

# Revisions to Managed Healthcare System (MHS)



In response to feedback from our policyholders and members, we have made some changes to the policy document of the Managed Healthcare System (MHS). The objective of this revision is to improve the clarity of the policy's terms and conditions and to more accurately reflect the intent of its coverage. Please refer to this booklet for more information of the changes made to your policy document.

# Summarised changes to Managed Healthcare System policy conditions (For renewal from 1 February 2014)

## Changes in The Schedule

Please refer to the table below for the revisions in bold.

| Benefits  | Limits of compensation   |
|---|--|
| <u>(A) Primary care benefit:</u><br><br><b>Panel doctor</b><br><b>Non-panel doctor</b><br><br>Specialised investigations                      | Consultation, <b>prescribed</b> medication, basic diagnostic tests, x-rays and procedures.<br>\$5 co-payment per visit<br>Reimburse up to \$10 per visit, subjected to maximum 3 visits per policy year<br>Co-payment of 10%   |
| <u>(B) Specialist care benefit:</u><br><br>SOC at restructured hospitals<br><b>Panel private specialist</b><br><br>Specialised investigations | Consultation, <b>prescribed</b> medication, basic diagnostic tests, x-rays and procedures <b>referred by panel doctor</b> , up to \$500 per policy year<br>\$15 co-payment per visit^<br>\$15 co-payment per visit, reimburse up to \$100 per visit^<br>(^applicable to all specialist care benefit, except those listed under section (D) below which are governed by the surgical limits table below)<br>Co-payment of 10% |
| <u>(C) Emergency (for Singapore hospitals and clinics only):</u><br><br>Restructured hospitals<br>Private hospitals and clinics               | <br><br>\$10 co-payment per visit<br>\$10 co-payment per visit, reimburse up to \$70 per visit   |

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| Benefits  | Limits of compensation   |           |          |
|---|--|-----------|----------|
| (D) Hospital care:  | Co-payment 10% of total hospital bill, <b>subject to plan limits stated below.</b> |           |          |
| Plan  | A  | B1        | B2       |
| Room, board <b>and medical-related services (per day)</b>         | \$ 500   | \$ 400    | \$ 150   |
| Intensive care unit <b>and medical-related services (per day)</b> | \$1,000  | \$ 800    | \$ 300   |
| Surgical limits table:  |  |           |          |
| 1   | \$ 500   | \$ 400    | \$ 150   |
| 2   | \$1,000  | \$ 800    | \$ 300   |
| 3   | \$1,500  | \$1,200   | \$ 450   |
| 4   | \$2,500  | \$2,000   | \$ 750   |
| 5   | \$3,500  | \$2,800   | \$ 750   |
| 6   | \$5,000  | \$4,000   | \$ 750   |
| 7   | \$6,500  | \$5,200   | \$ 750   |
| Surgical implants (per year)                                      | \$2,000  | \$1,600   | \$1,000  |
| Other outpatient hospital treatment:                              |  |           |          |
| Renal dialysis (per month)  | \$2,000  | \$1,600   | \$ 600   |
| Erythropoietin (per month)  | \$ 500   | \$ 400    | \$ 200   |
| Cyclosporin (per month)   | \$ 500   | \$ 400    | \$ 200   |
| Radiotherapy for cancer (per year)                                | \$4,000  | \$3,200   | \$1,600  |
| Chemotherapy for cancer (per year)                                | \$4,000  | \$3,200   | \$1,600  |
| Immunotherapy for cancer (per year)                               | \$4,000  | \$3,200   | \$1,600  |
| Limit per policy year   | \$ 80,000  | \$ 60,000 | \$20,000 |
| Limit per life time   | \$240,000  | \$180,000 | \$70,000 |

# Changes in Privileges and Conditions

## New definitions

### Hospital

**Hospital** means a **restructured hospital** or a **private hospital**, excluding **community hospital**.

### Community hospital

**Community hospital** means an approved **community hospital** under the act and regulations that provides an intermediate level of care for individuals who have simple illnesses which do not need specialist medical treatment and nursing care.

### Panel doctor

A **panel doctor** means a **registered medical practitioner** in any government polyclinics in Singapore or who is appointed by us to treat the **member**.

### Panel specialist

A **panel specialist** means a **registered medical practitioner** who is a specialist and appointed by us to treat the **member**.

### Private hospital

**Private hospital** means any licensed **private hospital** in Singapore that is not a **restructured hospital**.

### Registered medical practitioner

**Registered medical practitioner** means a doctor qualified by degree in western medicine who is legally licensed and authorised in the geographical area of his practice to render medical or surgical services who is other than the **member** or a **member** of his/her immediate family.

### Reinstatement date

**Reinstatement date** means the date when a **member's** cover is reinstated under this policy.

### Restructured hospital

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

## Changes to existing clauses

| (Before)  | (After)   |
|---|---|
| <p>1. Benefits</p> <p>We shall pay the Benefits as specified in the Schedule if a Member incurs medical expenses for primary care, specialist care or hospital care from our panel of healthcare providers.</p>   | <p>1. Benefits</p> <p>We shall pay the benefits as specified in the schedule if a member incurs medical expenses due to illness or injury for primary care, specialist care or hospital care from our panel of healthcare providers.</p>  |
| <p>2. Co-payment</p> <p>A Member shall be responsible for the co-payment specified in the Schedule when seeking medical treatment.</p>  | <p>2. Co-payment</p> <p>The policyholder shall be responsible for the co-payment specified in the schedule when a claim is made under this policy.</p>  |
| <p>3. Membership Card</p> <p>Upon acceptance, each Member shall be given a membership card which must be produced when seeking medical treatment.</p>   | <p>3. Membership card</p> <p>Upon acceptance, each member shall be given a membership card which must be produced when seeking medical treatment. We reserve the right to revoke the membership card of a member without prior notice to the policyholder or member when any outstanding amount or premium due to us in respect of that member's cover has not been paid.</p> |
| <p>4. Primary Care Clinic (PCC)</p> <p>A Member is required to select a primary care clinic (PCC) from our panel of healthcare providers for the purpose of medical treatment.</p> <p>A Member may request for a re-selection of the PCC by giving us thirty (30) days' written notice.</p> | <p>Removed</p>  |
| <p>5. Referral</p> <p>All referrals to specialists and referrals for admissions to hospitals shall be accompanied by referral letters issued by a doctor from a PCC or by our approved panel of specialists. This condition is waived only in the case of an emergency.</p>                 | <p>4. Referral</p> <p>All referrals to specialists and referrals for admissions to hospitals shall be accompanied by referral letters issued by a registered medical practitioner from our panel doctor or panel specialist. This condition is waived only in the case of an emergency.</p>   |

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| (Before)  | (After)   |
|---|---|
| <p>7. Exclusions</p> <p>The following are not covered under this Policy:</p> <ul style="list-style-type: none"> <li>a. all expenses incurred by a Member for the period of hospitalisation if admission in a hospital is before the entry date of this Policy.</li> <li>b. congenital anomalies, hereditary conditions and disorders.</li> <li>j. general dental care and treatment except as necessitated by accidental injuries to sound natural teeth occurring during the period of insurance.</li> <li>p. outpatient physical therapy e.g. heat or physiotherapy; special therapy e.g. speech or occupational therapy; counselling sessions; health food, supplements and weight control medication and programs; alternative treatments.</li> <li>q. all referrals, tests and procedures by non-PCC and non-panel specialists.</li> </ul> | <p>6. Exclusions</p> <p>The following treatment items, procedures, conditions, activities and their related complications are not covered under this policy.</p> <ul style="list-style-type: none"> <li>a. all expenses incurred by a member for the period of hospitalisation if admission in a hospital is before the entry date or reinstatement date of this policy.</li> <li>b. congenital conditions and disorders, congenital anomalies, hereditary conditions and disorders.</li> <li>j. dental care, treatment and surgery except as necessitated by accidental injuries to sound natural teeth occurring during the period of insurance.</li> <li>p. outpatient rehabilitation services including but not limited to physiotherapy and occupational therapy; alternative or complementary treatment including but not limited to treatment by Chinese medical practitioner (TCM), chiropractor, podiatrist, extra corporeal shockwave therapy, platelet rich plasma treatment; counselling or education sessions; health food, supplements and weight control medication and programs.</li> <li>q. all referrals, tests and procedures by a registered medical practitioner who is not from our panel doctor or panel specialist</li> </ul> |

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| (Before)   | (After)  |
|--|--|
| <p>13. Termination of Policy</p> <p>We shall be entitled to immediately terminate this Policy and all benefits under this policy upon the happening of any of the following:</p> <ul style="list-style-type: none"> <li>(a) non-payment of the renewal premium for any one or more of the Members;</li> <li>(b) refusal or failure by the Policyholder to refund to us any sum of the money due and owing to us, and arising out of any prior payments made by us on behalf of the Policyholder or any Member for any hospitalisation and/or medical expenses; or</li> <li>(c) pursuant to Clause 17 below.</li> </ul>   | <p>Removed</p>   |
| <p>14. Termination of Cover</p> <ul style="list-style-type: none"> <li>(A) Upon the happening of any of the following, the cover under this Policy shall immediately terminate in respect of a particular Member (referred to in this Clause 14(A) as “that Member”): <ul style="list-style-type: none"> <li>(a) the non-payment of renewal premium for that Member;</li> <li>(b) the total claims paid to that Member reaches the “Limit per life time” for that Member as specified in the Schedule;</li> <li>(c) the death of that Member; or</li> <li>(d) refusal or failure by the Policyholder to refund to us any sum of money due and owing to us, and arising out of any prior payments made by us on behalf of the Member for any hospitalisation and/or medical expenses.</li> </ul> </li> <li>(B) Notwithstanding the termination of cover for the Policyholder upon his death, the cover for the other Members under this Policy shall be continue in full force and effect (subject to Clause 14(A) above).</li> </ul> | <p>12. Termination of cover</p> <ul style="list-style-type: none"> <li>(A) Upon the happening of any of the following, the cover under this policy shall immediately terminate in respect of a particular member. <ul style="list-style-type: none"> <li>(a) the non-payment of renewal premium for that member;</li> <li>(b) the total claims paid to that member reaches the “Limit per life time” for that member as specified in the schedule;</li> <li>(c) the death of that member;</li> <li>(d) refusal or failure by the policyholder to refund to us any sum of money due and owing to us, and arising out of any prior payments made by us on behalf of that member for any hospitalisation and/or medical expenses.</li> <li>(e) at the end of the policy year during which that member reaches age of 80 years old; or</li> <li>(f) pursuant to clause 15 below.</li> </ul> </li> <li>(B) Notwithstanding policyholder’s death, cover for any member who is not the policyholder shall continue in full force and effect subject to clause 12(A) above.</li> </ul> |



| (Before)  | (After)   |
|---|---|
| <p>17. Claims</p> <p>All claims shall be made on our prescribed form and submitted to us as soon as reasonably possible together with the original final medical bills. Any information required by us for assessing the claim shall be furnished by the Policyholder at the Policyholder's expense.</p> <p>If a claim shall be in any respect fraudulent or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by or on behalf of the Policyholder or any Member to obtain any compensation under this Policy, all compensation shall be forfeited and we shall be entitled at our discretion to terminate this Policy, to refuse the further renewal of this Policy, to impose loading on such other action as we deem fit.</p> | <p>15. Claims</p> <p>It shall be a condition precedent to our liability under this policy that the policyholder must give written notice to us within 60 days for any claim, after consultation for outpatient primary or specialist care or upon a hospital discharge. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemized bills. Any information required for assessing the claim shall be furnished by the policyholder or member at policyholder's or member's expense.</p> <p>If a claim shall be in any respect fraudulent or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by or on behalf of the policyholder or any member to obtain any compensation under this policy, all compensation shall be forfeited and we shall be entitled at our discretion to terminate this policy or cover for that member, to refuse the further renewal of this policy or cover for the member, to impose loading on such other action as we deem fit.</p> |

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| (Before)  | (After)  |
|---|--|
| <p>19. Arbitration</p> <p>All disputes or differences under this Policy shall be referred to arbitration in accordance with the statutory provision for the time being in force in Singapore and the obtaining of an arbitration award by the Policyholder shall be a condition precedent to our liability under this Policy.</p> | <p>17. Dealing with disputes</p> <p>Any dispute or matter arising under, out of or in connection with this policy must be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with. (This applies if it is a dispute that can be brought before FIDREC.)</p> <p>If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. We will not be legally responsible under this policy unless an award under arbitration has been given.</p> |
| <p>20. Premium Through Central Provident Fund Board</p> <p>In the event that the premium for this Policy payable in respect of any one or more of the Members is not received from the Central Provident Fund Board upon our request, the Policyholder is required to make payment of such premium directly to us.</p>            | <p>Removed</p>   |

## Changes to definitions

| (Before)   | (After)   |
|--|---|
| <p>22. Definitions</p> <p>a. Primary Care Benefit</p> <p>Primary Care Benefit shall mean the medical treatment received at the clinic selected by the Member from our panel of primary care clinics (PCC).</p>   | <p>20. Definitions</p> <p>a. Primary care benefit</p> <p>Primary care benefit means the medical treatment received at the clinic selected by the member from our panel doctor.</p>  |
| <p>b. Specialist Care Benefit</p> <p>Specialist Care Benefit shall mean the medical treatment received at the specialist on our panel upon referral by a doctor from a PCC.</p>  | <p>b. Specialist care benefit</p> <p>Specialist care benefit means the medical treatment given by a registered medical practitioner from our panel specialist.</p>  |
| <p>c. Room and Board Benefit</p> <p>Room and Board Benefit shall mean the ward charges incurred by the Member per day in a hospital in Singapore. It includes meals, prescriptions, professional charges, investigations and miscellaneous medical charges.</p>                                | <p>c. Room, board and medical-related services</p> <p>Room, board and medical-related services means the ward charges incurred by the member per day in a hospital in Singapore. It includes meals, prescriptions, professional charges, investigations, miscellaneous medical charges and admission to a high-dependency ward.</p> |
| <p>d. Intensive Care Unit Benefit</p> <p>Intensive Care Unit Benefit shall mean the charges incurred by the Member per day in an Intensive Care Unit in a hospital in Singapore. It includes meals, prescriptions, professional charges, investigations and miscellaneous medical charges.</p> | <p>d. Intensive Care Unit and medical-related services</p> <p>Intensive Care Unit and medical-related services means the charges incurred by the member per day in an Intensive Care Unit in a hospital in Singapore. It includes meals, prescriptions, professional charges, investigations and miscellaneous medical charges.</p> |

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| (Before)   | (After)   |
|--|---|
| <p>f. Co-payment</p> <p>Co-payment shall mean the amount payable by the Member when seeking medical treatment. The Member is also required to pay the amount of GST charged wherever applicable.</p>     | <p>f. Co-payment</p> <p>Co-payment means the amount payable by the policyholder for a claim made under this policy whether any consultation is received. The amount of co-payment is specified in the schedule. The policyholder is also required to pay the amount of GST charged on such co-payment amount wherever applicable.</p> |
| <p>i. Member</p> <p>Member shall mean the insured Policyholder, and includes his/her spouse or child (including a step-child and legally adopted child) under 21 years of age named in the Schedule.</p> | <p>i. Member</p> <p>Member means the insured policyholder, and includes his/her spouse, parent or child (including a step-child and legally adopted child) under 21 years of age named in the schedule.</p>   |
| <p>m. Non-PCC</p> <p>Non-PCC shall mean any registered general practitioner in Singapore other than the Member's PCC.</p>  | <p>Removed</p>  |
| <p>n. Specialised Investigations</p> <p>Specialised Investigations shall mean all tests and procedures other than those defined as Basic Diagnostic Tests.</p>   | <p>n. Specialised investigations</p> <p>Specialised investigations mean all outpatient related tests and procedures other than those defined as basic diagnostic tests.</p>   |

# Frequently asked questions

## 1. Why is the revision necessary?

Over the years, we have received feedback from MHS policyholders and members that some of the policy terms are not clear. We are taking this opportunity to review the contract and clarify the policy's terms and conditions to more accurately reflect the intent of the policy coverage.

## 2. How does the revision affect me?

Terms are made clearer to our policyholders, which are meant to align to the intent of MHS coverage. You may refer to the booklet for details of the revision.

## 3. When will the revision be effective?

The revision will take effect when you renew your policy from 1 February 2014 onwards.

## 4. When will I receive the revised policy documents?

Once your policy has been successfully renewed, you will receive one set of the revised policy documents.

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

### IMPORTANT NOTES

This material is for general information only and it is not a contract of insurance. The precise terms, conditions and exclusions of this 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 7 March 2014