MyShield
Frequently Asked Questions

1 PRODUCT DESCRIPTION

1.1 What is MyShield?

MyShield is a Medisave-approved Integrated Shield Plan (IP) which offers additional benefits on top of what is provided by MediShield Life. It is a non-participating, guaranteed renewable annual premium plan denominated in Singapore dollars. It consists of MyShield Plan 1, Plan 2, Plan 3 and Standard Plan.

1.2 What is the MyShield Standard Plan?

MyShield Standard Plan is a Medisave-approved IP that is targeted at Class B1 coverage.

2 HOW MYSHIELD WORKS WITH MEDISHIELD LIFE (FOR SINGAPORE CITIZENS AND PERMANENT RESIDENTS)

2.1 What is MediShield Life? How does it benefit me?

MediShield Life replaced MediShield from 1 November 2015. MediShield Life is a basic health insurance plan that helps to pay for large hospital bills and selected costly outpatient treatments such as dialysis and chemotherapy for cancer. It is basic because it is sized for subsidised treatment in the public hospitals. The level of benefits is based on the costs in Class B2/C wards in public hospitals.

MediShield Life will offer:

- Better protection and higher payouts, so that patients pay less Medisave/cash for large bills
- Protection for all Singapore citizens and Singapore permanent residents (PRs), including the very old and those who have pre-existing conditions
- Protection for life

For more details on MediShield Life coverage and subsidies offered by the Government, please refer to Ministry of Health (MOH) website at https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medishield-life.

2.2 Do I need to apply for MediShield Life?

All Singapore citizens and PRs are automatically covered under MediShield Life from 1 November 2015.

2.3 Does MediShield Life duplicate the coverage I have under MyShield and/or MyHealthPlus?

There is no duplicate coverage.

MyShield is made up of two parts – a basic MediShield Life portion run by the Central Provident Fund (CPF) Board, and additional coverage provided by Aviva.

MyHealthPlus, which you can purchase from Aviva on top of MyShield, covers the co-insurance and/or deductible that you otherwise have to pay.

Here are some of the MediShield Life and MyShield benefits at a glance:

Features	MediShield Life	MyShield
Hospital / ward type	Provides cover at private hospitals, restructured hospitals, class B2 or C ward.	
	The coverage is pegged to class B2 or C ward in public hospitals.	The coverage is subject to pro-ration factor depending on the selected plan type.
Pre- & post-hospitalisation treatment	No cover	• Provides cover under Plan 1, 2 or 3 • No cover for Standard Plan
Coverage	Capped at various claim limits	• As-charged basis for most benefits under Plan 1, 2 or 3 • Capped at various claim limits for Standard Plan
Option to cover deductible and/or co-insurance	No	• Yes, with MyHealthPlus attached to MyShield Plan 1, 2 or 3 • Not available for Standard Plan
Allows choice of doctor	No	Yes

2.4 Do I need MyShield if I am happy with a B2 ward in the restructured hospital?
MyShield is a Medisave-approved IP comprising coverage of the basic MediShield Life component, plus the additional private insurance coverage from Aviva so that policyholders can be adequately covered for Class A/B1 wards or private hospital stays.

Please refer to www.aviva.com.sg for the key benefits of MyShield.

2.5 I am currently paying premiums to Aviva for my MyShield policy. Does it include premiums for the MediShield Life portion?
Yes, the premiums you pay to Aviva includes premiums for both MediShield Life and the additional coverage provided by Aviva.

2.6 Will I receive premium subsidies even though I am insured under MyShield? Do I have to downgrade from MyShield plan to MediShield Life to receive the premium subsidies?
You will still be able to receive the applicable MediShield Life subsidies (refer to https://www.moh.gov.sg/medishield-life/medishield-life-premiums-and-subsidies/ for more information on the subsidies) if you meet the eligibility criteria, even if you are insured under MyShield. You do not have to downgrade your MyShield plan to receive the subsidies.

Premium subsidies for those who are currently insured under MyShield will be applied only on the MediShield Life component of the premiums.

However, please note that anyone who pays for, or is insured under Aviva's MyShield / MyHealthPlus is not eligible for Additional Premium Support (APS) from the Government*.

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under Aviva's MyShield / MyHealthPlus, you will stop receiving APS. This applies even if you are not the person paying for Aviva's MyShield / MyHealthPlus.

In addition, if you choose to be insured under Aviva's MyShield / MyHealthPlus, the person paying for Aviva's MyShield / MyHealthPlus will stop receiving APS, if he or she is currently receiving APS.

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

3 BASIC PLAN FEATURES

A) MYSHIELD PLAN 1, 2 and 3

3.1 What are the key differences in MyShield's 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 differences in benefits are:

a) <u>Pre-hospital Treatment</u>

- We have removed pre-arranged appointment as a qualifying criteria for panel specialist in a private hospital; a certificate of pre-authorisation is required.
- We have also increased the number of days of coverage for pre-hospital treatment by panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital as follows:

Benefit Parameters	Plan 1	Plan 2	Plan 3
Pre-hospital treatment (Accident and emergency (A&E) treatment within 24 hours prior to an inpatient treatment for the same injury or illness is covered.)	As charged up to 90 days prior to admission. or As charged up to 180 days prior to admission (panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital).		

- We now cover charges for pre-hospital treatment which are consumed before:
  - accident inpatient dental treatment; or
  - inpatient congenital anomalies;

  under this benefit.

b) Post-hospital Treatment

- We have removed pre-arranged appointment as a qualifying criteria for panel specialist in a private hospital; a certificate of pre-authorisation is required.
- We have also increased the number of days of coverage for post-hospital treatment as follows:

Benefit Parameters	Plan 1	Plan 2	Plan 3
Post-hospital treatment^	As charged up to 180 days after discharge. or As charged up to 365 days after discharge (panel specialist^ in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital).		

- We now cover charges for post-hospital treatment which are consumed after:
  - accident inpatient dental treatment; or
  - inpatient congenital anomalies;

  under this benefit.

^ Post-hospital treatment will be covered based on the type of specialist and hospital on the date of the life assured's admission. The approved list of panel specialists can be found at www.aviva.com.sg/medicalspecialists.

c) Stay in a Community Hospital

- We have removed the limit on number of days of coverage for stay in a community hospital; and
- We now cover direct admission from an accident and emergency (A&E) unit into a community hospital.

d) Inpatient Congenital Anomalies Benefit

- We have shortened the waiting period to 12 months after the life assured is first diagnosed with congenital anomalies.

e) Emergency Overseas Treatment Benefit and Planned Overseas Treatment Benefit

- We have changed the pegging criteria under these benefits from Mount Elizabeth Orchard Hospital and Singapore General Hospital to private hospitals in Singapore and restructured hospitals in Singapore respectively. Our new pegging criteria is as follows:

Benefit Parameters	Plan 1	Plan 2	Plan 3
Emergency overseas treatment^	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)
Planned overseas treatment^	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)

^ Planned overseas treatment applies to an overseas hospital that has an approved working arrangement with a Medisave-accredited institution/referral centre in Singapore or emergency overseas treatment. Pre-hospital treatment received before and post-hospital treatment received after emergency overseas treatment are not covered. We will pay this benefit only if residency of the life assured is Singapore on the date of the life assured's admission.

- We have introduced a residency criteria where planned/emergency overseas treatments will not be payable if the life assured is residing in a country outside of Singapore for a continuous period of 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

f) Inpatient and Outpatient Cell, Tissue & Gene Therapy Benefit

- We have introduced a new benefit with shared benefit limits for inpatient and outpatient treatments as follows:

Benefit Parameters	Plan 1	Plan 2	Plan 3
Inpatient and outpatient Cell, Tissue & Gene Therapy^	S$70,000 per policy year	S$45,000 per policy year	S$30,000 per policy year

^ Cell, Tissue and Gene Therapy benefit applies if Cell, Tissue and Gene Therapy treatment are received as an inpatient, outpatient or day surgery procedure.

- Cell, Tissue and Gene Therapy treatment is not covered for the following benefits:
  (a) Inpatient Hospital Treatment Benefit – Radiosurgery
  (b) Inpatient Hospital Treatment Benefit – Stem Cell Transplant
  (c) Major Outpatient Treatment Benefit – Outpatient Cancer Treatment
  (d) Special Benefits – Extra Inpatient Benefit for 5 Critical Illnesses

- Please refer to the Policy Contract for more details.

g) Waiver of Pro-ration Factor Benefit for Outpatient Kidney Dialysis

- We have introduced a new benefit as follows:

Benefit Parameters	Plan 1	Plan 2	Plan 3
Waiver of pro-ration factor benefit for outpatient kidney dialysis	N.A.	As charged (if kidney dialysis is received at a panel private dialysis centre)	

- The pro-ration factor shown in the benefits schedule will not apply if the life assured incurs eligible expenses for outpatient kidney dialysis in a panel private dialysis centre.

h) Policy Year Limit

- We have increased the policy year limit as follows:

Benefit Parameters	Plan 1	Plan 2	Plan 3
Maximum claim limits			
Policy year limit	S$1,000,000 or S$2,000,000^ (Panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital)	S$1,000,000	S$500,000

^ The policy year limit of S$2,000,000 assumes that all treatment(s) in the policy year is made through panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital.

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

i) Accident Inpatient Dental Treatment Benefit

- We now cover treatment received within 31 days following the accident.

j) <u>Major Organ Transplant Benefit</u>

- We have expanded the coverage of this benefit:
  (a) Charges the life assured has to pay to receive a transplant of skin or musculoskeletal tissue are now covered; and
  (b) Cost of acquiring the organ from a living donor such as:
    - charges for the living donor's confinement in hospital as necessitated by the donation of the organ;
    - charges for the surgery to remove the specified organ from the living donor's body; and
    - charges for the storage and transport of the specified organ after the organ is removed from the living donor's body;

  are now covered.

  However, we do not cover:
  - all pre-hospitalisation charges incurred by the living donor including specialist consultation, diagnostic x-rays or laboratory tests including pre-harvesting laboratory tests and investigations;
  - all post-hospitalisation charges incurred by the living donor including treatment for any post-transplant complications arising thereafter following the organ donation surgery on the living donor; and
  - charges for counselling services.

3.2 Can I add in riders to cover deductible and co-insurance?

Yes, you can choose to complement MyShield by getting MyHealthPlus Option A-II or Option C-II (from 1 January 2019).

3.3 Can MyHealthPlus be added after commencement of policy?

Yes. MyHealthPlus can be added after the commencement of MyShield. You can contact your Financial Adviser Representative for assistance.

3.4 Will I still enjoy "as charged" cover under MyShield Plan 1 when I am admitted to a private hospital?

Yes. You will continue to receive the benefits without any pro-ration if you are admitted to any standard ward of a private hospital since this is one of the benefits under MyShield Plan 1.

3.5 How is the policy year limit for MyShield Plan 1 calculated?

For this section, we will use the following terms for simplicity in our explanation:

Term	Definition
Panel Claim(s)	Admitted claim(s) for treatment(s) by panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital.
Non-Panel Claim(s)	Admitted claim(s) for treatment(s) made under any other circumstances (i.e. not by panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital).

Scenario A: All admitted claims within the policy year are Panel Claims

The policy year limit is S$2,000,000 if all admitted claims for the policy year are Panel Claims.

For example:

Policy year limit: S$2,000,000

Cost of treatments: S$2,000,000
Reduction in policy year limit due to Panel Claims: S$2,000,000
Remaining policy year limit (after Panel Claims): S$2,000,000 - S$2,000,000 = S$0

Total reimbursement for treatment: S$2,000,000

Scenario B: At least one admitted claim for the policy year is a Non-Panel Claim

The policy year limit is S$1,000,000 if at least one admitted claim for the policy year is a Non-Panel Claim.

If a claim is admitted, we will take the policy year limit of S$1,000,000 and either reduce it by:
(a) 50% of the claim if it is a Panel Claim; or
(b) 100% of the claim if it is a Non-Panel Claim.

For example:

Policy year limit: S$1,000,000

Cost of treatment A (Panel Claim): S$1,000,000
Reduction in policy year limit due to claim A: S$500,000 (50% of S$1,000,000)
Remaining policy year limit (after claim A): S$1,000,000 - S$500,000 = S$500,000

Cost of treatment B (Non-Panel Claim): S$500,000
Reduction in policy year limit due to claim B: S$500,000 (100% of S$500,000)
Remaining policy year limit (after claims A & B): S$500,000 - S$500,000 = S$0

Total reimbursement for treatments (A + B): S$1,500,000

B) MYSHIELD STANDARD PLAN

3.6 What are the key features of MyShield Standard Plan?

MyShield Standard Plan is designed to provide adequate coverage at the Class B1 level while ensuring that premiums are more affordable and sustainable. The design features are as follows:

- Claim limits are sized to cover 9 out of 10 Class B1 bills
- Coverage for selected outpatient treatments, similar to MediShield Life
- Co-payment features of claim limits, deductible and co-insurance, in line with ongoing efforts for healthcare cost management.

3.7 Can I add in riders to cover deductible and co-insurance?

No. We do not have any riders for MyShield Standard Plan.

3.8 Is MyShield Standard Plan an 'As Charge' plan?

No, it is not. It is a plan with sub-limits.

3.9 What is the difference between MyShield Standard Plan and MediShield Life?

MyShield Standard Plan is a private product targeted at Class B1 coverage and will give Singapore citizens an option for additional coverage beyond MediShield Life in a standardised, affordable and easy to understand package. It will also be a viable option for those who want to switch from Class A and Private Hospital IPs to a more affordable plan.

3.10 Are there any differences compared to other insurers' Standard Plans?

MOH has worked with the insurers to ensure that the Standard IP's benefits are identical across all IP insurers. This is intended to enable Singapore citizens to compare premiums across insurers easily and make more informed decisions.

3.11 Will my occupation affect my application for MyShield Standard Plan in terms of underwriting?

No because occupation is not an underwriting factor for MyShield Standard Plan.

3.12 Is there Free Cover for Child(ren) or Family Discount for Child(ren) benefit when 2 parents are covered under MyShield Standard Plan?

No, the child's MyShield is not entitled to Free Cover for Child(ren) or Family Discount for Child(ren) benefit if both or any of the parents are covered under MyShield Standard Plan.

3.13 Is MyShield Standard Plan affordable?

Based on the current premium rates, Medisave may be used to fully pay for the premiums up to 75 at age next birthday.

3.14 Will there be cover for pre and post-hospitalisation bills?

No. MyShield Standard Plan does not cover charges on pre- and post-hospitalisation.

4 NEW BUSINESS ISSUANCE

4.1 Am I eligible to buy MyShield?

For MyShield Plan 1, 2 and 3

Any Singapore citizen or PR may apply as proposer (payer)/assured provided the proposer (payer)/assured is a Singapore citizen or PR and has a Medisave account.

For dependant(s), they need not be a Singapore citizen or PR but must be residing in Singapore to enjoy this coverage. Dependants are defined to be the proposer (payer)'s legal spouse, parent(s), sibling(s) or grandparent(s) and/or biological or legally adopted child(ren).

Note: For Plan 3, only Singapore citizens or PRs may apply.

	Minimum Entry Age (ANB)	Maximum Entry Age (ANB)	Expiry Age
Proposer (Payer)/Assured	17	NA^	NA
Dependant/Life assured	15 days old or the date of discharge from hospital after birth, whichever is later	75	NA The product offers lifetime cover

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

For MyShield Standard Plan

Any Singapore citizen or PR may apply as proposer (payer)/assured provided the proposer (payer)/assured is a Singapore citizen or PR and has a Medisave account but the life assured must be a Singapore citizen or PR.

For dependant(s), they must be a Singapore citizen or PR to be eligible for coverage.

	Minimum Entry Age (ANB)	Maximum Entry Age (ANB)	Expiry Age
Proposer (Payer)/Assured	17	NA	NA
Dependant/Life assured	15 days old or the date of discharge from hospital after birth, whichever is later	NA	NA As the product offers lifetime cover

4.2 How do I sign up for MyShield?

You can contact us at 6827 7788 to arrange for a Financial Adviser Representative to get in touch with you.

4.3 Can I sign up for MyShield if I do not have MediShield Life?

Yes. You are automatically covered for MediShield Life upon insuring for MyShield. The exception is for non-Singaporeans or non-Singapore Permanent Residents who are not eligible for MediShield Life.

4.4 Will my MediShield Life be terminated when I buy MyShield?

MyShield is a Medisave-approved IP plan comprising coverage of the basic MediShield Life component, plus the additional private insurance coverage from Aviva. Hence, MyShield is offered to enhance the benefits of MediShield Life and there will be no termination of MediShield Life. Should there be any special terms imposed, it will be applicable to MyShield only.

Gross premium payable for a Medisave-approved IP is inclusive of MediShield Life's premium. Upon deduction from the Medisave account, CPF will retain the premium for MediShield Life and pay the private insurer the remaining additional coverage premium for MyShield.

4.5 Can I buy more than one IP with Medisave?

No, you may only purchase one IP with Medisave.

4.6 What happens to my IP from another private insurer if I sign up for MyShield?

Your existing IP will be automatically cancelled upon commencement of MyShield. The pro-rated premiums (if any) for the terminated plan will be refunded to your Medisave account.

In order to commence MyShield, the premium has to be successfully deducted from the Medisave account. In the event the annual premium exceeds the Additional Withdrawal Limits ("AWLs") for Singapore citizens and PRs or Medisave Withdrawal Limits for foreigners, for a Medisave approved IP, or the balance in the Medisave Account is insufficient to pay the full annual premium, you can pay the balance of the annual premium via cash/cheque/GIRO.

4.7 If my spouse and I have existing MyShield policies, do we have to wait until our policy's anniversary date before applying for coverage for our new-born child?

Parents can apply for coverage for the new-born child 15 days after birth or after discharge from hospital, whichever is later.

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

4.8 Can I buy MyShield only for my dependant(s) without getting one for myself?

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

4.9 Will MyShield policy's coverage commence before the full premium is collected?

No, MyShield cover will only commence after receipt of the full payment (both cash and Medisave).

4.10 How will the policy documents be delivered?

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

5 UNDERWRITING

5.1 What are the available underwriting options?

For MyShield Plan 1, 2 and 3
For MyShield application with the cover start date on or after 1 January 2019, there is only one underwriting option – full medical underwriting.

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.

For MyShield Standard Plan
There is only full medical underwriting for MyShield Standard Plan. For MyShield Standard Plan, once it has been underwritten, all existing riders will be terminated.

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

5.2 What is moratorium underwriting?

With moratorium underwriting, applicants are not required to submit any medical history records. This underwriting method is no longer 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 MyShield policy.

5.3 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

5.4 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.

5.5 I have signed up for MyShield and was recently hospitalised. Do I need to inform Aviva?

You will need to inform us of any change in your health condition(s) before your application is accepted and/or before your cover starts.

5.6 After I have downgraded to MyShield Standard Plan, can I choose to upgrade to a higher plan in the future? Will it be subject to underwriting?

Yes, you can choose to upgrade in the future. All upgrading will be subject to full medical underwriting.

5.7 Can I downgrade to MyShield Standard Plan if I am on moratorium underwriting option now?

Yes, you can downgrade but you will need to go through full medical underwriting and all existing riders will be terminated.

6 PREMIUMS & POLICY SERVICING PROCEDURES

6.1 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.

6.2 Will I be informed when MyShield is due for renewal?

MyShield is a guaranteed yearly renewal plan subject to premium payment. A renewal notice will be sent to inform you on the renewal premium due. There will be an arrangement to deduct the annual premium from your Medisave account.

If the Medisave account has insufficient funds for the renewal premium, a notification letter will be sent to arrange for the necessary premium top-up.

6.3 If the renewal payment is not received in time, how will I be notified?

If the cash top up is not received by the premium due date, you will receive a renewal reminder notice.

6.4 How long is the grace period for renewal of MyShield?

The grace period for payment is 60 days from the premium due date. If the full premium is not paid, the policy will lapse.

6.5 How often do I need to make payment for MyShield?

You need to pay only once a year as MOH only allows annual payment for all Medisave-approved IPs.

6.6 What are the available premium payment methods?

Premiums will be deducted from the payer's Medisave Account. In the event the annual premium exceeds the AWLs or Medisave Withdrawal Limits (for foreigners) for a Medisave approved IP, or the balance in the Medisave Account is insufficient to pay the full annual premium, you can pay the balance of the annual premium via cash/cheque/GIRO.

To apply for GIRO, you are required to complete the application form for Interbank GIRO.

6.7 How much can I pay using Medisave?

<u>For Singapore citizens and PRs</u>

The MediShield Life portion of the premium is fully payable by Medisave. For the remaining portion of the premium for additional private insurance coverage, the amount that can be paid by Medisave is subject to the AWLs. In the event the annual premium exceeds the AWL or the balance in the Medisave Account is insufficient to pay the full annual premium, the balance of the annual premium is payable in cash or via the pre-arranged payment methods (i.e. GIRO).

<u>For Foreigners</u>

For foreigners whose plans do not have a MediShield Life component, the Medisave Withdrawal Limits for the full premium is equivalent to the combined standard MediShield Life premium amount and AWLs that can be used for Singapore citizens and PRs.

6.8 When is the Medisave deduction date?

The deduction takes place on the Monday following the policy renewal date, subject to receipt of payment for premiums in excess of the AWLs or Medisave Withdrawal Limits. Request for Medisave deduction will only be sent when the payment for premiums in excess of the AWLs or Medisave Withdrawal Limits are received.

6.9 How do I know if my 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.

The annual premium deduction from the Medisave account will also be reflected in your yearly CPF Statement.

6.10 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.

6.11 What is premium adjustment letter?

Premium adjustment letter is to notify you on the changes in the MediShield Life premiums due to adjustments in the subsidies and/or additional premium, following CPF's review.

6.12 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.

6.13 How do I upgrade or downgrade my plan to 1, 2, 3 or Standard Plan?

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.

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

6.14 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.

6.15 Will the premium paid be refunded to me if I terminate my policy?

Yes. The paid annual premium for the unexpired period of coverage will be pro-rated and refunded to you.

6.16 How soon will the pro-rated premium refund be transferred back to my Medisave upon cancellation of policy?

The premium refund will take a week to up to 3 months' time to process.

6.17 What happens if the life assured has a change of citizenship?

You should inform us immediately when there is a change to the life assured's citizenship or permanent residency status and submit a copy of the life assured's new national registration identity card or other evidence of change acceptable to us to update our record. Failing to inform

us on the citizenship or permanent residency change may result in duplicate MyShield cover and premium payment for the life assured or non-renewal/termination of the policy.

We may also be notified by CPF Board on the change in life assured's citizenship. We will then adjust the renewal date and premium accordingly.

Below is the eligibility of the life assured and the plans:

Plans/Eligibility	Singaporean Citizen	Singapore Permanent Resident	Foreigner
Integrated Plan 1	Yes	Yes	No
Integrated Plan 2	Yes	Yes	No
Integrated Plan 3	Yes	Yes	No
Standard Plan	Yes	Yes	No
Non-integrated Plan 1	No	No	Yes
Non-integrated Plan 2	No	No	Yes
Non-integrated Plan 3	No	No	No

If the life assured changes his citizenship, there will be a change of plan from non-integrated plan to integrated plan and vice versa.

For mid-term change of plan, the period of insurance for the new plan will be a 12-month term from the date on which the new plan takes effect and the limits shown in the benefits schedule, the annual deductible and co-insurance for the new plan will apply from the date on which the new plan takes effect. The benefits which we pay on a per lifetime basis will not be paid again in the new policy year if you have made a claim on these benefits and we have paid 100% of the limits shown in the benefits schedule for these benefits before your change of plan.

6.18 Under what conditions will the policy be terminated?

The policy will terminate automatically on the date:

- the life assured dies;
- we receive the written cancellation request;
- we do not receive the premium after the grace period;
- we do not receive the outstanding information/document (e.g.: copy of NRIC for verification on the personal particulars by CPF Board);
- policyholder fails or refuse to refund any amount owing to us;
- fraud takes place;
- policyholder do not reveal information or misrepresent to us;
- policyholder or the life assured does not fulfil the eligibility requirements;
- cover of this policy ends; or
- the life assured is covered under another Medisave-approved IP;

whichever is earlier.

6.19 What happens to the life assured's MediShield Life coverage after MyShield is terminated?

The life assured will continue to be covered under MediShield Life as long as he is eligible under the Act or regulations. You can visit MOH website at https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medishield-life for more details.

7 PANEL SPECIALISTS AND PRE-AUTHORISATION

7.1 How can I find a panel specialist, make an appointment with a panel specialist or check if my specialist is in the panel?

You can do so by:

- Using our Aviva ClaimConnect App or web portal;
- Visiting www.aviva.com.sg/medicalspecialists; or
- Calling 1800 8800 880.

7.2 Can I request for my appointment with a panel specialist if I am already visiting the specialist?

The appointment request service is only for the first visit to the panel specialist. For follow-up visit(s), you will need to make the appointment directly with the clinic.

7.3 Why should I request for a pre-authorisation?

You can enjoy the following benefits and get greater reassurance about your claim outcome with our Certificate of Pre-authorisation.

i. Cashless hospitalisation up to the approved amount at participating hospitals/clinics
ii. Higher policy year limit of up to S$2 million for MyShield Plan 1
iii. Extended pre-hospital treatment benefit of up to 180 days
iv. Extended post-hospital treatment benefit of up to 365 days
v. No or lesser co-payment for MyHealthPlus

7.4 Who can request for a pre-authorisation?

- The life assured can call our hotline at 1800 8800 880 to request for a pre-authorisation if he/she is the policyholder.
- If the life assured is not the policyholder, the life assured would need to get the policyholder to call and request for the pre-authorisation on his/her behalf.
- The life assured or policyholder can also request for pre-authorisation at the panel specialist clinic by completing a simple form.

7.5 What information do I need to provide for the pre-authorisation?

You will need to provide your consent and the following information:

a) NRIC & full name of the Life Assured
b) Name of the doctor
c) Name of the doctor's clinic
d) Date of the planned admission/day surgery
e) Name of the hospital/clinic for the admission/day surgery
f) Policyholder's email address
g) Policyholder's mobile number

7.6 What are the operating hours of the hotline?

With effect from 1 February 2020, the hotline is available 24 hours daily, including Saturdays, Sundays and Public Holidays.

Prior to 1 February 2020, the hotline operates from 8am to 6pm, Mondays to Fridays and from 8am to 1pm on Saturdays, excluding Public Holidays.

7.7 Is pre-authorisation available for all inpatient treatment and day surgery?

Pre-authorisation is available provided:

- The inpatient treatment or day surgery is done at a private hospital or private clinic in Singapore;
- The principal doctor must be our panel specialist;
- You make the request at least 5 working days before the admission date; and
- The admission date is within 6 weeks from the request date.

7.8 What happens after I have requested for a pre-authorisation?

We will:

- Work with your doctor(s) on your request;
- Inform you within 5 working days on the outcome of the pre-authorisation; and
- Send you an email with the Certificate of Pre-authorisation if your pre-authorisation is approved.

If your doctor is not available, e.g. overseas, we will require more time to complete your request.

<u>If the admission is at a participating hospital/clinic, the life assured is a Singapore citizen/PR and the pre-authorisation request is approved:</u>

We will send a copy of the Certificate of Pre-authorisation to the hospital/clinic. The hospital/clinic will waive the deposit/payment required for the admission, subject to the approved amount. Upon discharge, Aviva would settle the eligible medical expenses directly with the hospital/clinic. The list of participating hospitals and clinics can be found at <u>www.aviva.com.sg/medicalspecialists</u>.

<u>If the admission is at a non-participating hospital/clinic:</u>

A copy of the Certificate of Pre-authorisation will NOT be sent to the hospital/clinic. You will need to make a deposit or payment for the admission, as required by the hospital/clinic. However, if the life assured is a Singapore citizen/PR, the hospital/clinic may still help you to electronically file (E-file) the claim to Aviva.

<u>If the life assured is a foreigner:</u>

A copy of the Certificate of Pre-authorisation will NOT be sent to the hospital/clinic. You will have to settle the bill with the hospital/clinic first, then seek reimbursement by sending a claim to Aviva.

7.9 If there are any changes for the admission after I have requested for a pre-authorisation, what should I do?

Please call 1800 8800 880 to inform us about the changes so that we can do a re-assessment and issue a new Certificate of Pre-authorisation if required. A re-assessment is required if there are any changes such as the admission date, procedures, doctor or hospital/clinic.

7.10 What if I am not able to request for a pre-authorisation at least 5 working days before the admission?

Please call 1800 8800 880 for assistance. We will handle the request on a case by case basis.

8 CLAIMCONNECT

8.1 How can I access ClaimConnect?

With effect from 1 February 2020, you can download and launch Aviva ClaimConnect on your mobile device via Apple's iTunes store or Google Play. Alternatively, you can access the Aviva ClaimConnect web portal at www.aviva.com.sg/claimconnect.

8.2 How can I register for a ClaimConnect account?

You must be the policyholder of a MyShield/MyHealthPlus policy and have a valid email address registered with Aviva.

8.3 What should I do if I do not have a valid email address or want to change my email address?

If you wish to update your email address, please log on to MyAviva at www.aviva.com.sg/myaviva to update your contact details. Alternatively, you may call us at 6827 7788.

8.4 Do I need to register again if I already have an existing ClaimConnect account?

No. You can login using your existing ClaimConnect account.

8.5 What are the features available in ClaimConnect for MyShield customers?

The following features will be available:

MyShield e-card	You can flash your MyShield e-card at any of our panel specialist clinics to identify yourself as a MyShield customer and you will enjoy the preferred consultation rates.
Panel Specialists	You can find a panel specialist, make an appointment with a panel specialist or check if your specialist is in the panel, using the link provided.
Pre-authorisation	You can request for pre-authorisation at your convenience through the hotline provided.

8.6 Can I submit my MyShield/MyHealthPlus claim through ClaimConnect?

This feature is currently not available.

9 CLAIMS

9.1 How will the claims be computed since CPF Board and Aviva are jointly insuring me?

The final payout of the IP is based on the higher of benefits under MyShield or MediShield Life. If MediShield Life payout is more than that of the MyShield, claim is fully paid by MediShield Life.

There will only be a single point of contact with Aviva, and thus there is no need to file 2 separate claims.

9.2 If I am admitted into a hospital overseas, how do I submit the claim?

For MyShield 1, 2 and 3

You are covered for inpatient emergency overseas treatment and planned overseas treatment. An emergency refers to a medical condition that requires immediate attention by a doctor within 24 hours of an accident or illness taking place.

You have to first settle the bill with the hospital. Together with a medical report, you can seek reimbursement from us with the original bill.

However, any pre- & post-hospital treatment bills incurred under emergency overseas treatment are not covered, regardless of where the pre- and post-hospitalisation treatment is received.

Please note that we will only pay these benefits 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. Please refer to section 3.1(e) for an explanation on our definition of residency.

For MyShield Standard Plan

You are not covered for any inpatient emergency overseas treatment and planned overseas treatment.

9.3 Is medical report required for all claims?

No. If medical report is required by Aviva, Aviva will apply on your behalf and Aviva will pay for the cost of medical report obtained.

9.4 Are annual deductible and co-insurance applied to all claims?

Annual deductible is not applied to claims under major outpatient treatment. Co-insurance is applied to both inpatient and outpatient claims.

9.5 How does the pro-ration factor work?

It is the percentage as expressed in the Benefit Schedule which will be applied on the hospital bills (including pre- and post-hospital treatment) incurred. It will be used in the event that the life assured is admitted to a ward/hospital higher than what he/she is entitled to under his/her policy. The pro-ration factor is not applicable to Plan 1.

Example 1 (MyShield Plan 2 without MyHealthPlus)
Madam Tan was hospitalised for 10 days for surgery. She was admitted to Thomson Medical Centre. A 50% pro-ration factor is applied to the bill before deductible and co-insurance:

Admission	**Private Hospital - Thomson Medical Centre**	
Benefits	**Pro-ration Factor**	**MyShield Plan 2 (S$)**
Inpatient hospital treatment (Incurred Amount: S$20,000)	50%	10,000
Less: MyShield Deductible	-	3,500
Less: 10% MyShield Co-insurance (10% of S$6,500)	-	650
Aviva pays	**-**	**5,850**
Customer pays	**-**	**14,150**

Example 2 (MyShield Standard Plan)
Madam Goh was hospitalised for 4 days and had surgery done (MOH Surgical Table 1). She was admitted to a B1 ward of Singapore General Hospital. No pro-ration factor is applied as Madam Goh stayed within her entitled ward:

Admission	**Restructured Hospital – Singapore General Hospital**	
Benefits	**Limit of Benefits (S$)**	**MyShield Standard Plan (S$)**
Daily room, board and medical related services (Incurred Amount: S$2,600 for 4 days)	1,700 per day	2,600
Surgical benefit (Incurred Amount: S$400)	Table 1 - 590 per surgery	400
Total (Incurred Amount: S$3,000)	**-**	**3,000**
Less: MyShield Deductible	-	2,500
Less: 10% MyShield Co-insurance (10% of S$500)	-	50
Aviva pays	**-**	**450**
Customer pays	**-**	**2,550**

Example 3 (to illustrate pro-ration factor & limit of benefits) - MyShield Standard Plan)
Madam Chan was hospitalised for 4 days and had surgery done (MOH Surgical Table 1). She was admitted to Thomson Medical Centre. A 50% pro-ration factor is applied to the bill before deductible and co-insurance:

Admission	**Private Hospital - Thomson Medical Centre**		
Benefits	**Pro-ration Factor**	**Limit of Benefits (S$)**	**MyShield Standard Plan (S$)**
Daily room, board and medical related services (Incurred Amount: S$8,000 for 4 days)	50%	1,700 per day	4,000

Surgical benefit (Incurred Amount: S$2,000)	50%	Table 1 - 590 per surgery	590
Total (Incurred Amount: S$10,000)	**-**	**-**	**4,590**
Less: MyShield Deductible	-	-	2,500
Less: 10% MyShield Co-insurance (10% of S$2,090)	-	-	209
Aviva pays	**-**	**-**	**1,881**
Customer pays	**-**	**-**	**8,119**

If the life assured is admitted to a ward/hospital that is the same or lower than what the life assured is entitled to under the policy but their pre- and/or post-hospital treatment is in a hospital or clinic higher than what the life assured is entitled to, we will apply the pro-ration factor to the pre- and/or post-hospital treatment as specified in the Benefits Schedule.

If, during hospitalisation, there is a change of ward, we will base on the ward immediately before the discharge to determine whether the pro-ration factor should be applied to the hospital bills.

For avoidance of doubt, the pro-ration factor is only **not** applicable to expenses incurred in:

a) a Singapore restructured hospital for major outpatient treatment, day surgery, pre-hospital treatment and post-hospital treatment; or
b) a subsidised dialysis or cancer centre in Singapore for major outpatient treatment.

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 for each type of plan as follows:

For plan 1:

$$\frac{\textit{Charge for a single-bedded A1 ward in Mount Elizabeth Orchard Hospital}}{\textit{Room Charge which the life assured had to pay}} \times \textit{total bill}$$

For plan 2:

$$\frac{\textit{Charge for a standard A1 ward in Singapore General Hospital}}{\textit{Room Charge which the life assured had to pay}} \times \textit{total bill}$$

For plan 3:

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

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

9.6 My company provides me with a group medical insurance cover, can I still claim under MyShield or MediShield Life? What is the process?

Yes, you can. You are required to file the claim under MyShield policy upon admission to hospital. You will need to complete the claim form (provided by the hospital) and note that submission is via the online claim system, in which Aviva will receive the claim. Therefore you do not have to manually submit any documents to Aviva. After the settlement of the MyShield policy, you will receive the original tax invoice from the hospital. Thereafter, you can submit the original final tax invoice to your company/other medical insurance company where the company medical insurer will work out the relevant amount and reimburse Aviva for their share. Aviva will top up the balance annual claimable limit accordingly based on the payment received.

Should you not make the claim in this order and the Group insurer paid directly to the hospital, we will pay the balance of the claim under MyShield or the expense incurred, whichever is lower. You need to be aware that if you choose not to E-file the claim and only wish to claim the balance from MyShield, we will still request for the claim to be submitted through the online claim system because Aviva and/or Medishield Life will be the payers of the balance benefits where applicable.

This means that you must return to the hospital to E-file the claim and be charged an administrative fee. We urge you to E-file through the online claim system. Even if the Group Insurance guarantees full or partial payment, you can still submit via the online claim system. Another advantage is that MyShield will pay for the GST that's not payable under Group Insurance. If you have your own private medical insurance (not company/employer), the process on reimbursement is similar.

MyShield's Last Payer Status helps to conserve your MyShield policy claim limits.

For every claim, the total reimbursement to be made should not exceed the expenses actually incurred.

9.7 Should the claim still be filed if the condition is excluded under MyShield?

As MyShield is an IP, which is an additional private insurance coverage on top of the basic MediShield Life, MediShield Life's coverage may not be affected by MyShield coverage. You should still file the claim at the hospital/clinic in the event of hospitalisation or surgery to allow the CPF Board to assess the MediShield Life claim which is payable if the condition is not excluded under MediShield Life.

9.8 Are complications arising from premature births considered as congenital anomalies, and covered under MyShield and/or MyHealthPlus?

Complications arising from premature births may not necessarily be congenital conditions, and may be covered under other benefits.

MyShield and MyHealthPlus currently also do not cover new-borns from day 1. Coverage for newborn babies can only be applied 15 days after birth or after discharge from hospital, whichever is later. Hence, any conditions that are diagnosed prior to that policy inception will be subject to underwriting.

9.9 Is stem cell transplant covered?

Yes. It is covered under Stem Cell Transplant benefit, subject to the general exclusions.

9.10 Is hospice care covered?

No. The general exclusions include exclusion for 'private nursing charges and nursing home services' as well as 'palliative care, 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'.

9.11 Is Stereotactic Radiotherapy covered?

Yes, Stereotactic Radiotherapy is covered. However, Proton Beam Therapy is covered under the special benefit for inpatient and outpatient Proton Beam Therapy treatment. For other outpatient Stereotactic Radiotherapy, it is covered under the benefits for Outpatient Cancer Treatment.

9.12 How is day surgery defined?

Day surgery is defined as surgical procedures done as an outpatient, i.e. with no hospital confinement required.

9.13 Can I seek reimbursement on the GST portion on my hospital bill?

Any GST paid in Singapore on medically necessary service or supply is covered under the policy provided the claim is admissible.

9.14 How do I make a claim?

The guide below shows how a claim can be made when you are hospitalised or need a day surgery.

- On the day of hospital admission/surgery, inform the hospital/clinic of the intention to file a claim under MyShield.
- You will be asked to complete the consent in the "Medical Claims Authorisation Form" (Single or Multiple version) at the hospital/clinic. The hospital/clinic will usually E-file your claim to us within 2 weeks after hospital discharge. We will administer all payouts and inform you on the outcome of the claim including that of the MediShield Life claim. We will be the single point of contact and service.
- Once Aviva receives your claim, we will do our assessment to decide if it is payable, not payable or requires further information.
- From the assessment, you may be informed by Aviva that you need to provide additional documents/information. Please provide us with the required documents/information as soon as possible so that we can process the claim.
- After we complete the assessment, we will pay the claimable amount to the hospital/clinic. If you have made any payment to the hospital/clinic, the relevant refund will be made by the hospital/clinic to you or your Medisave account (if applicable).

If you are covered under MyHealthPlus, Aviva will automatically assess this benefit together with MyShield and pay the relevant claimable amount to you or the hospital/clinic, where applicable.

9.15 If the life assured is not a Singapore citizen or PR, how do I make a claim?

You will not be required to submit via the online claim system (E-file). You will have to settle the bill with the hospital first, then seek reimbursement from Aviva with the original final hospitalisation bill, discharge summary/available medical reports and complete the "Retail and Individual Medical Claim Form" obtained from our website https://www.aviva.com.sg/en/make-a-claim/life-and-health/.

9.16 How do I file the claims for pre- or post-hospital treatment bills?

Simply mail the original pre- or post-hospital treatment bills to Aviva for claims assessment. Upon receipt of the bills, Aviva will assess and pay any claimable amount to you by direct bank crediting, cheque or the relevant Medisave account.

9.17 What are the eligibility criteria for Aviva's eLOG?

To be eligible, the estimated bill size has to be above deductible and reason for the hospitalisation or surgery does not fall within general exclusions listed in the Product Summary.

Do note that if your admission is for a condition that was specifically excluded (substandard terms) by Aviva after underwriting, the eLOG can still be issued. After we have done our assessment, we will reject the claim as it is excluded. If the admission was for a different condition, the claim will be admitted (assuming it is not a pre-existing condition).

If the life assured is a foreigner, he/ she will not be eligible for Aviva's eLOG.

9.18 How does the eLOG facility work? With eLOG, does it mean that the hospitalisation will be cashless?

In the event that the proposer (payer)/assured is unable to pay the upfront cash deposit or the Medisave account of the assured or family member is insufficient to cover the deposit required by the hospital, the LOG will be used to request the participating hospital to waive the admission deposit based on the following table:

Hospital Type	**Waiver of Admission Deposit (with effect from 1 January 2020)**
Restructured hospital	Up to S$50,000
Panel specialist in a private hospital	Up to S$15,000
Non-panel specialist in a private hospital	Up to S$5,000

Upon admission or on the day of surgery, the hospital staff will check whether you are eligible for LOG by verifying through the eLOG system. eLOG allows the waiver of admission deposit required by the hospital in the event of a hospitalisation or surgery at participating hospitals if the claimant's estimated medical bill is above the plan deductible.

If the life assured is covered under MyShield only (without MyHealthPlus), the annual deductible and co-insurance will not be included in the eLOG. Upon issuance of the eLOG, the assured is still required to bear the deductible and co-insurance.

Do note that the eLOG is subject to acceptance by the hospital and does not guarantee a waiver of deposit. At the time of discharge, the hospital may require the assured to fully settle the hospital bill despite eLOG being issued.

While we provide this facility to our customers to ease the admission process (so no upfront cash is required up to the eligible amount approved by the eLOG system), Aviva has the right to review each claim submitted after discharge. If the claim is payable, Aviva will be responsible for the eligible claim amount. If the claim is not payable, Aviva or the hospital will request any amount not covered under the policy.

9.19 Which are the participating Hospitals providing eLOG?

Restructured Hospital	Private Hospital
Alexandra Hospital	Concord International Hospital
Changi General Hospital	Farrer Park Hospital
Khoo Teck Puat Hospital	Gleneagles Hospital
KK Women's and Children's Hospital	Mount Alvernia Hospital
National University Hospital	Mount Elizabeth Orchard Hospital
Singapore General Hospital	Parkway East Hospital
Singapore National Eye Centre	Novena Surgery Pte Ltd
Tan Tock Seng Hospital	Mount Elizabeth Novena Hospital
Ng Teng Fong General Hospital	Thomson Medical Centre
Sengkang General Hospital	Raffles Hospital

The list of participating hospitals and clinics can be found at www.aviva.com.sg/medicalspecialists.

This eLOG service is subject to these key terms and conditions:

a) The hospital may require the patient to fully settle the bill despite eLOG being issued
b) eLOG will not be issued if the patient's estimated medical bill is below the plan's annual deductible amount or the medical condition to be treated is an exclusion defined in the policy document.
c) Annual deductible and/or co-insurance would not be included in the eLOG, unless the patient is also covered under MyHealthPlus Option A and/or B or C or A-II and/or B-II or C-II (whichever is applicable).
d) eLOG is not a policy benefit and is not part of the MyShield policy document.
e) The issuance of an eLOG is subject to Aviva's review and discretion. It does not mean that Aviva approves or admits any claim made under the MyShield and/or MyHealthPlus policy contract or any claim amount payable (if at all) in respect of any such claim. Aviva will assess the claim upon receipt of the bill from the hospital.
f) No employer or third party insurer has provided any Letter of Guarantee.
g) The eLOG cannot be used in conjunction with the Certificate of Pre-authorisation.

9.20 How long does it take for Aviva to process the eLOG request?

The hospital staff can generate Aviva eLOG instantly by logging into eLOG system.

9.21 Does Aviva provide eLOG for non-participating hospitals?

No, we do not provide eLOG for non-participating hospitals. It will be solely on reimbursement basis. However, the hospital can still help to E-file the claim for you.

9.22 How do I file an Interim Cover claim?

You have to submit the original hospital bills together with the fully completed "Retail and Individual Medical Claim Form" for us to assess the Interim Cover claim. A copy of the Claim Form may be downloaded from our website https://www.aviva.com.sg/en/make-a-claim/life-and-health/. Alternatively, you can obtain from our Customer Service at 6827 7788.