



## Singlife Shield Frequently Asked Questions

### 1 PRODUCT DESCRIPTION

#### 1.1 What is Singlife Shield?

Singlife Shield 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 Singlife Shield Plan 1, Plan 2, Plan 3 and Standard Plan.

#### 1.2 What is the Singlife Shield Standard Plan?

Singlife Shield Standard Plan is a MediSave-approved IP that is targeted at Class B1 coverage.

### 2 HOW SINGLIFE SHIELD 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 Singlife Shield and/or Singlife Health Plus?

There is no duplicate coverage.

Singlife Shield is made up of two parts – a basic MediShield Life portion administered by the Central Provident Fund (CPF) Board, and additional coverage provided by Singapore Life Ltd. ("Singlife").

Singlife Health Plus, which you can purchase from Singlife on top of Singlife Shield, covers a portion of the co-insurance and/or deductible that you otherwise have to pay under Singlife Shield.

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

Features	MediShield Life	Singlife Shield
<b>Hospital / ward type</b>	Provides cover at private hospitals, public 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.
<b>Pre- &amp; post-hospitalisation treatment</b>	No cover	<ul style="list-style-type: none"> <li>• Provides cover under Singlife Shield Plan 1, 2 or 3</li> <li>• No cover for Standard Plan</li> </ul>
<b>Coverage</b>	Capped at various claim limits	<ul style="list-style-type: none"> <li>• As-charged basis for most benefits under Singlife Shield Plan 1, 2 or 3</li> <li>• Capped at various claim limits for Standard Plan</li> </ul>
<b>Option to cover deductible and/or co-insurance</b>	No	<ul style="list-style-type: none"> <li>• Yes, with Singlife Health Plus attached to Singlife Shield Plan 1, 2 or 3</li> <li>• Not available for Standard Plan</li> </ul>
<b>Allows choice of doctor</b>	No	Yes

#### 2.4 Do I need Singlife Shield if I am happy with a B2 ward in the public hospital?

Singlife Shield is a MediSave-approved IP comprising coverage of the basic MediShield Life component, plus the additional private insurance coverage from Singlife so that policyholders can be adequately covered for Class A/B1 wards or private hospital stays.

Please refer to [www.singlife.com](http://www.singlife.com) for the key benefits of Singlife Shield.

#### 2.5 I am currently paying premiums to Singlife for my Singlife Shield policy. Does it include premiums for the MediShield Life portion?

Yes, the premiums you pay to Singlife includes premiums for both MediShield Life and the additional coverage provided by Singlife.

#### 2.6 Will I receive premium subsidies even though I am insured under Singlife Shield? Do I have to downgrade from Singlife Shield 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 Singlife Shield. You do not have to downgrade your Singlife Shield plan to receive the subsidies.

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

However, please note that anyone who pays for, or is insured under Singlife's Singlife Shield / Singlife Health Plus 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 Singlife's Singlife Shield / Singlife Health Plus, you will stop receiving APS. This applies even if you are not the person paying for Singlife's Singlife Shield / Singlife Health Plus.

In addition, if you choose to be insured under Singlife's Singlife Shield / Singlife Health Plus, the person paying for Singlife's Singlife Shield / Singlife Health Plus 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) SINGLIFE SHIELD PLAN 1, 2 and 3**

##### **3.1 What are the key changes to Singlife Shield?**

**Note:**

**These changes will be applicable to:**

- a) new customers who purchased Singlife Shield; and**
- b) contract renewal for existing policyholders, from 01 April 2023 onwards.**

The key differences in benefits are:

(a) Benefit Changes:

- i. New benefits have been added:
  - Outpatient Cancer Drug Treatment on the CDL
  - Outpatient Cancer Drug Services

(b) Chemotherapy will be replaced with the 2 new benefits above – Outpatient Cancer Drug Treatment on the CDL and Outpatient Cancer Drug Services.

##### **3.2 Are there any changes in premiums for Singlife Shield Plans?**

There will not be an increase in premium rates until 31 August 2024 to better support our Policyholders.

##### **3.3 What are the MOH guidelines for inpatient palliative care service and where do I find it?**

Please refer to the Inpatient Hospice Palliative Care Service (IHPCS) Framework on [www.moh.gov.sg](http://www.moh.gov.sg).

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

Yes, you can choose to complement Singlife Shield by getting Singlife Health Plus.

Please note the available Singlife Health Plus options when attached to the different Singlife Shield plan type:

Attachable to:	Available Singlife Health Plus options
Singlife Shield Plan 1	<ul style="list-style-type: none"><li>• Private Lite</li><li>• Private Prime</li></ul>
Singlife Shield Plan 2/3	<ul style="list-style-type: none"><li>• Public Lite</li><li>• Public Prime</li></ul>

**3.5 Can Singlife Health Plus be added after commencement of policy?**

Yes. Singlife Health Plus can be added after the commencement of Singlife Shield. You can contact your Financial Adviser Representative for assistance.

**3.6 Will I still enjoy “as charged” cover under Singlife Shield 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 Singlife Shield Plan 1.

**3.7 How is the policy year limit for Singlife Shield Plan 1 calculated?**

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

Term	Definition
A&E or Preferred Medical Provider (PMP) Claim(s)	-  Preferred Medical Provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital, public hospitals, etc.), which may be updated from time to time.  The full list of approved medical providers can be found at <a href="http://singlife.com/medicalspecialists">singlife.com/medicalspecialists</a> .
Non-PMP Claim(s)	Admitted claim(s) for treatment(s) by medical providers other than the preferred medical providers listed above

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

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

For example:

**Policy year limit:** S\$2,000,000

Cost of treatments: S\$2,000,000

Reduction in policy year limit due to PMP Claims: S\$2,000,000

Remaining policy year limit (after PMP Claims): S\$2,000,000 - S\$2,000,000 = S\$0

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

**Scenario B: At least 1 PMP Claim(s) was made**

**The policy year limit is S\$1,000,000 if at least one admitted claim for the policy year is a Non-PMP 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 PMP Claim, or**

**(b) 100% of the claim if it is a Non-PMP Claim.**

For example:

**Policy year limit:** S\$1,000,000

Cost of treatment A (PMP 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-PMP 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 + C): S\$1,500,000**

## **B) SINGLIFE SHIELD STANDARD PLAN**

### **3.8 What are the key changes to Singlife Shield Standard Plan?**

**Note:**

**These changes will be applicable to:**

- a) new customers who purchased Singlife Shield Standard Plan; and**
- b) contract renewal for existing policyholders, from 01 April 2023 onwards.**

The key differences in benefits are:

**(a) Benefit Changes:**

- New benefits have been added:
  - Outpatient cancer drug treatment on the CDL
  - Outpatient cancer drug services
  - Proton beam therapy
- Chemotherapy will be replaced with the 2 new benefits above – Outpatient Cancer Drug Treatment on the CDL and Outpatient Cancer Drug Services.

### **3.9 Are there any changes in premiums for Singlife Shield Standard Plans?**

There will not be an increase in premium rates until 31 August 2024 to better support our Policyholders.

### **3.10 What are the key features of Singlife Shield Standard Plan?**

Singlife Shield 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.

### **3.11 Can I add in riders to cover deductible and co-insurance?**

No. We do not have any riders for Singlife Shield Standard Plan.

### **3.12 Is Singlife Shield Standard Plan an 'As Charged' plan?**

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

### **3.13 What is the difference between Singlife Shield Standard Plan and MediShield Life?**

Singlife Shield 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.

**3.14 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.

**3.15 Will my occupation affect my application for Singlife Shield Standard Plan in terms of underwriting?**

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

**3.16 Is there Free Cover for Child(ren) or Family Discount for Child(ren) benefit when 2 parents are covered under Singlife Shield Standard Plan?**

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

**3.17 Is Singlife Shield 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.

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

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

**4 NEW BUSINESS ISSUANCE**

**4.1 Am I eligible to buy Singlife Shield?**

For Singlife Shield Plan 1, 2 and 3

Any Singapore citizen or PR with a MediSave account may apply as the proposer (payer)/assured.

For dependant(s), they do not need to be a Singapore citizen or PR but must be residing in Singapore to enjoy this coverage.

Dependant(s) must be the proposer (payer)'s:

- legal spouse,
- parent(s),
- sibling(s), or
- grandparent(s), and/or
- biological or legally adopted child(ren),

subject to the following conditions:

- a new-born is only eligible for cover 15 days after birth or after discharge from hospital, whichever is later, and
- a grandparent or sibling is only eligible for cover if he is a Singapore citizen or Singapore permanent resident.

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 Singlife Shield 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 Singlife Shield?**

You can contact us at 6827 9933 to arrange for a Financial Adviser Representative to get in touch with you.

#### **4.3 Can I sign up for Singlife Shield if I do not have MediShield Life?**

Yes. You are automatically covered for MediShield Life upon insuring for Singlife Shield. 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 Singlife Shield?**

Singlife Shield is a MediSave-approved IP plan comprising coverage of the basic MediShield Life component, plus the additional private insurance coverage from Singlife. Hence, Singlife Shield 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 Singlife Shield 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 Singlife Shield.



**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 Singlife Shield?**

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

In order to commence Singlife Shield, the premium has to be successfully deducted from the MediSave account. If 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 Singlife Shield 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 Singlife Shield for your child, you can contact us at 6827 9933 or your Financial Adviser Representative for assistance.

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

Yes, you may buy Singlife Shield for your dependant(s) without getting Singlife Shield for yourself. In such cases, you shall be the proposer (assured) and your dependant shall be the life assured who is entitled to Singlife Shield coverage. You can contact us at 6827 9933 or your Financial Adviser Representative for assistance.

**4.9 Will Singlife Shield policy’s coverage commence before the full premium is collected?**

No, Singlife Shield cover will only commence after receipt of the full payment (both cash and MediSave).

**4.10 How will the policy documents be delivered?**

You will receive your policy, any endorsements, and communications electronically after your insurance application is approved and policy is issued. We will inform you when the e-documents are available.

If the e-documents are not available, you will receive printed documents. 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 Singlife Shield Plan 1, 2 and 3

For Singlife Shield 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 Singlife Health Plus only and his/her existing Singlife Shield is under moratorium underwriting, the Singlife Health Plus will be under moratorium underwriting unless there is a new medical declaration.

#### For Singlife Shield Standard Plan

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

You can contact us at 6827 9933 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 Singlife Shield 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 Singlife Shield and was recently hospitalised. Do I need to inform Singlife?**

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 Singlife Shield 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 Singlife Shield 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. If your policy was sent to you electronically, we will consider it delivered 7 days after the date it was sent.

**6.2 Will I be informed when Singlife Shield is due for renewal?**

Singlife Shield 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 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 Singlife Shield?**

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 Singlife Shield?**

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. If 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 AXS/DBS, POSB, UOB bill payment/GIRO.

DBS/POSB bank account holder can setup GIRO arrangement through internet banking. For other bank account holder, you are required to complete the Interbank GIRO Application form, which is available on Singlife's corporate website at [www.singlife.com](http://www.singlife.com).

**6.7 How much can I pay using MediSave?**

For Singapore citizens and PRs

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. If 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).

For Foreigners

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 MySinglife 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 Singlife's corporate website at [www.singlife.com](http://www.singlife.com).

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

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Singlife's corporate website at [www.singlife.com](http://www.singlife.com).

You can contact us at 6827 9933 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 Singlife's corporate website at [www.singlife.com](http://www.singlife.com). 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 Singlife Shield 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 Singlife Shield 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

### 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:

- Visiting [singlife.com/medicalspecialists](https://singlife.com/medicalspecialists),
- Calling 1800 600 0066, or
- Using our Singlife App or MySinglife Portal

### 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 How do I access my Singlife Shield Card?

The policyholder can login to our Singlife App or MySinglife Portal to retrieve the Singlife Shield Card.

### 7.4 Where can I use the Singlife Shield Card?

You can flash your Singlife Shield Card at any of our panel specialist clinics to identify yourself as a Singlife Shield customer.

### 7.5 What are the operating hours of the hotline?

The hotline is available 24 hours daily, including Saturdays, Sundays and Public Holidays.

## 8 CLAIMS

### 8.1 How will the claims be computed since CPF Board and multiple insurers are jointly insuring me?

The Ministry of Health (MOH) has set out the following claims protocol to avoid duplicative payouts:

- Employer, private insurance, and other third party pays first
- Followed by MediShield Life and Integrated Shield Plan (i.e. Singlife Shield)
- Then MediSave
- Then Cash

MediShield Life and Singlife Shield will pay for the portion of the bill that is not covered by your employer, private insurance and other third parties, subject to claim limits, deductible and co-insurance.

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

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

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

### For Singlife Shield Plan 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 the following for an explanation on our definition of residency.

To be eligible for Singlife Shield, the life assured must be:

- a Singapore citizen, or
- a Singapore permanent resident with a MediSave account, or
- 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
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For Singlife Shield Standard Plan

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

**8.3 Is medical report required for all claims?**

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

**8.4 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.

**8.5 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 If 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 (Singlife Shield Plan 2 without Singlife Health Plus)**

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	Singlife Shield Plan 2 (S\$)
Inpatient hospital treatment (Incurred Amount: S\$20,000)	50%	10,000
Less: Singlife Shield Deductible	-	3,500
Less: 10% Singlife Shield Co-insurance (10% of S\$6,500)	-	650
<b>Singlife pays</b>	-	<b>5,850</b>
<b>You pay</b>	-	<b>14,150</b>

**Example 2 (Singlife Shield Standard Plan)**

Madam Goh was hospitalised for 4 days and had surgery done (MOH Surgical Table 1A). 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	Public Hospital – Singapore General Hospital	
Benefits	Limit of Benefits (S\$)	Singlife Shield Standard Plan (S\$)
Daily room, board and medical related services (Incurred Amount: S\$2,600 for 4 days)	2,250 per day (2,550 per day for first 2 days of hospitalisation)	2,600
Surgical benefit (Incurred Amount: S\$400)	Table 1A - 590 per surgery	400
<b>Total</b> (Incurred Amount: S\$3,000)	-	<b>3,000</b>
Less: Singlife Shield Deductible	-	2,500
Less: 10% Singlife Shield Co-insurance (10% of S\$500)	-	50
<b>Singlife pays</b>	-	<b>450</b>
<b>You pay</b>	-	<b>2,550</b>

**Example 3 (to illustrate pro-ration factor & limit of benefits) - Singlife Shield Standard Plan)**

Madam Chan was hospitalised for 4 days and had surgery done (MOH Surgical Table 1A). 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\$)	Singlife Shield Standard Plan (S\$)
Daily room, board and medical related services (Incurred Amount: S\$8,000 for 4 days)	50%	2,250 per day (2,550 per day for first 2 days of hospitalisation)	4,000
Surgical benefit (Incurred Amount: S\$2,000)	50%	Table 1A - 590 per surgery	590
<b>Total</b> (Incurred Amount: S\$10,000)	-	-	<b>4,590</b>
Less: Singlife Shield Deductible	-	-	2,500
Less: 10% Singlife Shield Co-insurance (10% of S\$2,090)	-	-	209
<b>Singlife pays</b>	-	-	<b>1,881</b>
<b>You pay</b>	-	-	<b>8,119</b>

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 Singapore public hospital for major outpatient treatment, day surgery, pre-hospital treatment and post-hospital treatment, or
- 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:

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

For plan 2:

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

For plan 3:

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

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

#### **8.6 My company provides me with a group medical insurance cover, can I still claim under Singlife Shield or MediShield Life? What is the process?**

If you are eligible for a Letter of Guarantee from your company insurer, you can inform the hospital to claim from your company insurer first and the balance from the Singlife Shield policy. The hospital will be able to submit the claim directly to your company insurer since the Letter of Guarantee is used.

If you are ineligible for a Letter of Guarantee from your company insurer, the hospital/clinic can still e-file the claim for the Singlife Shield policy to us and we will process the claim accordingly. Then, you can submit the original final tax invoice to claim from your company insurer. Your company insurer will reimburse Singlife for our share. We will adjust the Singlife Shield claim limit for the rest of your policy year based on the claim amount recovered by us.

If you have your own private medical insurance (i.e not company/employer insurance), the reimbursement process is similar. For every claim, the total reimbursement to be made must not exceed the actual expenses incurred.

**8.7 Should the claim still be filed if the condition is excluded under Singlife Shield?**

As Singlife Shield 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 Singlife Shield coverage. You should still file the claim at the hospital/clinic for 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.

**8.8 Are complications arising from premature births considered as congenital anomalies, and covered under Singlife Shield and/or Singlife Health Plus?**

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

Singlife Shield and Singlife Health Plus 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.

**8.9 Is stem cell transplant covered?**

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

**8.10 Is hospice care covered?**

The general exclusions include an exclusion for "palliative care, rest cures and services or treatment at any home, spa, hydro or aqua clinic, sanatorium or hospice, or long-term care facility that is not a hospital, (unless we cover it under inpatient palliative care service)".

As such, it will only be covered if it is under the context of the inpatient palliative care service benefit.

**8.11 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.

**8.12 Is Hemi-body Radiotherapy covered?**

Yes, Hemi-body Radiotherapy is covered in the benefits for Outpatient Cancer Treatment.

**8.13 How is day surgery defined?**

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

**8.14 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.

### **8.15 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 Singlife Shield.
- 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 Singlife 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 Singlife 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 Singlife Health Plus, Singlife will automatically assess this benefit together with Singlife Shield and pay the relevant claimable amount to you or the hospital/clinic, where applicable.

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

You will have to settle the bill with the hospital first, then seek reimbursement from Singlife with the original final hospitalisation bill, discharge summary/available medical reports and complete the “Medical Claim Form” obtained from our website [singlife.com/claims](https://singlife.com/claims).

### **8.17 How do I file the claims for pre- or post-hospital treatment bills?**

You can submit to us via email at [shieldclaims\\_submission@singlife.com](mailto:shieldclaims_submission@singlife.com) with the email subject: Claim Submission: [Policy Number] or Claim Submission: [Name of the Policy/Plan i.e. Singlife Shield]

Alternatively, you can also mail the original pre- or post-hospital treatment bills to Singlife for claims assessment. The claim form is not required for pre-hospital and post-hospital claims. Upon receipt of the bills, Singlife will assess and pay any claimable amount to you.

For a better payment experience, SGD payments to the Assured (Policyholder) will be credited to the bank account linked to the Assured (Policyholder)'s PayNow-NRIC/FIN. Please check that you have registered for PayNow with your bank, using your NRIC/FIN.

### **8.18 What are the eligibility criteria for Singlife'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 Singlife 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 Singlife's eLOG.

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

If 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 2022)
Public hospital	Up to S\$80,000
Panel specialist in a private hospital	Up to S\$50,000
Non-panel specialist in a private hospital	Up to S\$15,000

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 for 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 Singlife Shield only (without Singlife Health Plus), 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), Singlife has the right to review each claim submitted after discharge. If the claim is payable, Singlife will be responsible for the eligible claim amount. If the claim is not payable, Singlife or the hospital will request any amount not covered under the policy.

**8.20 Which are the participating Hospitals providing eLOG?**

Public Hospital	Private Hospital
Alexandra Hospital	Aptus Surgery Centre
Changi General Hospital	Crawford Hospital
Jurong Medical Centre	Farrer Park Hospital
Khoo Teck Puat Hospital	Gleneagles Hospital
KK Women's and Children's Hospital	Mount Alvernia Hospital
National Cancer Centre	Mount Elizabeth Novena Hospital
National Heart Centre	Mount Elizabeth Orchard Hospital
National University Hospital	Novena Surgery Pte Ltd
Ng Teng Fong General Hospital	Novaptus Surgery Centre

Sengkang General Hospital	Orchard Surgery Center
Singapore General Hospital	Parkway East Hospital
Singapore National Eye Centre	Raffles Hospital
Tan Tock Seng Hospital	StarMed Specialist Centre
	Thomson Medical Centre

The list of participating hospitals and clinics will be updated from time to time. Please refer to our website at [singlife.com/en/medical-insurance/shield/log](http://singlife.com/en/medical-insurance/shield/log).

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

- The hospital may require the patient to fully settle the bill despite eLOG being issued
- 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.
- Annual deductible and/or co-insurance would not be included in the eLOG, unless the patient is also covered under Singlife Health Plus.
- eLOG is not a policy benefit and is not part of the Singlife Shield policy document.
- The issuance of an eLOG is subject to Singlife’s review and discretion. It does not mean that Singlife approves or admits any claim made under the Singlife Shield and/or Singlife Health Plus policy contract. Singlife will assess the claim upon receipt of the bill from the hospital.

**8.21 How long does it take for Singlife to process the eLOG request?**

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

**8.22 Does Singlife 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.

**8.23 How do I file an Interim Cover claim?**

You have to submit the original hospital bills together with the fully completed “Medical Claim Form” for us to assess the Interim Cover claim. A copy of the Claim Form may be downloaded from our website [singlife.com/claims](http://singlife.com/claims). Alternatively, you can obtain from our Customer Service at 6827 9933.