



## PRODUCT SUMMARY

### Warning:

Anyone who pays for, or is insured under Singlife Shield Starter 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 this Singlife Shield Starter policy, you will stop receiving APS. This applies even if you are not the person paying for this Singlife Shield Starter policy.

In addition, if you choose to be insured under this Singlife Shield Starter policy, the person paying for Singlife Shield Starter 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.

'You/Your' means the owner of the policy who is named as the assured in the policy schedule. 'Life assured' means the person named as the life assured in the policy schedule. 'We/Us/Our' means Singapore Life Ltd.

## 1. DESCRIPTION OF PRODUCT

Singlife Shield Starter is a medical insurance plan covering the life assured for costs associated with:

- hospital stay,
- surgery, and
- selected outpatient treatment.

If your policy is integrated with MediShield Life, it adds to the MediShield Life tier operated by CPF (Central Provident Fund) Board and gives extra benefits for those who would like more cover and medical insurance protection. For more details on MediShield Life and how it works with Singlife Shield Starter, you can visit <https://www.medishieldlife.sg>.

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,
- the limits shown in the benefits schedule, and
- the exclusions in your policy.

Treatment must be provided by a hospital or licensed medical centre or clinic, all of which must be accredited by MOH to take part in the MediShield Life scheme.

### Product At-a-glance

- **As-charge coverage (up to S\$20,000 per policy year) at preferred medical providers**  
Get coverage for your hospital bills up to S\$20,000 per policy year, with more than 600 of our preferred medical providers.
- **Enjoy higher policy year limit of S\$1 million from age 40**  
Guaranteed conversion to Singlife Shield Plan 2 (or equivalent plan for Public Hospital Class A ward) at 40 age next birthday (ANB) with no need for additional medical check-ups.

## 2. PLAN FEATURES AND BENEFITS

### 2.1. Comparison of Benefits between MediShield Life and Singlife Shield Starter plan

A Singlife Shield Starter policy is made up of 2 parts:

- the MediShield Life portion provided by the CPF Board, and
- additional private insurance coverage provided by us.

The full Singlife Shield Starter premium comprises the MediShield Life premium and your Singlife Shield Starter's additional coverage premium.

In the event of hospitalisation / medical treatment, your final payout will comprise the MediShield Life payout and the Singlife Shield Starter additional coverage payout. For example, if the payout computed based on the full Singlife Shield Starter benefits is S\$2,000, and the payout based on MediShield Life benefits is S\$500, the policyholder will receive S\$2,000, which comprises S\$500 from the MediShield Life payout, and S\$1,500 from the Singlife Shield Starter additional coverage payout. In the case where the payout based on MediShield Life benefits is higher than that from the Singlife Shield Starter benefits, the eventual payout will be based on the MediShield Life benefits.

Benefits Schedule in SG Dollars				
Benefit Parameters	Singlife Shield Starter (Payout includes MediShield Life payout)	MediShield Life (as of 1 <sup>st</sup> April 2025)		
Hospital ward type	Private hospital, Public hospital, Community hospital, MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider and Accident and Emergency (A&E)	Private hospital, Public hospital, Community hospital and MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider		
<b>Inpatient hospital treatment (claimable up to policy year limit)</b>				
Daily room, board and medical related services <sup>1</sup>	As Charged	S\$830 per day (S\$1,630 per day for first 2 days of hospitalisation)		
Intensive care unit (ICU) <sup>1</sup>		S\$5,140 per day (S\$5,940 per day for first 2 days of hospitalisation)		
<b>Surgical benefit<sup>2</sup> (per procedure)</b>		<b>A</b>	<b>B</b>	<b>C</b>
Table 1 A/B/C (less complex procedures)		S\$240	S\$420	S\$490
Table 2 A/B/C		S\$760	S\$1,120	S\$1,120
Table 3 A/B/C		S\$1,390	S\$1,740	S\$1,920
Table 4 A/B/C		S\$2,310	S\$2,370	S\$2,460
Table 5 A/B/C		S\$2,700	S\$3,270	S\$3,270
Table 6 A/B/C		S\$3,540	S\$3,540	S\$3,540
Table 7 A/B/C (more complex procedures)		S\$3,900	S\$3,900	S\$3,900
Surgical implants <sup>3</sup>		S\$7,000 per treatment		
Radiosurgery <sup>4</sup> , including Proton beam therapy – Category 4 <sup>5</sup>		S\$15,700 per treatment course		
Stay in a community hospital <sup>6</sup> (Rehabilitation)		S\$370 per day		
Stay in a community hospital <sup>6</sup> (Sub-acute)	S\$570 per day			
Inpatient palliative care service <sup>7</sup> (General)	S\$460 per day			
Inpatient palliative care service <sup>7</sup> (Specialised)	S\$500 per day			

## 2. PLAN FEATURES AND BENEFITS (continued)

Benefits Schedule in SG Dollars		
Benefit Parameters	Singlife Shield Starter (Payout includes MediShield Life payout)	MediShield Life (as of 1 <sup>st</sup> April 2025)
Hospital ward type	Private hospital, Public hospital, Community hospital, MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider and A&E	Private hospital, Public hospital, Community hospital and MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider
<b>Inpatient hospital treatment (claimable up to policy year limit)</b>		
Continuation of autologous bone marrow transplant treatment for multiple myeloma <sup>8</sup>	As Charged	S\$6,000 per treatment
Serious pregnancy and delivery-related complications <sup>9</sup>		Covered under inpatient hospital treatment limits
Inpatient psychiatric treatment	As charged up to 60 days per policy year	S\$230 per day up to 60 days per policy year
<b>Major outpatient treatment (claimable up to policy year limit)</b>		
Outpatient kidney dialysis	As Charged	S\$1,750 per month
Outpatient erythropoietin		S\$220 per month
<b>Patients receiving treatment for one primary cancer</b>		
Outpatient cancer drug treatment on Cancer Drug List <sup>10</sup>	5 times the MediShield Life claim limit for one primary cancer per month	S\$200 – S\$9,600 per month (depending on cancer drug treatment)
Outpatient cancer drug services <sup>11</sup>	5 times the MediShield Life claim limit for one primary cancer per policy year	S\$3,600 per year
<b>Patients receiving treatment for multiple primary cancers<sup>12</sup></b>		
Outpatient cancer drug treatment on Cancer Drug List <sup>10</sup>	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month
Outpatient cancer drug services <sup>11</sup>	5 times the MediShield Life claim limit for multiple primary cancer per policy year	S\$7,200 per year
<b>Outpatient radiotherapy for cancer which includes:</b>		
- Hemi-body radiotherapy	As Charged	S\$620 per treatment
- External or superficial radiotherapy		S\$400 per treatment
- Brachytherapy (with or without external radiotherapy)		S\$620 per treatment
- Stereotactic radiotherapy		S\$460 per treatment
- Proton beam therapy – Category 1 <sup>5</sup>		S\$400 per treatment
- Proton beam therapy – Category 2 <sup>5</sup>		S\$620 per treatment
- Proton beam therapy – Category 3 <sup>5</sup>		S\$460 per treatment
Major organ transplant - approved Immunosuppressant drugs		S\$710 per month
Long-term parenteral nutrition <sup>13</sup>	S\$2,200 per month	

## 2. PLAN FEATURES AND BENEFITS (continued)

Benefits Schedule in SG Dollars					
Benefit Parameters		Singlife Shield Starter (Payout includes MediShield Life payout)		MediShield Life (as of 1 <sup>st</sup> April 2025)	
Hospital ward type		Private hospital, Public hospital, Community hospital, MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider and A&E		Private hospital, Public hospital, Community hospital and MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider	
Pro-ration factor <sup>14</sup>					
		Singapore Citizen (SC)	Singapore Permanent Resident (SPR)	SC	SPR
Preferred medical providers <sup>15</sup>	Inpatient	100%		10% - 100%	10% - 60%
	Day surgery			15% - 100%	15% - 58%
	Major outpatient treatment			30% - 100%	30% - 67%
Others	Inpatient	50%		10% - 45%	10% - 37%
	Day surgery			15% - 33%	15% - 33%
	Major outpatient treatment			30% - 100%	30% - 56%
Singlife Shield Starter annual deductible <sup>16</sup> for life assured age 39 years and below next birthday on the renewal date					
Inpatient					
Class C ward		S\$1,500		S\$2,000	
Class B2 / B2+ ward		S\$2,000		S\$2,500	
Class B1 ward		S\$2,500			
Class A ward / Private hospital		S\$3,500		S\$3,500	
Day surgery / short stay ward	Subsidised	S\$1,500		S\$1,500	
	Unsubsidised	S\$2,000			
Co-insurance					
All ward classes and day surgery claimable amount <sup>17</sup>					
Inpatient (including day surgery)	S\$0 - S\$3,000	10%  (applicable to claimable amount after Singlife Shield Starter Annual Deductible)		10%	
	S\$3,001 - S\$5,000			10%	
	S\$5,001 - S\$10,000			5%	
	>S\$10,000			3%	
Major outpatient treatment				10%	

## 2. PLAN FEATURES AND BENEFITS (continued)

Benefits Schedule in SG Dollars		
Benefit Parameters	Singlife Shield Starter (Payout includes MediShield Life payout)	MediShield Life (as of 1 <sup>st</sup> April 2025)
Hospital ward type	Private hospital, Public hospital, Community hospital, MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider and A&E	Private hospital, Public hospital, Community hospital and MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider
Maximum Claim Limits		
Policy year limit	S\$20,000 <sup>18</sup>	S\$200,000
Lifetime limit	Unlimited	Unlimited
Age Limits		
Last entry age	39 ANB	None
Maximum coverage age	Lifetime (Auto-conversion at 40 ANB to prevailing Singlife Shield Plan 2 with no further underwriting)	Lifetime

### Footnotes

<sup>1</sup> Includes:

- treatment fees
- meals
- prescriptions
- medical consumables
- doctor's attendance fees
- medical examinations
- laboratory tests
- miscellaneous medical charges
- cost of equipment loan/rental, nursing charges, home care, transport-related services as part of Mobile Inpatient Care @ Home (MIC@Home)<sup>^</sup>

<sup>^</sup> Applicable to daily room, board and medical related services only.

<sup>2</sup> Includes:

- surgeon's fees
- anaesthetist's fees
- 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.

<sup>3</sup> Includes:

- Intravascular electrodes used for electrophysiological procedures
- Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons
- Intra-aortic balloons (or Balloon Catheters)
- Monofocal non-toric lenses for cataracts only

<sup>4</sup> Radiosurgery includes:

- Novalis radiosurgery and Gamma Knife treatments which can be performed as an inpatient or day surgery procedure, and
- Proton beam therapy (Category 4) for MOH-approved indications, subject to patient eligibility criteria for proton beam therapy under MediShield Life as provided on the MOH website: <https://go.gov.sg/pbt-approved-indications>. MOH may update this from time to time.

Cell, Tissue and Gene Therapy are not covered

The Singlife Shield Starter annual deductible and pro-ration factor for radiosurgery that applies depends on whether it is classified as an inpatient or day surgery procedure.

<sup>5</sup> Please refer to the MOH website: <https://go.gov.sg/pbt-approved-indications> for the MOH-approved indications and patient eligibility criteria for use of Proton beam therapy. MOH may update this from time to time.

<sup>6</sup> Upon referral from the attending doctor in a 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 or A&E treatment in the hospital.

## 2. PLAN FEATURES AND BENEFITS (continued)

### Footnotes (cont'd)

<sup>7</sup> Inpatient palliative care service benefit covers charges the life assured has to pay for inpatient palliative care services from a MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider. The life assured must be admitted for inpatient palliative care service by a doctor, according to the relevant MOH guidelines.

<sup>8</sup> Continuation of autologous bone marrow transplant treatment for multiple myeloma benefit covers charges the life assured has to pay for continuation of autologous bone marrow transplant treatment for multiple myeloma, as an outpatient. These include:

- consultation charges,
- clinical and lab investigations,
- consumables, and
- chemotherapy and prescribed medication,

incurred as a result of the following treatments:

- stem-cell mobilisation
- harvesting of healthy stem cells
- pre-transplant workup
- use of high dosage chemotherapeutic drugs to destroy the cancerous cells
- engraftment of healthy stem cells
- post-transplant monitoring

Singlife Shield annual deductible applies for continuation of autologous bone marrow transplant treatment for multiple myeloma. Subsidised patients will follow the inpatient deductible for Class C and non-subsidised patients will follow the inpatient deductible for Class B2.

<sup>9</sup> Please refer to appendix A for the list of serious pregnancy and delivery-related complications covered under inpatient hospital treatment benefit. The complications must be first diagnosed by a registered obstetrician after a waiting period of 10 months. Please note that delivery charges are not covered, except in the event of caesarean section with hysterectomy.

<sup>10</sup> Outpatient cancer drug treatment benefit covers the charges the life assured has to pay as an outpatient at a hospital or cancer treatment centre registered with the MOH or approved by us for cancer drug treatment that are listed in the Cancer Drug List / CDL. Treatments are defined as drug-indication pairs, as described in the CDL: <https://go.gov.sg/moh-cancerdruglist>.

Outpatient cancer drug treatments are only claimable under your policy if used according to the clinical indications specified on the CDL (as at the date of treatment), unless otherwise stated in your policy. MOH may update the CDL from time to time.

For each primary cancer, if:

- the CDL treatment involves more than one drug, we allow drug omission or replacement with another CDL drug with the indication “for cancer treatment”, only if they are due to intolerance or contraindications. In such cases, the claim limit of the original CDL treatment will continue to apply; or
- multiple cancer drug treatments are administered in a month, and any of the CDL treatments have an indication that states “monotherapy”, only CDL treatments with the indication “for cancer treatment” will be claimable in that month. Otherwise, the following will apply:
  - (a) If more than one of the cancer drug treatments administered in a month have an indication other than “for cancer treatment”, only CDL treatments with the indication “for cancer treatment” will be claimable in that month.
  - (b) If one or none of the cancer drug treatments administered in a month has an indication other than “for cancer treatment”, all CDL treatments will be claimable in that month.

We will pay up to the highest limit among the CDL treatments that are claimable in that month.

If a life assured is receiving treatment for multiple primary cancers, you may apply to MOH and us for a higher claim limit, subject to prevailing terms and conditions. The life assured's doctor(s) must submit the application form to MOH and us to assess the MediShield Life and Singlife Shield Starter Plan coverage respectively. If your application is approved, we will pay up to the sum of the highest limit among the claimable CDL treatments for each primary cancer in that month.

For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified in the CDL on MOH's website <https://go.gov.sg/moh-cancerdruglist>. Non-CDL treatments will be considered as having an indication other than “for cancer treatment”.

Non Cancer Drug List / Non-CDL treatments means cancer drug treatments that are excluded from the Cancer Drug List and classified as Non-CDL treatments in the Non-CDL Classification Framework developed by the Life Insurance Association, Singapore, as set out in <https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>.

The cancer drug treatment benefit limit is based on a multiple of the MediShield Life claim limit for the specific cancer drug treatment.

Please refer to the Cancer Drug List / CDL on the MOH website: <https://go.gov.sg/moh-cancerdruglist> for the MediShield Life claim limit on the applicable cancer drug treatment.

<sup>11</sup> Outpatient cancer drug services covers the charges the life assured has to pay for cancer drug services for outpatient cancer drug treatments. The services are not required to be specific to treatments on the CDL and are payable even if they were for a non-CDL treatment.

These include:

- consultations,
  - scans,
  - lab investigations,
  - treatment preparation and administration fee,
  - supportive care drugs (e.g., for pain/nausea), and
  - blood transfusions,
- as long as these are part of cancer drug treatment.

We also cover charges incurred after the final cancer drug treatment session (for example, consultations, tests and scans) under the cancer drug services benefit, only if the charges are part of the final review of the cancer drug treatment regime.

## 2. PLAN FEATURES AND BENEFITS (continued)

The cancer drug services benefit does not cover:

- radiotherapy services (covered under radiotherapy treatments), and
- any charges incurred before the cancer is diagnosed, after the cancer has gone into remission or once the course of cancer drug treatment has ceased.

If a life assured is receiving cancer drug services for multiple primary cancers, you may apply to MOH and us for a higher claim limits, subject to prevailing terms and conditions. The life assured's doctor(s) must submit the application form to MOH and us to assess the MediShield Life and Singlife Shield Starter Plan coverage respectively.

If your application is approved, we will pay up to a maximum of twice the claim limit for cancer drug services even if the life assured receives concurrent treatment for more than 2 primary cancers within the same policy year.

The cancer drug services benefit limit is based on a multiple of the MediShield Life claim limit for cancer drug services. Please refer to the MOH website: <https://go.gov.sg/mshbenefits> for the MediShield Life claim limit for cancer drug services.

- <sup>12</sup> Multiple primary cancers are defined as two or more cancers arising from different sites and/or are of a different histology or morphology group.
- <sup>13</sup> Long-term parenteral nutrition benefit covers charges the life assured has to pay for parenteral nutrition bags and consumables necessary for the administration of long-term parenteral nutrition. The life assured must meet the clinical criteria for long-term and home parenteral nutrition covered under MediShield Life.
- <sup>14</sup> Claims made through A&E will not be subjected to the pro-ration factor. MediShield Life pro-ration factors will differ for surgical, daily ward & treatment, outpatient treatment and outpatient dialysis and erythropoietin treatment. Please refer to the MediShield Life Information Booklet (<https://www.cpf.gov.sg/mslinfo>).
- <sup>15</sup> Preferred Medical Provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.), which may be found at <https://singlife.com/medicalspecialists>, as updated by us from time to time.
- <sup>16</sup> Singlife Shield Starter annual deductible applies to all claims made under your policy except for all major outpatient treatments.
- <sup>17</sup> Claimable amount is the:
- claim limit in the table, or
  - amount after adjusting the charges for pro-ration (if needed), whichever is lower.
- <sup>18</sup> Payouts are subjected to the policy year limit, regardless of individual benefit limits.

Note:

- For details on MediShield Life benefits, please refer to the MediShield Life Information Booklet (<https://www.cpf.gov.sg/mslinfo>).

### 2.2. Premium Rates

The premium is based on the life assured's age next birthday and subjected to GST at the prevailing GST rate. We may deduct your premium from the designated MediSave account according to the MediShield Life Scheme Act and Regulations. You must pay the premium or any part of it in cash if:

- the premium you owe is more than the maximum Additional Withdrawal Limit (for Singapore citizens or Singapore permanent residents) or MediSave Withdrawal Limit (for foreigners) set by the CPF Board,
- there are not enough funds in your MediSave account to pay the premium due, or
- the premium, or part of it is not taken from the designated MediSave account for any reason.

Singlife Shield Starter				
Annual premium per person in SG Dollars (inclusive of GST)				
Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limit	Cash Outlay
1 to 20	200	327	300	27
21 to 30	295	327	300	27
31 to 39	503	327	300	27

\* Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MediShield Life Premium Payable after accounting for these is fully payable by MediSave.

Premium rates are not guaranteed and may increase at policy renewal at our full discretion.

The total distribution cost for this product is 15% (first year) / 2.5% (renewal years) of additional private insurance premiums.

Important note:

- Total distribution cost is only applicable if this product is purchased (with or without financial advice) via Singapore Life Ltd.'s appointed intermediaries or a Financial Adviser Representative is assigned for policy servicing matters.
- Total distribution cost is not applicable if this product is purchased directly from Singapore Life Ltd. without financial advice and no Financial Adviser Representative is assigned for policy servicing matters.

### 2.3. Pro-ration Factor

The pro-ration factor as stated in the benefits schedule will apply to expenses which the life assured has to pay, except where claims are made through A&E.

### 2.4. Singlife Shield Starter Annual Deductible

Singlife Shield Starter annual deductible applies to all claims made under your policy except for all major outpatient treatments.

Singlife Shield Starter 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.

### 2.5. Co-insurance

Co-insurance applies to all claims made under your policy. Co-insurance means the amount that you need to co-pay on the claimable amount after Singlife Shield Starter annual deductibles have been paid. The co-insurance percentages for the benefits are shown in the benefits schedule.

### 2.6. Eligibility

To be eligible for Singlife Shield Starter, you must:

- be a Singapore citizen or Singapore permanent resident, and
- have a MediSave account,

and the life assured must be 39 ANB or below at the cover start date.

A new-born is only eligible for cover 15 days after birth or after discharge from hospital, whichever is later.

### 2.7. Guaranteed renewal

We guarantee renewal of your policy automatically every year as long as:

- we receive the premium before the grace period ends, and
- the cover for the life assured has not been ended.

When you are 40 ANB, your policy will automatically be converted into the prevailing Singlife Shield Plan 2 only (or equivalent plan for Public Hospital Class A ward), with no further underwriting. You will pay the prevailing premiums based on your age for Singlife Shield Plan 2 (or equivalent plan for Public Hospital Class A ward).

### 2.8. When your policy ends

Your policy ends on the date:

- the life assured dies,
  - we choose to end cover for the life assured if you do not reveal information or misrepresent to us,
  - we end your policy due to change of citizenship status,
  - we receive your written notice requesting cancellation of your policy,
  - we do not receive your premium after the grace period,
  - you fail to give us any information or document which we require from you, of which the date will be determined by us,
  - you fail or refuse to refund any amount you owe us, of which the date will be determined by us,
  - fraud takes place,
  - you or the life assured does not fulfil the eligibility requirements,
  - the cover of your policy ends,
  - upon conversion of the policy under section 2.7, or
  - the life assured is covered under another MediSave-approved Integrated Shield Plan,
- whichever is the earliest.

### 2.9. Waiting period

Waiting period means the period starting from:

- the cover start date,
- the last reinstatement date,

whichever is the latest, before the specific benefit set out in the benefit provisions and benefits schedule to which it applies becomes payable.

## 3. ADDITIONAL INFORMATION

### 3.1. The Contract

The above is a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract.

### 3.2. Pre-existing Conditions

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, whichever is later,
- which existed or were evident before the cover start date, the last reinstatement date, 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, whichever is later, whether or not the life assured asked for treatment, medication, advice or diagnosis.

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.

### 3.3. Exclusions

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.

- all expenses for treatment as an inpatient, if the life assured was admitted to the hospital before the cover start date,
- any pre-existing condition (unless we cover it under clause 3.2),
- overseas medical treatment,
- transport for trips made to obtain medical treatment such as ambulance fees, emergency evacuation, or send home a body or ashes (unless we cover it as part of Mobile Inpatient Care @ Home (MIC@Home)),
- private nursing charges and nursing home services (unless we cover it under inpatient palliative care service or as part of Mobile Inpatient Care @ Home (MIC@Home)),
- inpatient room and board charges for surgery which can be done as day surgery, unless inpatient admission is medically indicated,
- admission as an inpatient for medical services, examination or treatment which can be done on an outpatient basis including but not limited to X-ray, CT scan or MRI scan (unless we cover it under day surgery),
- health screenings (including endoscopy for health screening purposes) and primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical / health screening packages, general physical checkups, vaccinations, etc.),
- 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,
- elective cosmetic treatments and plastic surgery unless the surgery is necessary for:
  - repair of damage caused by an accident. The 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,
- 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,
- dental treatment or oral surgery related to teeth (unless a dental or oral surgery is required as a result of an accident),
- palliative care, rest cures and services or treatment at any home, spa, hydrotherapy or aquatherapy facility or clinic, sanatorium or hospice, or long-term care facility, (unless we cover it under inpatient palliative care service),
- infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations,
- treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres,
- pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related hospitalisation or treatment (unless we cover it under serious pregnancy and delivery-related complications benefit),
- treatment for obesity, weight reduction, weight improvement or procedure for weight management,
- treatment for birth defects, including hereditary conditions and disorders and congenital anomalies,
- prosthesis, corrective devices and medical equipment and appliances including the buying or renting of the following for use at home (unless we cover it as part of Mobile Inpatient Care @ Home (MIC@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,
  - corrective devices,
  - wheelchairs,
  - walking aids,
  - home aids,
  - kidney dialysis machines,
  - iron lungs,
  - oxygen machines,
  - hospital beds,
  - any other hospital type equipment,
  - replacement organs.
- alternative or complementary treatments, including traditional Chinese medicine (TCM), naturopathic, homeopathic, podiatric, chiropractic or osteopathic treatment,
- stay in any health-care establishment for social or non-medical reasons,
- 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),

#### 3.3. Exclusions (cont'd)

- all costs relating to the stem cell transplant such as cost of harvesting, laboratory test, investigations, storage, transport and cell culture (unless we cover it under Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma),
- treatment resulting from drug addiction or being under the influence of any controlled drugs listed under the First Schedule to the Misuse of Drugs Act,
- treatment for psychological, emotional or mental problems or conditions (unless we cover it under inpatient psychiatric treatment),
- experimental or pioneering medical or surgical techniques and medical devices that were of an investigational or research nature, not approved by Health Sciences Authority or other relevant authority in Singapore,
- clinical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority,
- drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved by Health Sciences Authority or not prescribed in accordance with Health Science Authority's approved clinical indications (except drug on the CDL for outpatient treatment only),
- injury or illness arising from or in connection with any illegal act such as imprisonment,
- 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,
- 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,
- 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:
  - ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel,
  - radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component,
  - any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter,
- 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:
  - (a) 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
  - (b) 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 (a) or (b),
- sexually transmitted diseases,
- any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:
  - HIV infection acquired through blood transfusion in Singapore, or
  - HIV acquired while performing regular professional duties in a medical profession in Singapore,
- charges for non-necessary medical goods or services such as but not limited to telephone, television or newspapers,
- fees or payment made to third party administrators or patient referral services,
- claims incurred directly or indirectly as a result of violation or attempted violation of any law, subsidiary legislation, governmental notice, policy or other statutory requirement, or any change thereof,
- charges for outpatient cancer drug treatments that are not on the CDL (Non-CDL),
- vaccinations,
- any medical-related charges from being in or on an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger or crew member on an aircraft (including when the aircraft is on ground) on a regular scheduled route operated by a recognised airline,
- all other exclusions for MediShield Life Scheme set out in the CPF Act and its regulations or not allowed by MediShield Life Claims Rules, unless otherwise provided under this policy.

#### 3.4. Full Disclosure

You and the life assured must always disclose to us completely and truthfully all material facts and circumstances that may affect our decision whether or not to:

- cover the life assured, or
- add any further terms and conditions on your policy.

This applies to all information given to us for our assessment of your application for cover.

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

- 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, and either refund you:
  - all premiums paid to us if you have not made any claim under your policy, or
  - the premium paid to us in the first policy year immediately following the policy year in which you made the last claim under your policy,

If the life assured is a Singapore citizen or a Singapore permanent resident, the life assured will continue to be covered under MediShield Life without any exclusion.

### 3.5. Upgrading or Switching of Plan

The life assured can only have one Integrated Shield Plan. Once this policy commences, the life assured's previous Integrated Shield Plan (if any) will be automatically ended. Where applicable, the life assured's health will be assessed by us. If the life assured is not in good health, we may:

- decline your application, or
- not provide the life assured with certain benefits.

If the life assured is currently holding an Integrated Shield Plan with us and is changing his plan, he may not be given the enhanced benefits due to his existing medical conditions.

If the life assured is currently holding an Integrated Shield Plan with another insurer and is switching to this plan with us, and he has existing medical conditions that are currently covered by the existing plan, he may lose coverage for his existing medical conditions.

Downgrade of the life assured's plan is not available. In the event that you cannot afford, or do not wish to continue paying the premiums for the life assured's Integrated Shield Plan, you can cease the life assured's Integrated Shield Plan. If the life assured is a Singaporean citizen or Singapore permanent resident, regardless of your decision, the life assured will continue to be covered by MediShield Life for life without any exclusion.

### 3.6. Change of Policy Terms or Conditions

We may change the benefits, cover, premiums or terms and conditions of your policy or revoke your policy at any time without notice if:

- we are required to do so by any law, regulation, governmental notice, policy or other statutory requirement, or
- there is incorrect or incomplete information in your application documents, or any information or document given to us.

Other than the above circumstances, we may change the benefits, cover, premiums or terms and conditions of your policy by giving you at least 30 days' notice before we do so.

### 3.7. 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 cover.

### 3.8. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit the FAQs section in [singlife.com/singlife\\_shield](http://singlife.com/singlife_shield) for claim procedures.

### 3.9. Other Insurance

If you or the life assured have other insurance policies which provides reimbursement of 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.

### 3.10. Free Look

If we are issuing this policy to you for the first time, you have 21 days from the date you receive your policy to decide whether you want to continue with it. If you do not want to continue, 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 premiums paid, without interest, less any expenses spent in considering your application and issuing your policy.

If the policy is sent to you by post or electronic means, we will consider it received 7 days after the date we sent them.

### 3.11. Point-of-Sale Documents

A copy of the following documents is provided at the point-of-sale:

- Product Summary,
- Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (if applicable), and
- Infographic "Moratorium on Genetic Testing and Insurance".

### 3.12. Note

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. If you choose not to seek advice from a Financial Adviser Representative, you should consider whether this plan is suitable for you. Buying a health insurance policy that is not suitable for you may impact your ability to finance your future healthcare needs.

### 3.13. Policy Owners' Protection Scheme

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

### 3.14. Details of Insurer

This plan is underwritten by Singapore Life Ltd. Website: [singlife.com](http://singlife.com).

## APPENDIX A

List of pregnancy complications covered under inpatient pregnancy complications:

1	Eclampsia and pre-eclampsia	
2	Cervical incompetency	Diagnosis by an obstetrician of cervical incompetency requiring cervical cerclage.
3	Accreta placenta	Diagnosis by an obstetrician of abnormal trophoblast invasion into the myometrium of the uterine wall, requiring cesarean hysterectomy during delivery.
4	Placental abruption	Diagnosis by an obstetrician of partial or complete placental detachment prior to delivery of the foetus in a pregnancy over 20 weeks in duration.
5	Placenta praevia	Diagnosis by an obstetrician of the presence of placental tissue extending over the internal cervical os, resulting in an indication for cesarean delivery.
6	Antepartum, intrapartum and postpartum haemorrhage	Diagnosis by an obstetrician of severe abnormal bleeding from the female genital tract at or after 20 weeks of pregnancy before or during childbirth.
7	Placental insufficiency and Intrauterine growth restriction	Diagnosis by an obstetrician of placental insufficiency leading to intrauterine growth restriction.
8	Gestational diabetes mellitus	Diagnosis by an obstetrician of gestational diabetes mellitus. The diagnosis must have been made through a 75g oral glucose tolerance test.
9	Acute fatty liver of pregnancy	Diagnosis by an obstetrician of severe acute fatty liver occurring during pregnancy and where at least three (3) of the following criteria must be fulfilled: <ul style="list-style-type: none"> <li>• Imaging studies consistent to the diagnosis of a fatty liver;</li> <li>• Bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least five (5) days;</li> <li>• Renal impairment; and/or</li> <li>• Coagulopathy.</li> </ul> Liver damage in the presence eclampsia, pre-eclampsia and viral hepatitis shall be excluded.
10	Obstetric cholestasis	
11	Twin to twin transfusion syndrome	There should be ultrasonic evidence of a single monochorionic placenta with twin oligohydroamnios / polyhydramnios sequence.
12	Infection of amniotic sac and membranes	
13	Amniotic fluid embolism	
14	Fourth degree perineal laceration	Perineal laceration less than fourth degree or without identified degree are excluded.
15	Uterine rupture	Diagnosis by an obstetrician of the uterine rupture, defined as the complete disruption of all uterine layers, including the serosa, leading to change in maternal or fetal status.
16	Postpartum inversion of uterus	Diagnosis by an obstetrician of a condition in which the uterine fundus collapses into the endometrial cavity, turning the uterus partially or completely inside out.
17	Obstetric injury or damage to pelvic organs	Diagnosis by an obstetrician of injuries to the pelvic organs or surrounding structures as a consequence of vaginal delivery.
18	Complications resulting in a caesarean hysterectomy	Removal of the uterus during a caesarean section delivery in cases where removal of the uterus is solely due to complications that have arisen during the pregnancy or delivery.
19	Retained placenta and membranes	Diagnosis by an obstetrician of the retention of the placenta or other products of conception in the uterus after delivery.
20	Abscess of breast	Abscess of breast associated with childbirth and breastfeeding.
21	Ectopic pregnancy, hydatidiform mole and subsequent complications	Ectopic pregnancy is defined as diagnosis by an obstetrician of a condition in which implantation of a fertilised ovum occurs outside the uterine cavity, and its subsequent complications, Hydatidiform mole is defined as occurrence of a histologically confirmed hydatidiform mole, and its subsequent complications.
22	Medically necessary abortions	
23	Still-birth	Diagnosis by an obstetrician of the death of the foetus of the Insured after 22 weeks of pregnancy which meets the definition of still birth in the Registration of Births and Deaths Act 2021 (or any subsequent revision of such definition by the Act), and is a result of a sudden unforeseen and involuntary event and not any voluntary or malicious act on the part of the life assured.
24	Maternal death	