may not be insured under MediShield, or you may be insured with an exclusion for the illness.

[Top of the section ... ▲](#)

#### 13. *Is there a waiting period before the commencement of my cover?*

The MediShield scheme has a standard 2-month waiting period before the cover commences. The "waiting period" feature helps to reduce the incidence of claims for pre-existing illnesses, and thus helps to keep premiums low by minimizing

anti-selection against the scheme.

Following the approval, your cover would commence on the first day of the third month upon the receipt of your application and would be subject to premium payment. For example, if we received your application on 15 May 2008, upon the approval on 1 June 2008, your cover will commence on 1 August 2008.

[Top of the section ... ▲](#)

**14. *I am already covered by my company's medical insurance plan. How can I benefit from MediShield?***

MediShield provides you with financial protection even when you are not working while your company's medical insurance plan only covers you for as long as you are with the company

[Top of the section ... ▲](#)

**Declaration of Health Condition**

**15. *Do I have to declare my health condition for MediShield cover and how do I make the health declaration?***

Yes, you have to declare your health condition for MediShield cover. MediShield cover will be extended to you subject to good health. CPF Board will not consider claims from a member who has given false or misleading statements, or withheld relevant information in the health declaration.

If you/your dependant(s) are unhealthy when applying for MediShield, you/your dependant(s) may have to undergo a medical examination or provide your/their medical report upon CPF Board's request. The cost will be borne by you.

Upon receiving the health declaration and/or medical reports, CPF Board will review your/your dependant(s)' insurability under the MediShield scheme and will inform you in writing about the status of your/your dependant(s) application.

[Top of the section ... ▲](#)

**16. *If there is a change in the health status during the waiting period, do I have to declare my/my dependant(s)' health condition again?***

During the waiting period, you/your dependant(s) are required to keep CPF Board informed of any change in health status before the commencement of your cover. CPF Board will not consider claims from you/your dependant(s) if they arise from pre-existing medical conditions which were diagnosed before the commencement of the cover.

[Top of the section ... ▲](#)

## Paying for MediShield Cover

### 17. *How much does MediShield cost?*

Annual premiums can be paid from your Medisave Account. The premium is calculated based on your attained age at your next birthday when the cover commences. The premium will be higher as you get older.

Please see Table F.

**Table F: Annual Premium Table**

Age (Next Birthday)	Yearly Premium (Inclusive of 7% GST) *
30 and under	\$33
31 - 40	\$54
41 - 50	\$114
51 - 60	\$225
61 - 65	\$332
66 - 70	\$372
71 - 73	\$390
74 - 75	\$462
# 76 - 78	\$524
# 79 - 80	\$615
# 81 - 83	\$1,087
# 84 - 85	\$1,123

Notes:

\* For cover commencement/renewal on or after 01 July 2007, the GST rate is 7%.

# For renewal of cover only, as the last entry age for MediShield is below 75 years.

[Top of the section ... ▲](#)

### 18. *How long will I be covered after paying the yearly premium?*

You will be covered for one policy year, that is, 12 months from the day the cover commenced or was renewed.

For example, if your cover starts on 1 July 2007, you will be covered from 1 July 2007 to 30 June 2008.

[Top of the section ... ▲](#)

### 19. *How is my MediShield cover renewed?*

For your convenience, renewal is done automatically every policy year, unless any of the following occurs:

- You have reached 85 years of age.
- You have decided not to be insured and informed us in writing.
- You have claimed the maximum claim limit per life-time.
- Your renewal premium was not paid.
- You have informed us that you are no longer a Singapore citizen or Singapore Permanent Resident.

You will be informed through your yearly CPF Statement of Account that your cover has been renewed. The statement will show the premium paid from your Medisave Account.

Top of the section ... ▲

20. *If I have insufficient funds in my Medisave Account, how and where can I top up my MediShield premium payment?*

The premium will be deducted yearly from your Medisave Account. If you have insufficient CPF savings in your Medisave Account, CPF Board will notify you in writing to pay the outstanding premium within the stated grace period. If the outstanding premium is not paid within the grace period, the policy will lapse. You will have to apply for MediShield cover again and the acceptance of the application will be subject to good health, at the point of application.

You can top up your MediShield premium payment **online** using your CPF Account Number, if you have an internet banking account.

You can also top up your MediShield premium via NETS at any AXS stations or SingPost branches. If you wish to pay by cash, you can only do so at any of the SingPost branches. Alternatively, you may send in a cheque made payable to "The CPF Board".

If you have insufficient cash to do a top up, you may request one of your immediate family members (i.e. your spouse, parent, child or grandchild) to take over the premium payment of your policy so that you can continue to enjoy the coverage under MediShield.

To do so, the new payer can submit an application through **my cpf Online Services - My Requests** or fill up the **Change of Payer Form** and send it to CPF Board. Once the request is processed, the new payer will take over the premium payment with effect from the next policy year.

Top of the section ... ▲

21. *I am currently insured as a dependant under my parent's Medisave Account. How can I take over the payment for my own policy?*

You can apply to do an online **change of premium payer** via my cpf Online Services - My Requests > Healthcare Matters, using your CPF Account Number and SingPass. Alternatively, you can complete the **Change of Payer Form** and return it to the CPF Board for processing.

Once your request is processed, you will take over the premium payment with effect from the next policy year.

## 22. *Is there any loyalty discount for staying insured under MediShield?*

If you joined the MediShield scheme before age 60 (as of next birthday) and have been insured continuously under the scheme, you will enjoy a yearly discount on your premiums between ages 71 to 85 years (as of next birthday).

The longer you stay with the scheme, the more discount you will enjoy. The premium discount is computed based on the entry age of the insured.

Please see Table G.

**Table G: Premium Discount Table (Effective from 1 December 2008)**

Age (as of next birthday when joining MediShield)	Premium Discount Amount for Age Band (S\$)					
	71 – 73	74 – 75	76 – 78	79 – 80	81 – 83	84 – 85
30 & Below	156	184	209	246	434	449
31 – 40	117	138	157	184	326	336
41 – 50	78	92	104	123	217	224
51 – 60	39	46	52	61	108	112

If you opt out of the scheme, you can still enjoy the discount if you re-join before age 60 (as of next birthday). However, the discount you enjoy will be based on the attained age on your next birthday when you re-join the scheme.

[Top of the section ... ▲](#)

## **MediShield for Newborns and Youths**

### 23. *Who will benefit from the extension of MediShield coverage and when will it take effect?*

From 1 December 2007, all newborn Singaporeans will be offered MediShield coverage. The coverage will also be extended to all children of SPRs if the child is born in Singapore and the parents register their newborn's permanent residency in Singapore on or after 1 December 2007. A mailer will be sent to one of the parents (who is paying for the child's MediShield premium).

Children of Singaporeans and SPRs currently aged between 0 and 6 will be provided with MediShield coverage every May/June of the year when they enter Primary One in national schools.

Children of Singaporeans and SPRs currently aged between 7 and 20 and who are studying in national schools (primary and secondary schools, junior colleges and pre-universities) will be offered MediShield coverage between October 2008 and April 2009.

Parents whose children have not been offered MediShield yet may apply to the

Board directly to cover their children any time.

[Top of the section ... ▲](#)

#### 24. *When will the auto-cover commence?*

Coverage will begin 1 calendar month after the mailer has been sent to the parent. For example, if the mailer is sent in August 2008, the cover will commence on 1 September 2008.

[Top of the section ... ▲](#)

#### 25. *Can I claim from my newborn's MediShield policy if my newborn is hospitalised soon after birth?*

No, claims cannot be made from the newborn's MediShield policy before the start of the cover.

[Top of the section ... ▲](#)

### **Making a Claim**

#### 26. *In which hospitals can I claim from MediShield for the medical expenses incurred?*

You can claim from MediShield for approved medical expenses incurred in any restructured hospitals as well as any of the approved private hospitals and medical institutions.

**[Click here for the list of medical institutions participating in the MediShield scheme.](#)**

[Top of the section ... ▲](#)

#### 27. *How do I claim from MediShield?*

You can claim from MediShield through the hospital by informing them that you are insured under the scheme and you wish to make a claim. The hospital will submit your claim to CPF Board. After determining the amount payable from MediShield, CPF Board will make payment directly to the hospital. The remaining amount may be settled with Medisave and/or cash.

To estimate the maximum amount that you can claim from Medisave or MediShield, **[click here](#)** to go to our Medisave/MediShield Online Calculator.

[Top of the section ... ▲](#)

#### 28. *Can I make a claim for my community hospital stay?*

You may claim from MediShield if your attending doctor refers you to receive further medical treatment as an inpatient in a community hospital, upon discharge from an approved hospital. Hospitalisation at a community hospital for social reasons or respite care is not claimable under MediShield.

The pre-determined percentages in Table B and C are not applicable to

hospitalisation in community hospitals.

Top of the section ... ▲

29. *Illustration of claim computation for a Singaporean staying in a B2/C class ward.*

**Example 1 : Claim Computation for Singaporean aged 50 years old<sup>1</sup> staying in B2 Class Ward**

**Ward Class: B2**

**Length of stay: 54 Days (including 2 days in ICU)**

**Hospital Procedure Performed: Pancreas & Gall Bladder Operation**

	Hospital Bill <sup>2</sup>	Claimable Amount
Daily Ward & Treatment Charges (for 52 days + 2 days ICU)	\$26,000	\$25,200 <sup>3</sup>
Surgical Procedure (Table 6)	\$728	\$728 <sup>4</sup>
Total	\$26,728	\$25,928
Less Deductible		(\$1,500)
Claimable Amount (less Deductible)		\$24,428
Less Co-insurance		(\$2,692.80) <sup>5</sup>
MediShield pays (% of hospital bill)		\$21,735.20 (81%)
Medisave and/or Cash		\$4,992.80

<sup>1</sup> The insured member is below age 80, subject to a Deductible of \$1,500 for Class B2 Ward.

<sup>2</sup> As the insured member is a Singaporean staying in a B2 class ward, the MediShield claim is computed based on 100% of the bill.

<sup>3</sup> Lower of the claim limit in **Table A** for Daily Ward & Treatment Charges, [(\$450 X 52 days) + (\$900 X 2 days)] = \$25,200, or 100% of the charges incurred \$26,000, i.e. \$25,200.

<sup>4</sup> Lower of the claim limit in **Table A** for the surgical procedure, \$960, or 100% of the charges incurred, \$728, i.e. \$728.

<sup>5</sup> Co-insurance = (\$1,500 x 20%) + (\$2,000 x 15%) + (\$20,928 x 10%) = \$2,692.80.

Top of the section ... ▲

30. *Illustration of claim computation for an SPR staying in a B2/C class ward.*

**Example 2 : Claim Computation for SPR aged 50 years old<sup>1</sup> staying in B2 Class Ward**

**Ward Class: B2**

**Length of stay: 54 Days (including 2 days in ICU)**

**Hospital Procedure Performed: Pancreas & Gall Bladder Operation**

	Hospital Bill	78% of hospital bill <sup>2</sup> (refer to Table B)	MediShield Claim Computation
Daily Ward & Treatment Charges (for 52 days + 2 days ICU)	\$16,157	\$12,602.46 (\$16,157x78%)	\$12,602.46 <sup>3</sup>
Surgical Procedure (Table 6)	\$823	\$641.94 (\$823x78%)	\$641.94 <sup>4</sup>
Total	\$16,980	\$13,244.40	\$13,244.40
Less Deductible			(\$1,500)
Claimable Amount (less Deductible)			\$11,744.40
Less Co-insurance			(\$1,424.44) <sup>5</sup>
MediShield pays (% of hospital bill)			\$10,319.96 (61%)
Medisave and/or Cash			\$6,660.04

<sup>1</sup> The insured member is below age 80, subject to a Deductible of \$1,500 for Class B2 Ward.

<sup>2</sup> As the insured is an SPR staying in a B2 class ward, the MediShield claim is computed based on 78% of the bill.

<sup>3</sup> Lower of the claim limit in **Table A** for Daily Ward & Treatment Charges [(52 X \$450) + (2 X \$900)] = \$25,200 or 78% of the charges incurred of \$16,157 = \$12,602.46. Therefore, the claimable amount is \$12,602.46.

<sup>4</sup> Lower of the claim limit in **Table A** for the surgical procedure, \$960 or 78% of the charges incurred of \$823 = \$641.94. Therefore, the claimable amount is \$641.94.

<sup>5</sup> Co-insurance = (\$1,500 X 20%) + (\$2,000 X 15%) + (\$8,244.40 X 10%) = \$1,424.44.

Top of the section ... ▲

### 31. *Illustration of claim computation for a Singaporean staying in an A class ward.*

#### Example 3 : Claim Computation for Singaporean aged 50 years old<sup>1</sup> staying in A Class Ward

Ward Class: A

Length of stay: 18 Days

Hospital Procedure Performed: Hip Replacement

	Hospital Bill	35% of hospital bill <sup>2</sup> (refer to Table B)	MediShield Claim Computation
Daily Ward & Treatment Charges (for 18 days)	\$7,500	\$2,625 (\$7,500x35%)	\$2,625 <sup>3</sup>
Surgical Procedure (Table 5)	\$5,000	\$1,750 (\$5,000x35%)	\$840 <sup>4</sup>
Implant <sup>5</sup>	\$4,000	\$1,400 (\$4,000x35%)	\$1,400
Total	\$16,500	\$5,775	\$4,865

Less Deductible			(\$1,500)
Claimable Amount (less Deductible)			\$3,365
Less Co-insurance			(\$579.75) <sup>6</sup>
MediShield pays (% of hospital bill)			\$2,785.25 (17%)
Medisave and/or Cash			\$13,714.75

<sup>1</sup> The insured member is a Singaporean below age 80, subject to a Deductible of \$1,500 for Class A Ward.

<sup>2</sup> As the insured is a Singaporean staying in an A class ward, the MediShield claim is computed based on 35% of the bill.

<sup>3</sup> Lower of the Medical claim limit in **Table A** for Daily Ward & Treatment Charges, (\$450 X 18 days) = \$8,100, or 35% of the charges incurred of \$7,500 = \$2,625. Therefore, the claimable amount is \$2,625.

<sup>4</sup> Lower of the Medical claim limit in **Table A** for the surgical procedure, \$840, or 35% of the charges incurred of \$5,000 = \$1,750. Therefore, the claimable amount is \$840.

<sup>5</sup> Lower of the Medical claim limit in **Table A** for implant, \$7,000, or 35% of charges incurred of \$4,000 = \$1,400. Therefore, the claimable amount is \$1,400.

<sup>6</sup> Co-insurance = (\$1,500 X 20%) + (\$1,865 X 15%) = \$579.75.

[Top of the section ... ▲](#)

### 32. *Can I claim from MediShield if I have other medical insurance?*

Yes, you may still claim from MediShield. However, the total amount which you can claim from MediShield and your other medical insurance (including medical benefits under your employer) should not exceed the entire hospital bill.

[Top of the section ... ▲](#)

### Application for Higher Coverage

#### 33. *If I wish to enjoy higher coverage, are there any other medical plans that I can buy using Medisave?*

If you wish to enjoy higher coverage than that provided under MediShield, you can apply directly to the private insurers for a Medisave-approved Integrated Shield Plan, which is made up of MediShield and an enhancement plan offered by private insurers under the Private Medical Insurance Scheme. You can use your Medisave to pay the premiums for your integrated plan, subject to the Medisave withdrawal limit of \$800 per insured person, per policy year if you are below 81 years old (age next birthday). If you are 81 years old (age next birthday) and above, the withdrawal limit for premiums will be increased to \$1,150 per insured person, per policy year from 1 December 2008.

Click [here](#) to find out more about the Private Medical Insurance Scheme.

[Top of the section ... ▲](#)

34. *Will there be any underwriting if I choose to upgrade from MediShield to a Medisave-approved Integrated Shield Plan?*

The private insurer will underwrite your application based on your current health condition at the point of application. Your MediShield cover will continue under the Medisave-approved Integrated Shield Plan following the terms and conditions offered to you when you were with CPF Board. Any additional exclusions imposed by the private insurer will not be applicable to your MediShield cover.

Top of the section ... ▲

### Termination of MediShield Cover

35. *What should I do if I do not wish to continue my/my dependant(s)' MediShield cover?*

If you wish to terminate your MediShield cover, you can submit your **termination request online** using your CPF Account Number and SingPass, or fill up the **Opt Out Form** and return it to CPF Board.

If you are paying your dependant's MediShield premium and he/she is below 16 years old, you may submit the **termination request online** using your CPF Account Number and SingPass. However, if your dependant is 16 years old and above, please fill up the **Opt Out Form** and return it to CPF Board. This form requires your dependant's signature.

Once the cover is terminated, any unused premium (based on the remaining number of days in the policy year) will be refunded to your Medisave account.

You may wish to note that members who terminate their MediShield cover will have to reapply, if they wish to rejoin the scheme in the future. The acceptance of the new application will be subject to the eligibility criteria and the member's health condition at the point of application. Before you decide to terminate the cover, we hope that you would reconsider your decision as it is important for one to have catastrophic medical insurance coverage that will help to defray part of the large medical bills in the event of a serious illness or prolonged hospitalisation.

Top of the section ... ▲

### Contact Us

For enquiries, please  
E-mail [Healthcare@cpf.gov.sg](mailto:Healthcare@cpf.gov.sg) or  
Contact the CPF call centre at 1800-227-1188.

### Annex A

#### List of Excluded Treatments & Medical Expenses

Generally, the following expenses are outside the scope of MediShield and cannot be claimed:

- Entire stay in hospital if the member was admitted to the hospital before he was insured by MediShield
- Treatment of any of the following categories of pre-existing illnesses or any other serious illnesses for which the patient had received medical treatment during the 12 months before the start of MediShield cover:
  - \* Blood disorder
  - \* Cancer
  - \* Cerebrovascular accidents (stroke)
  - \* Chronic liver cirrhosis
  - \* Chronic obstructive lung disease
  - \* Chronic renal disease, including renal failure
  - \* Coronary artery disease
  - \* Degenerative disease
  - \* Ischaemic heart disease
  - \* Rheumatic heart disease
  - \* Systemic lupus erythematosus
- Ambulance fees
- Congenital anomalies, hereditary conditions and disorders e.g. hole-in-heart, hare-lip
- Cosmetic Surgery
- Maternity charges (including Caesarean operations) or abortions
- Dental work (except due to accidental injuries)
- Infertility, sub-fertility, assisted conception or any contraceptive operation
- Sex change operations
- Mental illness and personality disorders
- Optional items which are outside the scope of treatment
- Overseas medical treatment
- Private nursing charges
- Purchase of kidney dialysis machines, iron- lung and other special appliances
- Treatment for which the insured person received reimbursement from Workmen's Compensation and other forms of insurance coverage
- Treatment of any illness, disability, injury or any condition arising from or due to the Acquired Immune Deficiency Syndrome (AIDS) virus
- Treatment for drug addiction or alcoholism
- Treatment of injuries arising directly or indirectly from nuclear fallout, war and related risk
- Treatment of injuries arising from direct participation in civil commotion, riot or strike
- Treatment of self-inflicted injuries or injuries resulting from attempted suicide

- Vaccination

Top of the section... ▲