

# Revisions to Enhanced IncomeShield Plan

The revisions to your Enhanced IncomeShield Plan are summarised in the table below for your easy reference. They show the latest changes made to the Enhanced IncomeShield Plans, which will take effect from 1 September 2010.

Simply refer to the type of plan you are currently insured under for the corresponding revisions.

For example, if you are currently insured under Enhanced IncomeShield Preferred Plan, the revisions include the introduction of the Living Organ Donor Transplant Benefit and an increase in premium rates. There are also revisions to the community hospital coverage, limit per policy year and policy terms.

## Summarised Changes to Enhanced IncomeShield (For renewal from 1 September 2010)

**Table 1: Summarised Changes to Enhanced IncomeShield**

Plan Type	Living Organ Donor Transplant Benefit	Change in Community Hospital Coverage	Change in Limit Per Policy Year	Change in Premium Rates	Change in Policy Terms
Enhanced IncomeShield					
- Preferred	✓	✓	✓	✓	✓
- Advantage	✓	✓	✓	✓	✓
- Basic	✓	✓			✓

## Living Organ Donor Transplant Benefit

We have introduced the Living Organ Donor Transplant Benefit, which will cover medical expenses incurred when you donate your organ to your loved ones, provided the diagnosis of the organ failure is after a 24 months waiting period and approved under the Human Organ Transplant Act (HOTA). This coverage is for organ transplant done at a Singapore hospital only.

The Limit of Compensation per Transplant is as follows:

- Preferred Plan – \$60,000
- Advantage Plan – \$40,000
- Basic Plan – \$20,000

## Community Hospital

For better step-down care, we have extended the Community Hospital coverage from 45 days to 90 days for Preferred, Advantage & Basic plans.

## Limit per Policy Year

The Limits per Policy Year will be increased as follows:

**Table 2: Change in Limit per Policy Year for Preferred & Advantage Plans**

Enhanced IncomeShield	Before	After
Preferred Plan	\$500,000	\$600,000
Advantage Plan	\$250,000	\$400,000

## Change in Premium Rates

**Table 3: Annual Premium Rates for Enhanced IncomeShield Preferred & Advantage Plans (Includes 7% GST)**

Age Next Birthday	Preferred		Advantage	
	Current	New	Current	New
1 - 18	\$131	\$131	\$95	\$95
19 - 30	\$131	\$142	\$95	\$102
31 - 40	\$208	\$208	\$138	\$156
41 - 50	\$391	\$412	\$294	\$314
51 - 60	\$619	\$717	\$491	\$544
61 - 65	\$1,104	\$1,186	\$821	\$911
66 - 70	\$1,633	\$1,715	\$1,172	\$1,279
71 - 73	\$2,337	\$2,392	\$1,629	\$1,684
74 - 75	\$2,746	\$2,833	\$1,914	\$2,001
76 - 78	\$3,289	\$3,393	\$2,290	\$2,394
79 - 80	\$3,813	\$3,918	\$2,660	\$2,765
81 - 83	\$4,384	\$4,822	\$2,988	\$3,286
84 - 85	\$4,865	\$5,283	\$3,315	\$3,646

No changes to premiums after age 85 (at next birthday).

## Changes in Policy Terms and Conditions

Due to the new benefits, we have introduced some new clauses to your policy contract.

### New Clauses

#### HOTA

HOTA means the Human Organ Transplant Act (Chapter 131A), as amended, extended or re-enacted from time to time.

#### Living Organ Donor

Living Organ Donor means a living Insured Person from whom a Specified Organ is removed and transplanted into another living person.

#### Specified Organ

Specified Organ means a specified organ as defined in the HOTA.

#### Stem Cell Transplant

Stem Cell Transplant means the infusion of healthy stem cells into the body of the Insured Person.

### 22C. ORGAN TRANSPLANT BENEFIT

22C.1 We shall reimburse You for Reasonable Expenses incurred for the Necessary Medical Treatment of an Insured Person who is a recipient of any organ (including Stem Cell Transplant) subject to the terms of the Schedule of Benefits and the Limits of Compensation.

22C.2 We will not pay this Benefit if the organ transplant is illegal or arises from any illegal transaction or practice.

### 22D. LIVING ORGAN DONOR TRANSPLANT BENEFIT

22D.1 We shall reimburse You for Reasonable Expenses incurred for the treatment of an Insured Person who is a living donor of any Specified Organ for any recipient subject to the terms of the Schedule of Benefits, the Limits of Compensation and the following:

- (i) the transplant is approved pursuant to HOTA and performed at a Hospital in Singapore;
- (ii) the date the recipient of the Specified Organ is first diagnosed by a Registered Medical Practitioner or the symptoms of the recipient's Specified Organ failure first appeared is after twenty-four (24) months from the following dates (whichever is the latest date):
  - a. 1 September 2010, being the date on which this Living Organ Donor Transplant Benefit first becomes effective under this Policy; or
  - b. the Commencement Date of this Policy; or
  - c. the date of last reinstatement (if any) of this Policy, and

- (iii) the Reasonable Expenses are incurred for treatment of the Insured Person in relation to the transplant which treatment is, in the professional opinion of a Registered Medical Practitioner or a Specialist in that field of medicine, appropriate and necessary for the transplant. All Reasonable Expenses incurred for the treatment including Pre-Hospitalisation Treatment, Post-Hospitalisation Treatment and any post surgery complications shall be aggregated for the purpose of computation of the Limits of Compensation for this Benefit per transplant as specified in the Schedule of Benefits.

22D.2 We will not pay for this Benefit if the transplant is illegal or arises from any illegal transaction or practice.

## Changes to Existing Clauses

We have changed some existing clauses to provide greater clarity to some of the policy terms in your contract. The intent of the policy remains the same.

### Changes to Definition of Surgical Implants

#### **(Before) Surgical Implants/Approved Medical Consumables Benefit**

Surgical Implants/Approved Medical Consumables Benefit includes intravascular electrodes used for electrophysiological procedures, Percutaneous Transluminal Coronary Angioplasty (PTCA) and inter-aortic balloons (or balloon catheters).

#### **(After) Surgical Implants**

Surgical Implants means an implant inserted into the body of the Insured Person during surgery which remain(s) in the body of the Insured Person on completion of the surgery. This will also include the following approved Medical Consumables:

- a. intravascular electrodes used for electrophysiological procedures;
- b. Percutaneous Transluminal Coronary Angioplasty (PTCA) balloons; and
- c. inter-aortic balloons (or balloon catheters).

### Changes to Clause 6

#### **(Before) 6. JOINT INSURANCE WITH MEDISHIELD**

This Policy is an enhanced plan of the basic MediShield plan ("MediShield") operated by the CPF Board under the Act and the Regulations. Where applicable, the provisions of the Act and the Regulations also apply to this Policy.

An Insured Person is also covered under MediShield if the Insured Person meets the eligibility conditions as stated in the Act and the Regulations. The Insured Person, if covered under MediShield, will also enjoy all benefits under MediShield as provided in the Act and the Regulations.

The cover for an Insured Person under MediShield may be terminated by giving notice to the CPF Board according to the Act and the Regulations.

The cover under MediShield continues even if this Policy is terminated or the cover for any Insured Person is terminated, provided the Insured Person still meets the eligibility conditions as stated in the Act and the Regulations.

If the benefit payable under MediShield is higher than that under this Policy, We shall pay the higher amount.

#### **(After) 6. INTEGRATION WITH MEDISHIELD**

Basic MediShield plan (“MediShield”) is operated by the Central Provident Fund Board (“CPF”) under the Central Provident Fund Act (Chapter 36) (“Act”) and the Central Provident Fund (MediShield Scheme) Regulations (“Regulations”).

If an Insured Person meets the eligibility conditions as stated in the Act and the Regulations, the Insured Person is covered under MediShield.

If this Policy is integrated with MediShield to form a Medisave-approved Integrated Shield Plan:

- (a) an Insured Person will also enjoy all benefits under MediShield as provided in the Act and the Regulations. If the benefit payable under MediShield is higher than that under this Policy, We shall pay the higher amount;
- (b) if the cover for an Insured Person under this Policy is terminated, the cover under MediShield for that Insured Person will continue if that Insured Person meets the eligibility conditions as stated in the Act and the Regulations; and
- (c) if the MediShield cover for an Insured Person is terminated or not renewed, the cover for that Insured Person under this Policy shall terminate together with the MediShield cover. However, if the MediShield cover is terminated or not renewed due to any of the following reasons:
  - (i) the Insured Person has attained the maximum coverage age;
  - (ii) the lifetime claim limit has been reached;

the cover for that Insured Person under this Policy shall continue without any integration with MediShield.

#### **Changes to Clause 12g**

##### **(Before) Termination of Cover**

The cover for an Insured Person under this Policy shall immediately terminate and all Benefits shall cease for that Insured Person if any of the following occurs:

- g. upon the successful commencement of another Medisave-approved private integrated shield plan or a basic MediShield policy covering the Insured Person for which premiums (or any part of the premiums) are paid using monies from the Medisave Account of any person.

### **(After) Termination of Cover**

The cover for an Insured Person under this Policy shall immediately terminate and all Benefits shall cease for that Insured Person if any of the following occurs:

- g. if this Policy is integrated with MediShield, upon the commencement of
  - (i) another Medisave-approved Integrated Shield Plan with another insurer; or
  - (ii) another MediShield policy, covering that Insured Person for which premiums (or any part of the premiums) are paid using monies from the Medisave Account of any person; or
- h. if this Policy is integrated with MediShield, the MediShield cover for that Insured Person is terminated or not renewed. However, if the MediShield cover is terminated or not renewed due to any of the following reasons:
  - (i) the Insured Person has attained the maximum coverage age;
  - (ii) the lifetime claim limit has been reached;

the cover for that Insured Person under this Policy shall continue without any integration with MediShield.

### **Changes to Clause 26p**

#### **(Before) Exclusion p**

The following treatment items, procedures, conditions, activities and their related complications are not covered under this Policy:

- p. acquisition from a living donor of an organ or body part for an organ or body part transplant and all expenses incurred by the living donor of such organ or body part

#### **(After) Exclusion p**

The following treatment items, procedures, conditions, activities and their related complications are not covered under this Policy:

- p. acquisition from a living donor of an organ or body part for an organ or body part transplant and all expenses incurred by the living donor of such organ or body part except where expressly covered under the Living Organ Donor Transplant Benefit

## Frequently Asked Questions

### 1. Why is there an increase in premiums for Enhanced IncomeShield Preferred and Advantage plans?

As our plans serve the primary hospitalisation and surgical needs of our policyholders, we review their benefits regularly to ensure that they stay relevant to these needs and to changes on the healthcare landscape.

This is why we are introducing three new enhancements to the plans – the Living Organ Donor Transplant Benefit, enhanced Community Hospital coverage and higher annual claim limits.

These features are designed to help our policyholders benefit from the advances in medical science and healthcare regulatory changes, enhance their quality of life in a population with higher life expectancies, and keep pace with health inflation.

The premiums for these plans have not changed since their launch in 2006, barring the GST increase in July 2007. However, to support the new benefits and the annual health inflation of 2.9%<sup>1</sup> in the last decade, we will be revising the premium rates for these two plans on their renewal.

We have capped the maximum increase in premiums to 10% for most age bands under Enhanced IncomeShield Preferred and Advantage plans.

NTUC Income has made every effort to ensure that IncomeShield continues to be sustainable to take care of our policyholders' hospitalisation and surgical needs for the years to come, and that IncomeShield plans remain affordable and accessible to our policyholders and Singaporeans at large.

Even after the premium revision for Enhanced IncomeShield Preferred & Advantage plans, IncomeShield remains one of the most competitive hospital and surgical plans in the market.

### 2. When will the changes in benefits and premium be effective?

The new benefits and premium revisions will take effect upon a policy renewal done from 1 September 2010 onwards.

### 3. Why is Community Hospital coverage increased to 90 days only?

We are prudent in increasing benefits, as doing so often requires raising premiums to support the enhanced cover. We also believe in offering benefits that are more relevant to the majority of our policyholders, so that they will not have to bear additional premiums for benefits they may not fully utilise.

#### **4. Why is there no IncomeShield Assistance Scheme for policyholders with Enhanced IncomeShield Preferred and Advantage Plans?**

The IncomeShield Assistance Scheme was implemented in 2009 for one year to help policyholders with lower IncomeShield Plans (pegged to the B and C wards in restructured hospitals) cope with increases to their premiums. Most of them were lower-income and elderly policyholders whose finances were affected by the global economic downturn.

Given the very small number of such policyholders holding Enhanced IncomeShield Preferred and Advantage Plans, we have decided not to run a similar scheme. However, we stand ready to assist policyholders who have difficulty paying their premiums, in terms of helping to review their existing plan and explaining the various options available.

#### **5. What age bands would face the largest increase in premiums?**

We have capped the maximum increase in premiums to 10% for most age bands under Enhanced IncomeShield Preferred and Advantage Plans. We recognise that health insurance is an essential plan and strive to offer the most competitive rates for IncomeShield across all age bands, in line with our social purpose to make essential insurance affordable, accessible and sustainable for all.

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For further enquiries, please contact our  
dedicated **24-hour Healthcare Hotline** at **6332 1133**  
or visit **[www.income.com.sg](http://www.income.com.sg)**

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#### **IMPORTANT NOTES**

<sup>1</sup> The Straits Times, Challenge to control rising health-care costs, 31 March 2010.

This material is for general information only and is not a contract of insurance. The precise terms, conditions and exclusions of the Enhanced IncomeShield plan are specified in the Policy Contract. Please visit [www.income.com.sg](http://www.income.com.sg) to read a copy of the Policy Contract.

You should seek advice from a qualified adviser if in doubt. If you choose not to, you will have to take sole responsibility to ensure that this product is appropriate to your financial needs and insurance objectives. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs.

Information is correct as of 15 July 2010