

## MyShield Standard Plan

*This policy booklet contains the terms and conditions of **your plan**.*

Contents	Page
<b>Your policy</b>	2
<b>1</b>	<b>What your policy covers</b>
	<i>1.1 Inpatient hospital treatment</i>
	<i>1.2 Major outpatient treatment</i>
<b>2</b>	<b>Our responsibilities to you</b>
	<i>2.1 Making a claim</i>
	<i>2.2 Settling the claim</i>
	<i>2.3 Limits of liability</i>
<b>3</b>	<b>Your responsibilities</b>
	<i>3.1 Full disclosure</i>
	<b>3.2 Premium</b>
	<i>3.3 Change of citizenship</i>
<b>4</b>	<b>When your policy ends</b>
<b>5</b>	<b>What you can do with your policy</b>
	<i>5.1 Reinstate <b>your policy</b></i>
	<i>5.2 Cancel <b>your policy</b></i>
	<i>5.3 Change <b>your plan</b></i>
<b>6</b>	<b>What your policy does not cover</b>
<b>7</b>	<b>What you need to note</b>
	<i>7.1 Eligibility</i>
	<i>7.2 Geographical Scope</i>
	<i>7.3 Other insurance</i>
	<i>7.4 Co-operation</i>
	<i>7.5 Guaranteed renewal</i>
	<i>7.6 Change of policy terms or conditions</i>
	<i>7.7 Entry age of the <b>life assured</b></i>
	<i>7.8 Pre-existing conditions</i>
	<i>7.9 Fraud</i>
	<i>7.10 Trust</i>
	<i>7.11 Currency</i>
	<i>7.12 Applications and notices</i>
	<i>7.13 Dispatch of documents, cheques and notices</i>
	<i>7.14 Excluding third party rights</i>
	<i>7.15 Integration with <b>MediShield Life</b></i>
	<i>7.16 Applicable law</i>
	<i>7.17 Legal proceedings</i>
	<i>7.18 Arbitration</i>
	<i>7.19 Severability</i>
	<i>7.20 Non-waiver</i>
	<i>7.21 Policy owners' protection scheme</i>
<b>8</b>	<b>Definitions</b>
	<b>Benefits schedule</b>

## MyShield Standard Plan General Provisions

### Your policy

This is **your** MyShield Standard Plan policy. It contains the following documents:

- these general provisions;
- the **policy schedule**;
- the **benefits schedule**;
- the **application documents**; and
- any endorsements.

These documents and the following form the full agreement between **you** and **us**:

- all statements to **doctors**;
- declarations and questionnaires relating to the **life assured's** lifestyle, occupation or medical condition which **you** or the **life assured** provide to **us** for **our** underwriting purposes; and
- all written correspondence relating to the policy between **you** or the **life assured** and **us**.

**We** refer to them collectively as "**your policy**". Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together to avoid misunderstanding.

In these general conditions, words in bold have the meanings given to them under the 'Definitions' section. Unless the context otherwise requires, words used in the singular include the plural and the masculine include the feminine and vice-versa. The same definitions apply if the defined words are used in any documents in **your policy** or any correspondence between **you** and **us**.

To enjoy the **benefits**, **you** must comply with the terms and conditions of **your policy** and pay the **premiums** when they are due.

MyShield Standard Plan is a medical insurance plan which covers the **life assured** for costs associated with **hospital** stay, **surgery** and selected outpatient treatment. **Your policy** is integrated with **MediShield Life**. It adds to the **MediShield Life** tier operated by the **CPF Board** and provides extra benefits for those who would like more cover and medical insurance protection. The **life assured** is covered under **MediShield Life** if he meets the eligibility conditions in the **act** and **regulations**.

**Your policy** comes into effect on the **cover start date** if **we** receive **your** first **premium** in full before the **policy issue date**.

**Please note: We will not pay benefits on any claim which arises before the cover start date.**

### Free Look Period:

*If **we** are issuing this policy to **you** for the first time, **we** give **you** a free-look period of 21 days from the date **you** received **your policy** to decide if **you** want to continue with **your policy**. If **you** do not want to continue with **your policy**, **you** may write to **us** to cancel it. As long as **you** have not made any claim under **your policy**, **we** will cancel **your policy** from its **cover start date** and refund all **premiums** paid, without interest. **You** are assumed to have received the policy within seven days after **we** have sent it by post.*

## 1. What your policy covers

The benefits shown below are available for **your policy**. Please refer to the **benefits schedule** for details of the cover provided.

*All **benefits** only pay reimbursement for **reasonable expenses** for **necessary medical treatment** received by the **life assured** due to **illness** or **injury** and depend on the terms and conditions in **your policy** and the limits shown in the **benefits schedule**. Treatment must be provided by a **hospital** or **licensed medical centre** or **clinic**.*

### 1.1 Inpatient hospital treatment

**We** will pay for the types of costs shown below. Except for day **surgery**, these costs must be for treatment received by the **life assured** as an **inpatient**. Only claims made and sent to **us** through the electronic filing system set up by **MOH** and according to the **act** and **regulations** are eligible for cover under **your policy**.

**We** will apply the **pro-ration factor**, **annual deductible** and **co-insurance** to all **inpatient hospital** treatment where applicable. Please refer to **clause 2.3** to see when and how **we** apply the **pro-ration factor**, **annual deductible** and **co-insurance**.

If the **life assured** receives **inpatient** treatment in a luxury or deluxe suite or any other special room of a **hospital**, **we** will calculate the pro-rated amount of the actual charges which the **life assured** has to pay as follows:

*$\frac{\text{Charge for a standard B1 ward in Singapore General Hospital}}{\text{Room Charge which the life assured had to pay}} \times \text{total bill}$*

**We** pay the minimum of **reasonable expenses** or the pro-rated amount of the total bill, whichever is lower.

**Inpatient** hospital treatment benefit is made up of the following:

#### a **Daily Room, board and medical related services**

Ward charges the **life assured** has to pay for each day in a **standard room** including:

- treatment fees;
- meals;
- prescriptions;
- medical consumables;
- **doctor's** attendance fees;
- medical examinations;
- laboratory tests; and
- miscellaneous medical charges.

#### b **Intensive care unit (ICU)**

Ward charges the **life assured** has to pay for each day in an **ICU** including:

- treatment fees;
- meals;
- prescriptions;
- medical consumables;
- **doctor's** attendance fees;
- medical examinations;

- laboratory tests; and
- miscellaneous medical charges.

**c Surgical benefit**

Charges the **life assured** has to pay for **surgery** (including day **surgery**) by a surgeon in a **hospital** including:

- surgeon's fees;
- anaesthetist fees; and
- operating theatre and facility fees.

Any **surgery** not listed in **MOH's** Table of Surgical Procedures - table 1 to 7 on the date of **surgery** is not covered.

For organ transplant, **we** will pay for the transplant **surgery**. Costs of acquiring the organ are not covered.

**d Surgical implants and medical consumables**

Charges the **life assured** has to pay for surgical implants and medical consumables. The implants must stay in the **life assured's** body after the **surgery**. This includes but is not limited to:

- Intraocular lens for cataracts;
- intravascular electrodes used for electrophysiological procedures;
- percutaneous transluminal coronary angioplasty (PTCA) balloons; and
- intra-aortic balloons (or balloon catheters)

**e Radiosurgery**

Charges the **life assured** has to pay for Gamma Knife and Novalis radiosurgery (including day **surgery**) by a surgeon in a **hospital**.

**f Stay in a community hospital**

Charges the **life assured** has to pay for staying in a **community hospital**.

To claim under this benefit, the following conditions must be met:

- the **life assured** must first receive **inpatient** treatment in a **restructured hospital** or private **hospital**;
- after the **life assured** is discharged from the **restructured hospital** or private **hospital**, he must be immediately admitted to a **community hospital** for continuous stay;
- the attending **doctor** in the **restructured hospital** or private **hospital** where the **life assured** received **inpatient** treatment must recommend in writing that the **life assured** needs to be admitted to a **community hospital** for **necessary medical treatment**; and
- the treatment in the **community hospital** must arise from the same **injury** or **illness** that resulted in the **life assured's** **inpatient** treatment in the **restructured hospital** or private **hospital**.

**g Inpatient psychiatric treatment**

Charges for psychiatric treatment received by the **life assured** as an **inpatient**. All treatment must be provided by a **doctor** qualified to provide psychiatric treatment. **We** will pay this benefit up to 35 days for each **policy year**.

Treatments due to self-inflicted injury, suicide, drug or alcohol abuse or misuse are not covered.

## 1.2. Major outpatient treatment

**We** will pay for the types of costs shown below for treatment received by the **life assured** as an outpatient up to the limits shown in the **benefits schedule**.

**We** will apply the **pro-ration factor** and **co-insurance** (if applicable) to all major outpatient treatment. Please refer to **clause 2.3** to see when and how **we** apply the **pro-ration factor** and **co-insurance**.

### a Outpatient kidney dialysis

Charges the **life assured** has to pay for approved outpatient renal dialysis (using machines or apparatus). Dialysis must be ordered by the attending **doctor** and received by the **life assured** at a Medisave / MediShield Life accredited treatment centre, and include:

- continuous ambulatory peritoneal dialysis (CAPD); or
- associated consultation fees and laboratory tests if they are ordered by the attending **doctor** before dialysis and take place not more than 30 days before the dialysis.

Follow-up consultation fees, laboratory tests and other medical attention after each session of dialysis are not covered.

### b Outpatient erythropoietin

Charges for erythropoietin as part of the treatment for chronic renal failure ordered by the attending **doctor** and received by the **life assured** at a Medisave / MediShield Life accredited treatment centre.

Follow-up consultation fees, laboratory tests and other medical attention after each session of erythropoietin treatment are not covered.

### c Outpatient cancer treatment

Charges the **life assured** has to pay for cancer treatment as an outpatient at a Medisave / MediShield Life accredited treatment centre. Such treatments include:

- chemotherapy;
- external or superficial radiotherapy;
- brachytherapy, with or without external radiotherapy; and
- stereotactic radiotherapy.

Associated consultation fees and laboratory tests are covered if they are ordered by the attending **doctor** before the treatment and take place not more than 30 days before the treatment.

Follow-up consultation fees, laboratory tests and other medical attention after each session of outpatient cancer treatment are not covered.

Please refer to the **benefits schedule** for the limit on each type of the cancer treatment.

**d Major organ transplant – approved immunosuppressant drugs**

Charges the **life assured** has to pay for immunosuppressant drugs approved by the **Health Science Authority** as part of **necessary medical treatment** as an outpatient after major organ transplant to reduce the rate of rejection.

The major organ transplant must first be approved under **your policy**.

**2. Our responsibilities to you**

**We** are only responsible to **you** for the cover and period of **your policy** and **our** responsibilities are governed by the terms, conditions and limits of **your policy**. **We** pay the minimum of **reasonable expenses** or the pro-rated amount of the total bill, whichever is lower. **We** will deduct any amounts due or owing to **us** under **your policy** before paying any **benefits**. The final computed **benefits** must not exceed the **policy year limit** shown in the **benefits schedule**.

**We** will pay claims according to **your policy** or **MediShield Life**, whichever is higher.

**2.1 Making a claim**

All **inpatient** and major outpatient treatment claims must be made and sent to **us** through the electronic filing system set up by **MOH** and according to the **act** and **regulations**. **You** must complete the Medical Claims Authorisation Form (Single or Multiple version) to give **your** consent to the **CPF Board**, medical clinic or institution to verify **your** insurance membership and release of medical information, and give **us** any other documents, authorisations or information **we** need to assess the claim.

All claims must be sent to **us** within 90 days from the date of treatment, date of billing, or the date the **life assured** leaves the **hospital**, whichever is later.

For claims which are electronically filed to **us** by the **hospital**, **we** will pay the **hospital** directly. Otherwise, **we** will pay **you**.

The **hospitals**, medical clinics or institutions, **CPF Board** and all private insurers of the Medisave-approved integrated plan have agreed on the following order of preference for signatories in the claims form:

- a life assured** who is admitted as an **inpatient**;
- b life assured** or **you** (if different from the **life assured** and the **life assured** is not able to sign the form); and
- c next-of-kin** (in the absence of **you** or the **life assured** or if both **you** and the **life assured** are not able to sign the claim form).

This order of preference for signatories facilitates the process of making a claim on behalf of the **life assured** under **your policy**. The arrangement gives the **life assured's** next-of-kin the authority to consent and sign the claim form. However, the next-of-kin is not a party to this **policy** and does not acquire any rights under this **policy** by signing the claim form.

If **you**, the **life assured** or the **life assured's** personal representatives do not co-operate with **us** in dealing with the claim, the assessment of the claim may be delayed or **we** can reject the claim.

## 2.2 Settling the claim

We will apply the following limits shown in the **benefits schedule** (if applicable) to the **benefits** in the following order when computing **your** claim:

- a eligible expenses;
- b **pro-ration factor**;
- c limit of **benefits**;
- d **annual deductible**;
- e **co-insurance**;
- f **policy year limit**.

We will pay the claim once we are satisfied that all requirements are fully fulfilled. Any payment made under this clause will entirely release us from any obligations and any further liability in respect of the claim.

If the amount we pay to a **hospital** under the letter of guarantee issued to the **hospital** is not payable for any reason, you must fully indemnify and reimburse us for the amount within 30 days from the date of our notice asking for reimbursement.

Before we admit or pay any claim and during the duration of a claim under **your policy**, we have the right to require the **life assured** to be examined by a **doctor** appointed by us, whenever and as often as we may reasonably want.

In addition, we have the right to ask for a post-mortem where this is not forbidden by law.

## 2.3 Limits of Liability

Our liability for each **benefit** and type of plan under **your policy** is limited to the amounts shown in the **benefits schedule**. We will apply the **pro-ration factor**, **annual deductible** and **co-insurance** (if applicable) before we pay any benefit.

### a Annual deductible

**Annual deductible** applies to all claims made under **your policy** except for major outpatient treatment.

### b Co-insurance

**Co-insurance** applies to all claims made under **your policy**.

### c Pro-ration factor

We will apply the **pro-ration factor** if the **life assured** is admitted as an **inpatient** to a room or **hospital** above what he is entitled to under **your policy** or receive major outpatient treatment at a private **hospital** or medical institution.

The benefit we pay will be reduced by first applying the **pro-ration factor** to:

- the original final bills showing the actual charges which the **life assured** has to pay; or
- **reasonable expenses**;

whichever is lower.

Except where the **life assured** receives **inpatient** treatment in a luxury or deluxe suite or any other special room of a **hospital**, if the **life assured** changes the type of room during his stay as an **inpatient**, we will use the type of room he was staying in immediately before his discharge to decide if we will apply the **pro-ration factor**.

The **pro-ration factor** does not apply to expenses which the **life assured** has to pay at:

- a **restructured hospital** for major outpatient treatment and day **surgery**; or
- a subsidised dialysis or cancer centre in Singapore for major outpatient treatment.

**How we apply the pro-ration factor, annual deductible and co-insurance in each policy year**

(Figures are purely for illustration only.)

**Example 1**

Plan: MyShield Standard Plan

**Hospital:** Restructured **hospital**

Ward of discharge: 4-bed Standard Ward

Expenses	Benefit Limits	Amount incurred & covered by MyShield Standard Plan
Daily room, board and medical related services (for 4 days)	\$1,700 per day	\$2,600
Surgical benefit (MOH surgical operation fees table 1)	\$590 per <b>surgery</b>	\$400
Total bill		\$3,000
<b>Annual deductible</b>		\$2,500
<b>Co-insurance</b> (10% x (\$3,000-\$2,500))		\$50
<b>You pay</b>		\$2,550 (\$2,500+\$50)
<b>We pay</b>		\$450 (\$3,000-\$2,550)

**Example 2**

Plan: MyShield Standard Plan

**Hospital:** Private **hospital**

Ward of discharge: Standard Single Bed

Expenses	Benefit Limits	Amount Incurred	Pro-rated Amount (50% <b>pro-ration factor</b> )	Amount Covered by MyShield Standard Plan
Daily room, board and medical related services (for 4 days)	\$1,700 per day	\$8,000	\$4,000	\$4,000
Surgical benefit (MOH surgical operation fees table 1)	\$590 per <b>surgery</b>	\$2,000	\$1,000	\$590
Total bill		\$10,000	\$5,000	\$4,590
<b>Annual deductible</b>		\$2,500		
<b>Co-insurance</b> (10% x (\$4,590 - \$2,500))		\$209		
<b>You pay</b>		\$8,119 (\$10,000-\$1,881)		
<b>We pay</b>		\$1,881 (\$4,590 - \$2,500 - \$209)		



### 3. Your responsibilities

#### 3.1 Full disclosure

Up to the **cover start date** or the last **reinstatement date** or, if **you** change **your plan** to another MyShield plan, on the cover start date of **your** new MyShield plan, whichever is later, **you** and the **life assured** must disclose to **us** fully and truthfully, all material facts and circumstances about the **life assured** that may influence **our** decision whether or not to cover him or to impose further terms and conditions on **your policy**.

If **you** do not give **us** this information or misrepresent any information, **we** may:

- declare **your policy** “void” from the **cover start date** or the last **reinstatement date** (whichever is applicable); or
- end the cover for the **life assured**.

If the event above happens, **we** will refund **you** all **premiums** paid to **us** only if **you** have not made any claim under **your policy**. If **you** have made a claim under **your policy** before it becomes void, **we** will calculate the **premium** to be refunded from the first **policy year** immediately following the **policy year** in which **you** made the last claim under **your policy**. If the **life assured** was covered under **MediShield Life** or a Medisave-approved integrated shield plan with another insurer before, the **life assured**'s **MediShield Life** cover will continue.

#### 3.2 Premium

**You** must pay the **premium** every year in order to receive the **benefits**.

**We** give **you** 60 days' **grace period** from the **renewal date** to pay the **premium**. During this **grace period**, **your policy** will stay in effect. **You** must first pay any **premium** or other amount **you** owe **us** before **we** pay any claim under **your policy**. If **you** do not pay the **premium** by the last day of the **grace period**, **your policy** will end on the **renewal date**.

**You** are responsible for making sure that **your premium** is paid up to date.

**We** may deduct **your premium** from the designated Medisave account according to the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the **CPF Act**, as may be amended, extended or re-enacted from time to time.

**You** must pay the **premium** or any part of it in cash if:

- a the **premium you** owe is more than the maximum Additional Withdrawal Limit set by the **CPF Board**;
- b there are not enough funds in **your** Medisave account to pay the **premium** due; or
- c the **premium**, or part of it is not taken from the designated Medisave account for any reason.

#### 3.3 Change of citizenship

**You** must tell **us**, as soon as possible, when the **life assured**'s citizenship status changes.

### 4. When your policy ends

**Your policy** automatically ends on the date:

- the **life assured** dies;
- **we** receive **your** written notice requesting cancellation of **your policy** under **clause 5.2**;

- **we** do not receive **your premium** after the **grace period**;
  - **you** fail to give **us** any information or document which **we** require from **you**, which date will be determined by **us**;
  - **you** fail or refuse to refund any amount **you** owe **us**, which date will be determined by **us**;
  - fraud under **clause 7.9** takes place;
  - **you** do not reveal information or misrepresent to **us** under **clause 3.1**;
  - **you** or the **life assured** does not fulfill the eligibility requirements set out under **clause 7.1**;
  - the cover of **your policy** ends; or
  - **you** take up another Medisave-approved integrated shield plan covering the **life assured**;
- whichever is earlier.

When **your policy** ends, **you** have no further claims or rights against **us**.

Ending **your policy** does not affect the **life assured's** cover under **MediShield Life**. The **life assured** will continue to be covered under **MediShield Life** as long as he is eligible under the **act** and **regulations**.

## 5. What you can do with your policy

### 5.1 Reinstatement your policy

If **your policy** terminates because **you** have not paid the **premium**, **you** may apply to **us** within 30 days from the date of notice of termination to reinstate **your policy** if **you** meet all of the following conditions:

- **you** must pay all **premiums you** owe before **we** will reinstate **your policy**; and
- **you** have given **us** satisfactory proof of insurability for each **life assured** at **your** expense.

If **we** agree to reinstate **your policy**, **we** will issue **you** a notice of reinstatement. If there is any change in the **life assured's** medical or physical condition, **we** may add exclusions 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 **we** will create any liability for **us** in terms of any claim. **We** will not pay for treatment provided to the **life assured** after the date **your policy** ends and within 30 days from the **reinstatement date** unless treatment was received as an **inpatient** for **injuries** caused by an **accident** which took place after the **reinstatement date**.

### 5.2 Cancel your policy

**You** may cancel the policy with effect from any **renewal date** by giving **us** at least 30 days' written notice of **your** intention not to renew **your policy**. The **life assured's** cover under **your policy** will end on the **renewal date**.

**You** may also cancel **your policy** during the **policy year** and after the free look period by giving **us** at least 30 days' written notice. **We** will refund **you** the pro-rated **premium** for the unexpired period of coverage.

### 5.3 Change your plan

Subject to the eligibility requirements set out under MyShield policy booklet, **you** may write to **us** at any time and ask to change the **life assured's plan** to another MyShield plan.

If **you** ask to change the **life assured's plan** to another MyShield plan, **you** must give **us** satisfactory proof of insurability for each **life assured** and pay for the costs involved. Any claim

that arises from a **pre-existing condition** after **you** have changed **your** MyShield Standard Plan to another MyShield plan will be assessed based on the terms and conditions of **your** MyShield Standard Plan.

If **we** approve **your** request to change the **life assured's plan**, **we** will write to tell **you** when the new MyShield plan will take effect. The **policy year** and **period of insurance** for **your** existing **plan** will end on the day immediately before the day on which **your** new MyShield plan takes effect. The period of insurance for the new MyShield plan will be a 12-month term from the date on which the new MyShield plan takes effect and the limits shown in the benefits schedule, the annual deductible and co-insurance for the new MyShield plan will apply from the date on which the new MyShield plan takes effect.

A **pre-existing condition** which has been permanently excluded under **clause 7.8** will remain permanently excluded under **your** new MyShield plan.

## 6. What your policy does not cover

The following treatment items, procedures, conditions, activities and their related or consequential expenses are not covered under **your policy**. However, some of these exclusions may be covered under **MediShield Life**. For exclusions that are covered under **MediShield Life**, **we** will deal with **your** claim according to the terms and conditions and benefit limits of **MediShield Life**. If **we** say that because of an exclusion or any other term or condition of **your policy**, any loss, damage, cost or expense is not covered by **your policy**, the burden is on **you** to prove otherwise.

- a** all expenses for treatment as an **inpatient**, if the **life assured** was admitted to the **hospital** before the **cover start date**;
- b** any **pre-existing condition** (unless **we** cover it under **clause 7.8**);
- c** overseas medical treatment
- d** transport for trips made for the purpose of obtaining medical treatment such as ambulance fees, **emergency** evacuation, sending home a body or ashes;
- e** private nursing charges and nursing home services;
- f** **hospitalisation** for diagnosis, diagnostic examinations, general physical or medical check-ups;
- g** routine medical examinations or check-ups;
- h** vaccinations, medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye;
- i** elective cosmetic treatments and plastic **surgery** unless such **surgery** is necessary for:
  - the repair of damage caused by an **accident** and such **surgery** must be done within 365 days from the date of **accident**; or
  - breast reconstruction after mastectomy due to breast cancer. The breast reconstruction must be done within 365 days from the date of mastectomy. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered.
- j** any treatment claimed to prevent illness, promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers;
- k** dental treatment or oral **surgery** related to teeth (unless a dental or oral **surgery** is required as a result of an **accident**);
- l** rest cures and services or treatment at any home, spa, hydro or aqua clinic, sanatorium, hospice or long-term care facility that is not a **hospital**;

- m** infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations;
- n** treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres;
- o** pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related **hospitalisation** or treatment;
- p** treatment for obesity, weight reduction, weight improvement or procedure for weight management;
- q** treatment for birth defects, including hereditary conditions and disorders and congenital anomalies;
- r** prosthesis, corrective devices and medical appliances which are not surgically required including the buying or renting of the following for use at home or as an outpatient:
- braces;
  - special/medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances;
  - durable medical equipment and machines;
  - corrective devices;
  - wheelchairs;
  - walking aids;
  - home aids;
  - kidney dialysis machines;
  - iron lungs;
  - oxygen machines;
  - hospital beds;
  - any other hospital type equipment;
  - replacement organs.
- s** treatment that is not scientifically recognised by western European or North American standards, including alternative and complementary treatment;
- t** costs relating to cornea, muscular, skeletal or human organ or tissue transplant (unless **we** cover it under surgical benefit or major organ transplant – approved immunosuppressant drugs);
- u** all costs relating to the stem cell transplant such as costs of harvesting, laboratory tests, investigations, storage, transport and cell culture;
- v** treatment for self-inflicted injury, attempted suicide, suicide, drug or alcohol abuse or misuse;
- w** treatment for psychological, emotional or mental problems or conditions (unless **we** cover it under **inpatient** psychiatric treatment);
- x** experimental or pioneering medical or surgical techniques and medical devices not approved by **MOH** and the Centre of Medical Device Regulation and clinical trials for medicinal products which are prescribed or recommended by the **doctor** even though usual and customary treatment for the condition is available;
- y** **injury** or **illness** arising from or in connection with any illegal act such as imprisonment;
- z** **injury** or **illness** arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby;
- aa** costs arising out of any litigation or dispute between the **life assured** and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by **your policy**;

- bb** any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:
- (i) ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel;
  - (ii) radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component;
  - (iii) any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter;
- cc** death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:
- (i) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power; or
  - (ii) any act of terrorism including but not limited to:
    - the use or threat of force or violence;
    - harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear; or
    - any action taken to control, prevent, suppress or in any way relating to (i) or (ii); or
  - (iii) strikes and riots.
- dd** sexually transmitted diseases and any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:
- (i) HIV infection acquired through blood transfusion in Singapore; or
  - (ii) HIV acquired while performing regular professional duties in a medical profession in Singapore.
- ee** charges for non-medical goods or services such as telephone, television or newspapers.
- ff** All outpatient medical expenses (unless **we** cover it under major outpatient treatment).

## 7. What you need to note

### 7.1 Eligibility

To be eligible for MyShield Standard Plan, **you** must:

- be a Singapore citizen or Singapore permanent resident; and
- have a Medisave account;

and the **life assured** must be a Singapore citizen or Singapore permanent resident.

Your **dependants** are also eligible for cover as long as they are Singapore citizens or Singapore permanent residents. A new-born is eligible for cover 15 days after birth or after discharge from **hospital**, whichever is later.

### 7.2 Geographical scope

The **life assured** must seek treatment in Singapore. Any treatment provided to the **life assured** outside Singapore is not covered by **your policy**.

### 7.3 Other insurance

If **you** or the **life assured** have other medical insurance policies (including medical benefits under any employment contract) which allows **you** or them to claim a refund for medical expenses, **you** or the **life assured**, must first claim from these 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** first before **you** make a claim under the other medical insurance policies, the other medical insurers or **your** employer must refund **us** their share. **You** must file **your** claim with the other medical insurers or **your** employer so that **we** can get back their share of the claim **we** have paid. For every claim, the total reimbursement **we** make will not be more than the expenses actually paid.

### 7.4 Co-operation

**We** will not pay under **your policy** unless **you**, the **life assured** and his personal representatives:

- a co-operate fully with **us** and **our** medical advisers;
- b fully and faithfully disclose all material facts and matters; and
- c at **our** request sign any document to empower **us** to obtain relevant information from any **doctor**, hospital or other sources.

**You**, the **life assured** and his personal representatives must pay for any costs involved.

### 7.5 Guaranteed renewal

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

- a **we** receive the **premium** before the **grace period** ends;
- b the cover for the **life assured** has not been ended under **clause 4**.

### 7.6 Change of policy terms or conditions

**We** may change the **benefits**, cover, **premiums** or terms and conditions of **your policy** (as long as the changes apply to all policies of the same class). **We** will give **you** at least 30 days' written notice before **we** do so.

### 7.7 Entry age of the life assured

**We** calculate the **premium you** have to pay based on the **life assured's** age next birthday.

If the **life assured's** age is misstated, **we** have the right to adjust **premiums** according to the correct age. **We** will collect any shortfall in **premium** and refund any extra **premium** paid without interest.

### 7.8 Pre-existing conditions

All **pre-existing conditions** are excluded under **your policy** unless **you** have declared the **pre-existing condition** and it has been accepted by **us** in writing.

### 7.9 Fraud

If a claim or any part of a claim is false or fraudulent or if the **life assured** or any **dependant** or anyone acting on their behalf uses fraudulent ways or devices to gain a **benefit**, **we** will cancel **your policy** immediately and **you** will have to forfeit all **benefits** and **premiums**.

### 7.10 Trust

**We** do not recognise and **our** rights will not be affected by any notice of trust, charge or assignment relating to this **policy**.

### 7.11 Currency

**We** pay all **benefits** in Singapore dollars. **We** will convert bills which are shown in foreign currency to Singapore currency at the exchange rate **we** decide to use on the date **we** process the claim.

### 7.12 Applications and notices

All applications and notices to **us** must:

- be in writing in **our** prescribed form (if any);
- contain all required and relevant information;
- contain correct and complete information;
- be supported by documentary proof acceptable to **us**; and
- be signed by **you**.

**We** must be satisfied that the application or notice and supporting documents are authentic. **We** have the right to require additional information or documents before **we** act on the application or notice.

Any application or notice to **us** will be considered received by **us** if the original copy of the application or notice was sent to **our** registered office. But **we** may, at **our** absolute discretion act on any application or notice received by other means including facsimile, phone, email or other electronic means.

### 7.13 Dispatch of documents, cheques and notices

**We** will post any notices, cheques or other documents to **your** address held in **our** records. **Your policy** is considered delivered to and received by **you** 7 days after **we** post it.

**We** will not be responsible for any consequences arising from **your** failure to notify **us** of any change of address.

### 7.14 Excluding third party rights

Anyone not a party to **your policy** cannot enforce it under the Contracts (Rights of Third Parties) Act (Cap. 53B).

### 7.15 Integration with MediShield Life

**Your policy** is integrated with **MediShield Life** to form a Medisave-approved integrated shield plan. The **life assured** will enjoy all benefits under **MediShield Life**.

If the **life assured's** cover under **your policy** ends, the **life assured's** cover under **MediShield Life** will continue as long as the **life assured** meets the eligibility conditions shown in the **act** and **regulations**.

### 7.16 Applicable law

**Your policy** is governed by and interpreted according to the law of Singapore. The Singapore courts have non-exclusive jurisdiction.

### 7.17 Legal proceedings

**You** will not bring any action in law or equity for or relating to any claim under **your policy** before 60 days have expired from the date **you** give **us** satisfactory proof of claim according to the terms and conditions of **your policy**.

### 7.18 Arbitration

Any difference of medical opinion regarding the results of an **accident, illness**, death or expense will be settled by two medical experts appointed respectively in writing by **you** and **us**. Any difference of opinion between the two medical experts will be referred to an umpire appointed by the medical experts at the outset.

### 7.19 Severability

If any provision (or part of a provision) of **your policy** is invalid or unenforceable under law, the validity and enforceability of the remaining provisions are not affected. The affected provision (or part of the provision) is deemed to be severed.

### 7.20 Non-waiver

- **Our** failure to enforce any provision of **your policy**; or
- **our** acceptance of any **premium** with actual or implied knowledge of any non-disclosure, misrepresentation, fraud and/or breach of **your policy** or of the law, does not amount to a waiver of **our** rights under **your policy** or at law. **We** will still have the right to enforce each and every provision of **your policy** even if **we** have not done so in the past.

### 7.21 Policy Owners' Protection Scheme

**Your policy** is protected under the Policy Owners' Protection Scheme, and is administered by the Singapore Deposit Insurance Corporation (SDIC). Cover 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 cover, where applicable, please contact **us** or visit the LIA or SDIC websites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## 8. Definitions

**Accident** means an unexpected incident that results in an **injury**. Except for **injury** caused specifically by drowning, choking on food, food poisoning or suffocation by smoke, fumes or gas, the **injury** must be caused entirely by violent, external and visible means and not by sickness, disease or gradual physical or mental process.

**Act** means the MediShield Life Scheme Act (Act No.4 of 2015), as amended, extended or re-enacted from time to time.

**Annual deductible** means the cumulative total amount of medical expenses which **you** have to bear during any one **policy year** before any **benefits** are payable under **your policy** as shown in the **benefits schedule**.

**Application documents** mean the application form and any related document attached to **your policy**.

**Benefits** means the benefits set out in **your policy** and the **benefits schedule**.

**Benefits schedule** means the schedule attached to **your policy** which sets out the benefits payable under **your policy**, as amended by **us** from time to time.

**CPF Act** means the Central Provident Fund Act (Cap.36), as amended, extended or re-enacted from time to time.

**CPF Board** means the Central Provident Fund Board of Singapore.



**Co-insurance** means the amount that **you** need to co-pay on the claimable amount after the **annual deductibles** have been paid. The **co-insurance** percentages for the **benefits** are shown in the **benefits schedule**.

**Community hospital** means any approved community hospital under the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the CPF Act as amended, extended or re-enacted from time to time that provides an intermediate level of care for individuals who have simple **illnesses** that do not need care in a **hospital**.

**Cover start date** means the date shown in the **policy schedule**, on which cover for a **benefit** starts.

**Dependant** means **your** legal spouse, parents, grandparents and/or biological or legally adopted children who are at least 15 days old.

**Doctor** means a doctor with a recognised degree in western medicine who is legally licensed to practise in the country in which treatment is provided but should not be **you**, the **life assured** or **your** or the **life assured's** relative, sibling, spouse, child or parent.

**Emergency** means a medical condition which needs immediate medical attention by a **doctor** within 24 hours of an **accident** or **illness** taking place.

**Grace period** means the grace period in **clause 3.2**.

**GST** means goods and services tax levied in Singapore.

**Health Science Authority** means the Health Science Authority of Singapore.

**Hospital** means: A **restructured hospital**;  
A private **hospital**;  
A **community hospital**; or  
Any other medical institution **we** accept.

**Illness** means a physical condition marked by pathological deviation from the normal healthy state.

**Injury** means bodily injury caused solely and directly by an **accident**.

**Inpatient** means a person admitted to a **hospital** for treatment for at least six consecutive hours who is charged a daily room and board charge by the **hospital**. It includes admission, for any length of time, for **surgery** and any preparation or procedure connected with **surgery** which does not have a room and board charge.

**Intensive care unit (ICU)** means the intensive care unit of a **hospital**.

**Life assured** means the person named as the life assured in the **policy schedule**.

**MOH** means Ministry of Health, Singapore.

**MediShield Life** means the basic tier of insurance protection scheme run by the **CPF Board** and governed by the **act** and **regulations**.

**Necessary medical treatment** means the services and supplies provided by a **doctor** which, according to the standards of good medical practice, is consistent with the diagnosis and treatment of the **life assured**'s condition, is required for reasons other than the convenience of the **life assured** or the **doctor** and the most appropriate supply or level of service which can be safely provided to the **life assured**. **GST on necessary medical treatment** is included.

**Period of insurance** means each 12 month term of cover under **your policy** and starts on the **cover start date** or the **renewal date**, whichever is later.

**Plan** means the type of plan that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

**Policy schedule** means the schedule attached to **your policy** which sets out the particulars of **your policy**, as amended by **us** from time to time.

**Policy issue date** means the date that **we** issue the **policy** to **you** as shown in the **policy schedule**.

**Policy year** means a period of 12 months starting from the **cover start date** and each consecutive 12-month period for which **your policy** is renewed.

**Policy year limit** means, in respect of each **life assured**, the maximum amount shown in the **benefits schedule** which can be claimed under **your policy** for that **life assured** during any one **policy year**.

**Pre-existing condition** means any **illness, injury**, condition or symptom:

- for which the **life assured** asked for or received treatment, medication, advice or diagnosis from a **doctor** before the **cover start date**, the last **reinstatement date**, or if **you** change **your plan** to another MyShield plan, the cover start date of the new MyShield plan, whichever is later;
- which existed or were evident before the **cover start date**, the last **reinstatement date**, or if **you** change **your plan** to another MyShield plan, the cover start date of the new MyShield plan, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment; or
- which was foreseeable or known, by **you** or the **life assured**, to exist before the **cover start date**, the last **reinstatement date**, or if **you** change **your plan** to another MyShield plan, the cover start date of the new MyShield plan, whichever is later, whether or not the **life assured** asked for treatment, medication, advice or diagnosis.

**Premium** means the amount shown in the **policy schedule** which **you** must pay **us** to apply for the **benefits** and keep the **benefits** in force.

**Pro-ration factor** means the percentage shown in the **benefits schedule** and is more particularly described in **clause 2.3(c)** of these General Provisions.

**Reasonable expenses** means expenses paid for medical services or treatment which **we** or **our** medical advisers consider reasonable and customary and which could not have reasonably been avoided without negatively affecting the **life assured**'s medical condition. These expenses must not be more than the general level of charges of other medical care providers with similar standing in Singapore, for giving like or comparable treatment, services or supplies to individuals of the same gender, of comparable age, for a similar **illness** or **injury**.

**Regulations** mean any subsidiary legislation made under the **act**, as amended, extended or re-enacted from time to time.

**Reinstatement date** means the date on which **your policy** is reinstated after it has ended due to **you** not paying **premiums** within the **grace period**. **We** will tell **you** when **your policy** is reinstated.

**Renewal date** means the date on which **your policy** is to be renewed for a further **period of insurance**.

**Restructured hospital** means a **hospital** in Singapore that:

- is run as a private company owned by the Singapore Government;
- is governed by broad policy guidance from the Singapore Government through **MOH**; and
- receives a yearly government subsidy to provide subsidised medical services to its patients.

**Specialist** means a qualified and licensed **doctor**, who has the necessary extra qualifications and expertise to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine, like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, dermatology and physiotherapy.

**Standard room** means the class of hospital ward (including the high dependency ward) which is categorised as standard by the hospital in which the **life assured** is staying as an **inpatient**.

*For MyShield Standard Plan, **standard room** means a 4-bed standard ward of a **restructured hospital** up to the limit shown in the **benefits schedule**.*

**Surgery** means an invasive procedure performed by a surgeon involving general or local anaesthesia for the correction of deformities or defects, repair of **injuries** and the diagnosis or cure of **illnesses**.

**We, us, our** means Aviva Ltd.

**You, your** means the owner of the policy who is named as the assured in the **policy schedule**.

<b>Benefits Schedule in SG Dollars</b>	
<b>MyShield Standard Plan</b>	
<b>Hospital ward type</b>	Any 4-bed standard ward of a <b>restructured hospital</b>
<b>Inpatient hospital treatment</b>	
Daily room, board and medical related services <sup>1</sup>	S\$1,700 per day
<b>Intensive care unit (ICU)</b> <sup>1</sup>	S\$2,900 per day
Surgical benefit <sup>2</sup> :	
Table 1	S\$590 per <b>surgery</b>
Table 2	S\$1,670 per <b>surgery</b>
Table 3	S\$3,290 per <b>surgery</b>
Table 4	S\$4,990 per <b>surgery</b>
Table 5	S\$8,760 per <b>surgery</b>
Table 6	S\$11,670 per <b>surgery</b>
Table 7	S\$16,720 per <b>surgery</b>
Surgical implants and medical consumables <sup>3</sup>	S\$9,800 per admission
<b>Radiosurgery</b> <sup>4</sup>	S\$9,600 per procedure
Stay in a <b>community hospital</b> <sup>5</sup>	S\$650 per day
<b>Inpatient</b> psychiatric treatment	S\$500 per day up to 35 days per <b>policy year</b>
<b>Major outpatient treatment</b>	
Outpatient kidney dialysis	S\$2,750 per month
Outpatient erythropoietin	S\$450 per month
Outpatient cancer treatment:	
Chemotherapy	S\$5,200 per month
External or superficial radiotherapy	S\$550 per treatment
Brachytherapy, with or without external radiotherapy	S\$1,100 per treatment
Stereotactic radiotherapy	S\$1,800 per treatment
Major organ transplant – approved Immunosuppressant drugs	S\$1,200 per month
<b>Pro-ration Factor</b> <sup>6</sup>	
<b>Restructured hospital/Community hospital</b>	
Class A ward	80%
<b>Private hospital</b>	
<b>Inpatient</b>	50%
Day <b>surgery</b>	65%
Major outpatient treatment	65%
<b>Annual deductible</b> <sup>7</sup> for life assured age 80 years and below next birthday	
Class C ward	S\$1,500
Class B2 / B2+ ward	S\$2,000
Class B1 ward	S\$2,500
Class A ward/ private <b>hospital</b>	S\$2,500
Subsidised day <b>surgery</b> / short stay ward	S\$1,500
unsubsidised day <b>surgery</b> / short stay ward	S\$2,000

<b>Annual deductible<sup>7</sup> for life assured age 81 years and above next birthday</b>	
Class C ward	S\$2,000
Class B2/ B2+ ward	S\$3,000
Class B1 ward	S\$3,000
Class A ward/ private <b>hospital</b>	S\$3,000
Subsidised day <b>surgery</b> / short stay ward	S\$3,000
unsubsidised day <b>surgery</b> / short stay ward	S\$3,000
<b>Co-insurance (applicable to claimable amount after deductible)</b>	10%
<b>Maximum claim limits</b>	
<b>Policy year limit</b>	S\$150,000
Lifetime limit	Unlimited
<b>Age limits (age next birthday)</b>	
Last entry age	None
Maximum coverage age	Lifetime

#### Footnotes

<sup>1</sup>Includes treatment fees, meals, prescriptions, medical consumables, **doctor's** attendance fees, medical examinations, laboratory tests and miscellaneous medical charges.

<sup>2</sup> Classified according to their level of complexity, which increases from Table 1 to Table 7.

<sup>3</sup> Includes:

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

<sup>4</sup>Radiosurgery includes Novalis radiosurgery and Gamma Knife treatments which can be performed as an **inpatient** or day **surgery** procedure. The applicable **annual deductible** and **pro-ration factor** for radiosurgery will depend on its classification as an **inpatient** or day **surgery** procedure.

<sup>5</sup>Upon referral from the attending **doctor** in a **restructured hospital** / private **hospital** for immediate admission to a **community hospital** for continuous stay. The treatment in the **community hospital** must arise from the same **injury** or **illness** that resulted in the **life assured's inpatient** treatment in the **restructured hospital** or private **hospital**.

<sup>6</sup>**Pro-ration factor** is applied to reduce higher class wards/ private **hospital** bills to Singapore **restructured hospital** 4-bed ward equivalent in the claims computation. This is not applicable to expenses incurred for major outpatient treatment and day **surgery** at a Singapore **restructured hospital** and for major outpatient treatment at a subsidised dialysis or cancer centre in Singapore.

<sup>7</sup>**Annual Deductible** is waived for major outpatient treatments.