

MyHealthPlus Frequently Asked Questions

1 PRODUCT DESCRIPTION

1.1 What is MyHealthPlus?

MyHealthPlus provides complementary protection to MyShield by providing coverage for the deductibles and/or co-insurance so that you can pay less or lower expenses for your medical bills.

Only policyholders who have MyShield coverage are eligible to purchase MyHealthPlus.

2 PLAN FEATURES

2.1 Are there changes to existing MyHealthPlus benefits from 1 January 2020?

(You will be covered under these new Benefits (subject to your plan type) upon your policy renewal on or after 1 January 2020.)

The key changes in benefits are as follow:

a) General Changes

- We have removed pre-arranged appointment as a qualifying criteria for panel specialist in a private hospital; a certificate of pre-authorisation is required.

b) Hospital-related Benefits

- We no longer require that the claim must first be payable under MyShield (other than MediShield Life) and/or deductible benefit of MyHealthPlus in order to meet the criteria for this benefit.

c) Advanced Benefits Under MyShield

- All benefits under “Advanced benefits under MyShield” have been moved and integrated into MyShield’s benefits.

d) **MyHealthPlus Annual Deductible**

For MyHealthPlus (Option A, Option B and Option C)

- We have increased MyHealthPlus annual deductible with no change for panel specialists in a private hospital / panel overseas hospital with certificate of pre-authorisation as follows:

MyHealthPlus annual deductible		
Inpatient		
Hospital outside Singapore		S\$1,000
Non-panel specialist in a private hospital		
Panel specialist in a private hospital / panel overseas hospital		S\$0 (with certificate of pre-authorisation) or S\$1,000 (without certificate of pre-authorisation)
Day Surgery	Hospital outside Singapore	S\$500
	Non-panel specialist in a private hospital	
	Panel specialist in a private hospital / panel overseas hospital	S\$0 (with certificate of pre-authorisation) or S\$500 (without certificate of pre-authorisation)

For MyHealthPlus (Option A-II and Option C-II)

- There are no changes to MyHealthPlus annual deductible.

e) **Ward Downgrade Benefit (applicable only for MyHealthPlus Option A-II)**

- We no longer require that the policyholder must first pay the MyHealthPlus annual deductible to meet the criteria for this benefit.

2.2 What are the differences between Option A-II and Option C-II?

Benefit Parameters	Option A-II	Option C-II
Ward Downgrade Benefit	Yes	No
Deductible Benefit	No	Yes*
Free Cover for Child(ren)	Yes	No
Preferred Rate for Child(ren)	No	Yes

* MyHealthPlus annual deductible applies.

2.3 What is the maximum co-insurance under Option A-II and Option C-II?

Benefit Parameters	Option A-II	Option C-II
Maximum co-insurance (payable by policyholder)	S\$3,000 per policy year (Panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital, community hospital, subsidised centre for kidney dialysis, panel private dialysis centres or panel overseas hospital)	

The policyholders are required to co-pay 50% of MyShield co-insurance up to the maximum limit of S\$3,000 per policy year as shown in the benefit schedule, based on the type of specialist and hospital at the date of the life assured's admission.

2.4 What are the differences in annual deductible between MyHealthPlus (Option A, Option B or Option C) plans and MyHealthPlus (Option A-II or Option C-II) plans from 1 January 2020 onwards?

Inpatient	MyHealthPlus annual deductible	
	Option A, Option B or Option C	Option A-II or Option C-II
Class C ward	S\$0	S\$120
Class B2 / B2+ ward	S\$0	S\$150
Class B1 ward	S\$0	S\$200
Class A ward	S\$0	S\$300
Subsidised short stay ward	S\$0	S\$150
Unsubsidised short stay ward	S\$0	S\$300
Hospital outside Singapore	S\$1,000	S\$2,000
Non-panel specialist in a private hospital		

		MyHealthPlus annual deductible	
Inpatient		Option A, Option B or Option C	Option A-II or Option C-II
Panel specialist in a private hospital / panel overseas hospital		S\$0 (with certificate of pre-authorisation) Or S\$1,000 (without certificate of pre-authorisation)	S\$1,000 (with certificate of pre-authorisation) or S\$2,000 (without certificate of pre-authorisation)
Day surgery	Restructured hospital / Community hospital	S\$0	S\$250
	Hospital outside Singapore	S\$500	S\$1,000
	Non-panel specialist in a private hospital		
	Panel specialist in a private hospital / panel overseas hospital	S\$0 (with certificate of pre-authorisation) or S\$500 (without certificate of pre-authorisation)	S\$500 (with certificate of pre-authorisation) or S\$1,000 (without certificate of pre-authorisation)

2.5 What is the Ward Downgrade Benefit under Option A-II?

This benefit has replaced Hospital Cash Benefit under the existing MyHealthPlus Option A.

We pay this benefit as shown in the benefits schedule as long as:

- the admission as an inpatient is recommended by a doctor as necessary medical treatment; and
- the life assured stays in a ward lower than what he is entitled to under his plan:
 - For plan 1, any standard ward of a restructured hospital
 - For plan 2, a 4 bed (B1) standard ward or below of a restructured hospital
 - For plan 3, a 6-bed (B2) standard ward or below of a restructured hospital

We do not pay the ward downgrade benefit for day surgery, admission as an inpatient in a community hospital, admission as an inpatient in a private hospital or if there is no hospital stay involved.

2.6 What is the Accidental Cover for Child Benefit?

If the child is below 19 years old at the time of the accident and sustains a fracture to the skull, spine, pelvis, femur or hip which requires hospitalisation due to the accident, we will pay out a cash benefit of S\$1,000, provided that there is no prior claim made under this benefit.

This benefit is only payable once during the lifetime of the child, regardless of the number of fracture sustained.

2.7 If one of the parents passes away during the child's application for Family Discount for Child(ren) Benefit, would the child still be eligible for the benefit?

No, the Family Discount for Child(ren) will not be applicable if any one of the parents pass away before the inception of the child's application.

2.8 What is the Global Treatment Benefit?

We pay medical expenses for treatment at a panel overseas hospital up to the limits shown in the benefits schedule if the life assured has obtained a certificate of pre-authorisation issued by us and requires treatment, that has been pre-approved by us, for any of the following six covered illnesses and medical procedures:

- Cancer treatment
- Coronary artery by-pass surgery
- Heart valve replacement or repair
- Inter-cranial and specific spinal cord surgery
- Live-donor organ Transplant
- Bone Marrow Transplant

We will arrange and pay for the following non-medical expenses during treatment abroad:

- expenses for travel and accommodation arranged and made by us for the life assured, the living donor (in the case of transplant) and the travelling companion (up to two companions when the child life assured is receiving treatment), if such expenses have been pre-approved by us and the life assured has obtained a certificate of pre-authorisation issued by us; and
- expenses for repatriation approved, arranged and made by us for the life assured and the living donor (in the case of transplant).

A daily payment of S\$125 to cover daily expenses incurred abroad will be payable for each day of hospitalisation up to 60 days per claim for treatment arranged by us.

We will only pay this benefit if the life assured is a Singapore resident on the date of his/her admission. We define residency in a country to mean being physically present in that country for a continuous period of at least 183 days.

To be eligible for MyShield, the life assured must be:

- (i) a Singapore citizen; or
- (ii) Singapore permanent resident with a Medisave account; or
- (iii) a foreign dependant who holds an eligible pass.

As such, we will deem the life assured to be a Singapore resident at the point of inception. If the life assured leaves Singapore, travels to any other countries, but does not stay in that country for a continuous period of at least 183 days, he/she will still be deemed to be a Singapore resident. He/she will still be eligible for these benefits.

The following table illustrates possible scenarios that you may encounter:

Scenario	Did the life assured physically stay in a country for a continuous period of at least 183 days?	Residency at the end of scenario	Eligible for benefits?
A Singapore resident leaves Singapore, travels to many other countries, but does not stay in any country for a continuous period of at least 183 days.	No	Singapore	Yes
A Singapore resident leaves Singapore and stays in Country X for a continuous period of at least 183 days.	Yes	Country X	No
A Country X resident travels to Singapore but does not stay in Singapore for a continuous period of at least 183 days.	No	Country X	No
A Country X resident travels to Singapore and stays in Singapore for a continuous period of at least 183 days.	Yes	Singapore	Yes

Example for Global Treatment - MyShield Plan 1 with MyHealthPlus Option C or Option C-II

Madam Tan requested for treatment at a panel overseas hospital for one of the six covered illnesses and medical procedures (i.e. coronary artery by-pass surgery). This treatment has been pre-approved by us and a certificate of pre-authorisation has been issued by us. Madam Tan flew overseas for the treatment, stayed in a hotel near the hospital and was admitted to the hospital subsequently for 8 days.

Medical Expenses	MyHealthPlus Option C (S\$) ¹	MyHealthPlus Option C-II (S\$) ¹
Global Treatment	30,000	30,000
Less: MyShield Deductible	3,500 ²	3,500 ²
Less 10% MyShield Co-insurance (10% x \$26,500)	2,650 ³	2,650 ³
Global Treatment Benefit pays	23,850	23,850
Deductible Benefit pays (Incurred Amount: S\$3,500)	3,500	2,500* (S\$1,000 MyHealthPlus Deductible applies)
Co-insurance Benefit pays (Incurred Amount: S\$2,650)	2,650	1,325 (Covers 50% of MyShield Co-insurance)
Aviva pays	30,000	27,675
Customer pays	0	2,325

*MyHealthPlus Deductible Benefit = MyShield Deductible less MyHealthPlus Deductible

Note that if Madam Tan were to stay in the (overseas) country for 183 days consecutively without leaving it prior to the date of her admission, she will not be eligible for this benefit because her residency status will no longer be Singapore.

Non-medical Expenses	MyHealthPlus Option C & Option C-II (S\$) ¹
Daily Expenses (S\$125 x 8 days)	1,000
Travel and Accommodation Expenses (includes the life assured and the travelling companion)	5,000
Aviva pays	6,000
Customer pays	0

Global Treatment - Limits	MyHealthPlus Option C (S\$) ¹	MyHealthPlus Option C-II (S\$) ¹
Total Aviva Payout	36,000 (30,000 + 6,000)	33,675 (27,675 + 6,000)
Balance Policy Year Limit	1,214,000 (1,250,000 – 36,000)	1,216,325 (1,250,000 – 33,675)
Balance Lifetime Limit	2,464,000 (2,500,000 – 36,000)	2,466,325 (2,500,000 – 33,675)

¹ The amount is converted from foreign currency to Singapore currency based on the exchange rate used by Aviva.

² This amount will be accumulated under the MyShield annual deductible in the MyShield policy.

³ This amount will be accumulated under the MyShield maximum co-insurance of S\$25,500 per policy year in the MyShield policy.

2.9 Are pre- and post-hospital treatments in Singapore covered?

Yes, we pay for pre-hospital treatment and post-hospital treatment in Singapore under your MyShield policy before and after inpatient global treatment respectively, and any associated consultation fees, examinations and laboratory tests under your MyShield policy before outpatient global treatment, if we pay your claim for global treatment.

2.10 Can I request for a second opinion on the diagnosis of a covered illness or medical procedure?

You may request once per claim, for a second medical opinion service to confirm the diagnosis of a covered illness or medical procedure and the assessment of the optimal treatment plan under this benefit.

2.11 How do I get more information or request for Global Treatment Benefit?

You can get more details on this benefit and treatment arrangements from your Financial Adviser Representative or from our website at www.aviva.com.sg. As we may update the details on the website from time to time, please check the website regularly for the prevailing details.

You can call our hotline at 1800 8800 880 to request for global treatment for any of the six covered illnesses or medical procedures.

2.12 What are the benefits of MyHealthPlus Option C?

MyHealthPlus Option C shall cover the following benefits:

- a) All benefits under Option A according to the chosen plan excluding Free Cover for Child(ren);
- b) Preferred Rate for Child(ren); and
- c) Deductible as incurred under MyShield.

2.13 What are the benefits of MyHealthPlus Option C-II?

MyHealthPlus Option C-II shall cover the following benefits:

- a) All benefits under A-II according to the chosen plan excluding Free Cover for Child(ren) and Ward Downgrade Benefit;
- b) Preferred Rate for Child(ren); and
- c) Deductible as incurred under MyShield after policyholder pays MyHealthPlus annual deductible.

2.14 Who is eligible for Preferred Rate for Child(ren) under MyHealthPlus Option C or C-II?

Parents who are both insured under MyShield Plan 1 or 2 and MyHealthPlus Plan 1 or 2 of Option A, Option C, Option A-II or Option C-II (whichever is applicable) can buy MyHealthPlus Option C-II Plan 2 for their children under the Preferred Rate for Child(ren) if their children are:

- a) entitled to Family Discount for Child(ren) or Free Cover for Child(ren) under MyShield; and
- b) less than 20 years old at age next birthday.

2.15 Can I change my existing MyHealthPlus Option A or C to the newer Option A-II or C-II?

- i. If you have existing Option A and wish to have Option A and deductible benefits, you can do so by upgrading the existing Option A/A-II to Option C-II. Please complete New Business Application Form.
- ii. If you have existing Option B and wish to have both Option A and deductible benefits, you can do so by upgrading the existing Option B to Option C-II. Please complete New Business Application Form.
- iii. If you have existing Option B and wish to be covered only for Option A-II benefits, you can do so by cancelling the existing Option B and take up Option A-II. Please submit Request for Changes to Individual Health Policies Form.

If you upgrade from existing Option A or Option B to Option C-II, any claim arising from a pre-existing condition after the upgrade will be assessed under the terms and conditions of the plan prior to the upgrade.

Note:

For change of option on or after 1 January 2019, you will not be able to have a mix of option types if you are looking to switch into or apply for an additional new option. For example, if you have an existing option B and wish to buy Option A-II, you will have to apply for an Option C-II.

As the benefits under A-II or C-II are slightly different, please ensure that the new option rider with co-payment suit your needs before you change your option.

You can contact us at 6827 7788 or your Financial Adviser Representative for assistance.

3 NEW BUSINESS ISSUANCE

3.1 Am I eligible to buy MyHealthPlus?

To be eligible for coverage, the life assured must be the life assured of a MyShield policy and meet the following criteria.

	Minimum Entry Age (ANB)	Maximum Entry Age (ANB)	Expiry Age
Assured/ Proposer (Payer)	17	N.A.^	N. A.
Life assured/ Dependant*	15 days old or the date of discharge from hospital after birth, whichever is later	75	N.A.#

^ If the proposer (payer)/ assured is also the life assured, the maximum entry age of 75 (ANB) will apply.

*Dependants are defined to be the proposer (payer)'s legal spouse, parent(s), grandparent(s), sibling(s) and/or biological or legally adopted child(ren).

To be eligible for the Critical Illness Benefit under this policy, the life assured must be aged between 1 year old and 65 years old at age next birthday.

3.2 How can my child qualify for Free Cover for Child(ren)?

Parents who are both insured under MyShield Plan 1 or 2 attached with MyHealthPlus Option A, Option C, Option A-II or Option C-II (whichever is applicable) can cover their children for free (up to a maximum of 4 children) under MyHealthPlus Option A-II Plan 2 if the children are:

- entitled to Family Discount for Child(ren) or Free Cover for Child(ren) under MyShield; and
- less than 20 years old at age next birthday.

3.3 If my spouse and I have existing MyHealthPlus policies, do we have to wait until our policies' anniversary date before applying for coverage for our newborn child?

Parents can apply for free child coverage at any time without waiting for the policy anniversary date.

To sign up for MyHealthPlus for your child, you can contact us at 6827 7788 or your Financial Adviser Representative for assistance.

3.4 Can I buy MyHealthPlus only for my dependant(s) without getting one for myself?

Yes, you may buy MyHealthPlus for your dependant(s) without getting MyHealthPlus for yourself. In such cases, you shall be the policyholder/assured and your dependant shall be the life assured who is entitled to MyHealthPlus coverage. You can contact us at 6827 7788 or your Financial Adviser Representative for assistance.

3.5 Why must the policy period of MyHealthPlus coincide with MyShield policy?

MyHealthPlus is a rider and should follow the same policy period

3.6 Can I apply for Option A or C (available before 1 January 2019) or Option A-II or C-II (available on or after 1 January 2019) separately or must I apply for both Options together?

- i. You may choose to be covered under either: Option A or Option C; or
 - ii. Option A-II or Option C-II;
- whichever is applicable, and not both.

3.7 How will the policy document be delivered?

The policy document will be sent directly to you by mail and it is deemed to have been delivered within 7 days from posting.

4 UNDERWRITING

4.1 What are the available underwriting options?

From 1 January 2019 onwards, the only available underwriting option for new business applications is full medical underwriting.

For existing MyShield policyholders with MyHealthPlus application on or after 1 January 2019, there are two underwriting options – full medical underwriting and moratorium underwriting, available for selection.

If the applicant is applying for MyHealthPlus only and his/her existing MyShield is under moratorium underwriting, the MyHealthPlus will be under moratorium underwriting unless there is a new medical declaration.

You can contact us at 6827 7788 or contact your Financial Adviser Representative for more details.

4.2 What is moratorium underwriting?

With moratorium underwriting, applicants are not required to submit any medical history records. This underwriting method will not be available for new business application from 1 January 2019.

Under moratorium underwriting, no underwriting is required. Any new, unexpected medical conditions arising after commencement of life assured's coverage will be covered, subject to the terms and conditions of the policy.

Other than the list of permanently excluded pre-existing conditions, pre-existing conditions can be covered after a continuous period of 5 years from the cover start date or reinstatement date or date of upgrade, whichever is later, provided the life assured has NOT in respect of that particular pre-existing condition:

- experienced symptoms;
- sought advice or tests from a doctor or specialist or alternative medicine provider (including checkups for that medical condition);
- required treatment or medication; or
- received treatment or medication.

If at any time, during the 5-year moratorium, the life assured undergoes any of the above, then that particular pre-existing condition shall be permanently excluded under the policy.

4.3 What is the list of pre-existing conditions that are permanently excluded under the policy if I have chosen the moratorium underwriting option prior to 1 December 2016?

- Heart attack, heart bypass, angioplasty
- Chronic obstructive lung disease, chronic cor pulmonale, pulmonary hypertension
- Stroke
- Liver cirrhosis
- Paralysis
- Osteoporosis
- AIDS or HIV infection
- Thalassaemia Intermediate/major
- Diabetes with complications such as protein in urine or eye problem
- Kidney failure
- Organ transplantation
- Systemic lupus erythematosus (SLE)
- Muscular dystrophy
- Multiple sclerosis
- Alzheimer's disease
- Dementia
- Any form of Cancer (other than skin cancer)
- Autism

4.4 What is full medical underwriting?

Full medical underwriting is the common underwriting practice for health insurance plans. With full medical underwriting, the applicant is required to declare his/her medical history by fully disclosing the medical history before the date of application for the policy.

5 PREMIUMS & POLICY SERVICING PROCEDURES

5.1 How long is the free look period?

The free-look period is 21 days from the date the policy is received by you. You are assumed to have received the policy within 7 days after we have post it to you.

5.2 Will I be informed when MyHealthPlus is due for renewal?

MyHealthPlus is a guaranteed yearly renewal plan subject to premium payment. A renewal notice will be sent to inform you on the renewal premium due.

For GIRO mode of payment, there will be arrangement to deduct the annual premium from your designated bank account.

For cash payment, in the event that the payment received is insufficient to renew the policy, a reminder letter will be sent to inform you to make the payment.

5.3 What are the available frequencies of payment?

Annual and monthly payment frequencies are available for MyHealthPlus.

For monthly payment frequency, the subsequent payments must be made via Interbank GIRO.

5.4 What are the available premium payment methods?

Cash, Cheque and Interbank GIRO.

5.5 When is the GIRO deduction date?

The first deduction takes place on 7th of the renewal month. If the first deduction fails, there will be a second deduction on the 20th of the same month if the bank account is not closed and the GIRO arrangement is not terminated. If the deduction falls on a weekend or a Singapore Public Holiday, it will take place on the next working day.

5.6 What is the procedure to change the payment method to GIRO?

For change of payment method to GIRO, you are required to complete our "Application for Interbank GIRO" form. The form is available on Aviva's corporate website at www.aviva.com.sg.

5.7 How do I know if the policy has been renewed?

Upon collection of full renewal premium, a renewal confirmation letter will be sent to inform you that the policy is renewed.

5.8 Are the premium rates guaranteed?

Rates are not guaranteed and are subject to regular review, considering the portfolio's claim experience. However, individuals will not be penalised for individual poor claims experience or ill-health.

5.9 How do I update my personal particulars?

For change in address or contact details, please log on to MyAviva to update the change.

For change in other personal particulars, you are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Aviva's corporate website at www.aviva.com.sg.

5.10 How do I upgrade or downgrade the plan to 1, 2 or 3?

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Aviva's corporate website at www.aviva.com.sg.

Note:

If you request to upgrade your plan, your existing MyHealthPlus Option will be changed to the new option type (eg: Option A to Option A-II, Option C to Option C-II).

If you request to downgrade your plan, your existing MyHealthPlus Option will remain, unless you have chosen to change the option type.

Please contact us at 6827 7788 or your Financial Adviser Representative for assistance.

5.11 How do I change the option?

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Aviva's corporate website at www.aviva.com.sg.

Please contact us at 6827 7788 or your Financial Adviser Representative for assistance.

5.12 How do I change Payer and/or Policyowner?

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Aviva's corporate website at www.aviva.com.sg. The new Policyowner and Payer must be the same person.

6 CLAIMS

6.1 How do I make a claim?

- a) For Hospital-related Benefits claims
Please submit the claim under MyShield.
- b) For Co-insurance, Deductible and Hospital Cash Benefit and Ward Downgrade Benefit Claim(s) will be automatically processed when the claim for MyShield is filed.
- c) For Accidental Cover for Child claims
Please notify Aviva of the accident of the life assured within 30 days of occurrence. The life assured has to submit the original documentation together with a fully completed "Personal Accident Claim Form" and "Physician Statement for Personal Accident Claim". You can obtain the forms from our website at <https://www.aviva.com.sg/en/make-a-claim/>.
- d) For Critical Illness claims
Please notify Aviva of the Critical Illness of the life assured within 30 days of diagnosis. The life assured has to submit the original documentation together with a fully completed "Claimant's Statement" and "Physician Statement" (where applicable). You can obtain the forms from our website at <https://www.aviva.com.sg/en/make-a-claim/>.

6.2 How will the payments under MyHealthPlus claim be made?

For benefits that are filed together with MyShield, we will pay the relevant amount to the hospital / clinic or the policyholder.

For Hospital Cash Benefit, Critical Illness Benefit, Additional Critical Illness Benefit for Kidney Failure and Accidental Cover for Child, we will make payment to the policyholder.

6.3 How is the Hospital Cash Benefit (under Option A or Option C) payable?

We shall pay the Hospital Cash Benefit as shown in the Benefit Schedule of the Policy in the event of hospitalisation provided that:

- a) the admission as an inpatient is recommended by a doctor as necessary medical treatment;
- b) the life assured stays in a hospital ward lower than what he is entitled to under his chosen plan; and
- c) there is a claim payment made under MyShield (other than MediShield Life) and/or Deductible Benefit of MyHealthPlus.

Please note that we will not pay the Hospital Cash Benefit in the event of day surgery, admission as an inpatient in a community hospital, admission as an inpatient in a private hospital or if there is no hospital stay involved.

6.4 How is the Additional Critical Illness Benefit for Kidney Failure payable?

If the life assured is diagnosed with kidney failure and requires kidney dialysis, we pay this benefit as shown in the benefits schedule as long as:

- the dialysis is ordered by the attending doctor;
- the life assured receives dialysis at a subsidised centre or restructured hospital; and
- we admit the outpatient kidney dialysis claim under MyHealthPlus.

If there is a claim made under this benefit, we will pay the remaining of the higher benefit, where applicable. Where the maximum benefit has been paid, no further benefit will be payable.

How we pay the benefit (Figures are purely for illustration under Option A only.)**Example 1**

If the life assured is under Plan 1 and receives dialysis at a panel private dialysis centre and we have paid this benefit as shown in the benefits schedule and the life assured subsequently receives dialysis at a subsidised centre or restructured hospital, we will pay the difference in amount for this benefit as shown in the benefit schedule.

Plan Type	Claim Sequence	Type of Kidney Dialysis Centre	Benefit Limits	We pay
MyHealthPlus Plan 1, Option A	First Claim	Panel Private Dialysis Centre	S\$1,000 per lifetime	S\$1,000
	Second Claim	Subsidised Centre / Restructured Hospital	S\$3,000 per lifetime	S\$2,000 (S\$3,000 - S\$1,000)
			Total	S\$3,000

Example 2

If the life assured is under Plan 1 and receives dialysis at a panel private dialysis centre and we have paid this benefit as shown in the benefits schedule and the life assured subsequently downgrades to Plan 2 and receives dialysis at a subsidised centre or restructured hospital, we will pay the difference in amount for this benefit as shown in the benefit schedule.

Plan Type	Claim Sequence	Type of Kidney Dialysis Centre	Benefit Limits	We pay
MyHealthPlus Plan 1, Option A	First Claim	Panel Private Dialysis Centre	S\$1,000 per lifetime	S\$1,000
MyHealthPlus Plan 2, Option A	Second Claim	Subsidised Centre / Restructured Hospital	S\$2,000 per lifetime	S\$1,000 (S\$2,000 - S\$1,000)
			Total	S\$2,000

Example 3

If the life assured is under Plan 1 and receives dialysis at subsidised centre or restructured hospital and we have paid this benefit as shown in the benefits schedule and the life assured subsequently:

- receives dialysis at panel private dialysis centre; or
- downgrades to Plan 2 or Plan 3 and receives dialysis at a subsidised centre or restructured hospital;

no further payment will be made under this benefit.

Plan Type	Claim Sequence	Type of Kidney Dialysis Centre	Benefit Limits	We pay
MyHealthPlus Plan 1, Option A	First Claim	Subsidised Centre / Restructured Hospital	S\$3,000 per lifetime	S\$3,000
MyHealthPlus Plan 2, Option A	Second Claim	Subsidised Centre / Restructured Hospital	S\$2,000 per lifetime	Nil
			Total	S\$3,000

This benefit will not be paid again if you have made a claim on this benefit and we have paid according to your plan as shown in the benefits schedule before your change of plan. To avoid doubt, if you upgrade your plan, we will pay this benefit according to your plan before the upgrade.