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Life Insurance Association Singapore
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GENERAL INSURANCE ASSOCIATION

YOUR GUIDE TO Health Insurance

2016

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Contents

This Guide provides general information about health insurance and the various policies that may meet your needs. It gives you the information you should have before you buy any health insurance policy or discuss your needs with a financial adviser or an insurance intermediary. This Guide should be read together with the infographic provided on "Evaluating my Health Insurance Coverage".

I. WHAT IS HEALTH INSURANCE?

Health insurance prevents you and your family from suffering a financial loss as a result of an accident, illness or disability. It can provide an income while you are disabled or in hospital, or cover the cost of your medical treatment or nursing care.

II. WHAT TYPE OF HEALTH INSURANCE POLICY DO I NEED?

The type of health insurance policy you would need depends on what you want protection against.

If you want to...	You should consider...
• have your medical expenses paid	Medical expense insurance (also known as hospital and surgical insurance)
• receive a fixed amount of cash when you are in hospital	Hospital cash insurance
• reduce your financial burden when you are diagnosed with a major illness (for example, cancer)	Critical illness insurance
• protect your income when you are disabled due to an accident or illness	Disability income insurance
• pay the cost of any care you need when you are too weak to look after yourself	Long-term care insurance

You can find more information about each type of policy under Part IX of this Guide.

MediShield Life

MediShield Life is a medical expense type of health insurance policy.

It is important to know that if you are a Singapore Citizen or Permanent Resident, you are automatically covered under MediShield Life from 1 November 2015, even for your pre-existing conditions. MediShield Life is a basic healthcare insurance designed to pay for hospitalisation in Class B2/C wards in public hospitals. Coverage under MediShield Life is for life, and there is no age limit for entry into the scheme. You will not lose your MediShield Life coverage even if you have financial difficulties, as there will be help for those who are unable to afford premiums even after Government subsidies. Read more about MediShield Life on page 6.

III. HOW MUCH HEALTH INSURANCE SHOULD I BUY?

If you are a Singapore Citizen or Permanent Resident, you should first decide if you need additional healthcare insurance beyond MediShield Life.

In deciding the amount of insurance cover to purchase, consideration should be given to:

(i) Your healthcare needs;
(ii) Employer medical benefits;
(iii) Your hospital/ward class preference;
(iv) Whether you would want to choose your own doctor;
(v) Level of income protection you require if you become ill or disabled; and
(vi) Your ability to pay premiums over the long-term.

You may have to prioritise your needs and structure your health insurance according to your ability to pay the premiums.

IV. WHAT SHOULD I TAKE NOTE OF WHEN TAKING UP ADDITIONAL HEALTH INSURANCE POLICIES?

You should check whether you are already covered under another health insurance policy before you buy a new one. In particular, you should take note of the following:

Having several medical expense policies

With medical expense insurance, the total benefit you will get is limited to your actual expenses. So taking up extra policies does not necessarily provide extra benefits. If you are a Singapore Citizen or Permanent Resident, you may wish to check if your health insurance policy coverage has duplication in coverage with MediShield Life.

If your health policy is an Integrated Shield Plan, it is integrated with MediShield Life. There is no duplication of benefits and no double payment of premiums. Integrated Shield Plans provide additional private insurance coverage on top of MediShield Life and payouts from such policies comprise both the MediShield Life component and the additional private insurance component.

Switching between health insurance policies

Apart from MediShield Life, health insurance policies usually do not cover pre-existing conditions, i.e. any illness or disability you already have at the time you sign up. Therefore, you should consider your health status before switching from one health insurance policy to another that provides more benefits. You should note that the new health insurance policy that you switch to may not provide you with the same coverage, should there be a change in your health status.

V. WHAT KEY FEATURES SHOULD I LOOK FOR IN HEALTH INSURANCE POLICIES?

Age limit

Most health insurance policies are not available to people over a certain age. Therefore, it is generally better for you to purchase health insurance at an early age while you are still healthy and able to get all the benefits of health insurance.

Some health insurance policies provide cover for your whole life, but others cover you only up to a certain age. You should choose a policy with a length of cover that suits your needs.

Premiums

Different policies may charge premiums in different ways. You will have to pay regular premiums throughout the life of the policy. The amount of the premiums may increase as you grow older.

In particular, you may wish to note that premiums for health insurance covering medical expenses will increase with age. Increased consumption of medical services drives up claims costs. As claims and medical costs increase, your premiums will also increase over time. Further, for these policies, the insurer may have the right to change the premium at any time by giving you written notice. The premiums in the premium schedule that you are given when you buy your policy may not apply in future. You should find out whether a policy you are considering allows the insurer to do this.

You must pay the premiums when they become due in order to keep your cover. So before you buy any health insurance policy, you should make sure you can afford to pay the premiums over the long term.

Renewing a policy

Some health insurance policies covering medical and hospitalisation expenses may guarantee cover as long as premiums are paid when due while others give insurers the right to cancel your cover by giving you written notice before your policy is due for renewal.

If you buy a policy that guarantees to cover you while you keep paying your premiums, you will not need to worry about your cover being cancelled. However, even if your cover is guaranteed, some health insurance policies allow insurers to change the benefits, premium rates or other terms and conditions when the policies are due for renewal (usually every year on the anniversary of the inception of the cover). Make sure you are clear about the terms and conditions of the policy before you buy it.

Ending a policy

Your health insurance policy may end when:

- you reach the maximum age stated in your policy;
- you have received the maximum benefits that can be paid under the policy;
- the insurer cancels your cover; or
- you fail to pay your premiums.

If the policy ends because you have failed to pay any premium, you can ask your insurer to provide cover again. However, insurers will usually consider your age and health status at the time they start to provide cover again. The insurer may offer you a cover with higher premiums or with exclusions to the policy. Worse, the insurer may refuse to offer you a cover.

Policy exclusions

All health insurance policies contain some 'exclusions' setting out the circumstances under which benefits will not be paid. As exclusions vary from policy to policy, you should read the policy document carefully to find out exactly what you are or are not covered for. Check with your financial adviser or insurance intermediary if you are not sure.

A common exclusion in health insurance is a 'pre-existing condition' exclusion. This exclusion means that any illness or disability that you have, or have had, when you sign up for the insurance policy will not be covered. This may include any illness or disability that you have but are not aware of when you purchase the policy. Therefore, it is important that you buy health insurance while you are young and healthy in order to enjoy the full benefits of the policy. You should bear in mind that the definition of 'pre-existing condition' can vary from policy to policy.

If you already have a medical condition when you apply for health insurance, you must give details of this condition in your application. The insurer will then decide whether or not to provide full cover for that medical condition.

MediShield Life

You should note that MediShield Life operates differently from private medical expense insurance plans. MediShield Life is compulsory for all Singapore Citizens and Permanent Residents. It provides cover for life for treatments in Singapore, regardless of pre-existing medical conditions or other circumstances that you face. There is no age limit for entry into the scheme. If you are a Singapore Citizen or Permanent Resident, you may wish to factor this into your decision to purchase another health insurance policy.

VI. WHAT SHOULD I CONSIDER WHEN I AM MAKING AN APPLICATION FOR HEALTH INSURANCE?

Your duty to provide information

An insurance contract is based on trust. When you apply for health insurance, you must provide all the information asked for. Such information would include your age and occupation, and any history of illnesses, medical conditions or disability.

If you do not provide important or accurate information when you apply for health insurance, it could lead to the policy being voided (or invalidated) and the insurance company will not pay out in the event of a claim. If you are not sure whether certain information is important, you should still provide the details. This includes any information you may have given to the financial adviser or insurance intermediary but not included in your application.

Accepting your application

The insurer will assess the information you have given them, and decide whether or not to accept your application. If you are not in good health, the insurer may:

i) Provide cover subject to certain exclusions;
ii) Increase the premium charged to cover your existing medical conditions; or
iii) Reject your application.

VII. HOW SHOULD I MAKE A CLAIM?

To make a claim, you usually need to fill in a claim form from the insurer and provide proof (such as hospital bills, medical reports, test results and declarations of income) to support your claim. You may be required to pay any fees associated with obtaining the necessary supporting documents for example, medical reports.

You may be asked to provide additional supporting documents if the insurer needs more information to assess your claim.

You should make any claim as soon as possible. Most health insurance policies set a period in which you must tell the insurer about a claim.

VIII. WHAT ELSE SHOULD I KNOW WHEN I TAKE UP HEALTH INSURANCE?

Advice

If you need advice on whether or not to buy health insurance, and what type of insurance to buy, you may approach a financial adviser or an insurance intermediary regulated by the Monetary Authority of Singapore (MAS). It is important that you ask whether the representative or intermediary has the necessary health insurance qualification. You can refer to the Financial Institutions Directory on the MAS website (www.mas.gov.sg) for a list of the entities regulated by MAS.

'Free look'

Most health insurance policies provide you 14 days from date of receipt of your policy wordings to review your new policy while Integrated Shield Plans provide you 21 days from date of receipt of your policy wordings to review your policy. During this time, if you decide that the policy does not meet your needs, the insurer will refund all your premiums less any medical and other expenses they have had to pay. You will need to send the insurer written notice that you want to cancel your policy within 14 days (or 21 days for Integrated Shield Plans) of the date you receive your policy.

When you are in hospital

In Singapore, high-quality public and private healthcare is easily available. However, the cost of healthcare differs greatly between private and public hospitals, and between different types of ward. When you need to be admitted into hospital, you should:

- check the ward charges and the costs of medical treatment recommended by your doctor;
- check what ward class you are entitled to stay in under your health insurance policy, and how much of the costs will be covered by your health insurance policy;
- consider the options available to you; and
- choose your ward or treatment according to what you can afford.

Worldwide cover

Some health insurance policies covering medical and hospitalisation expenses provide coverage anywhere in the world. However, some policies have 'geographic limits' which means that treatment provided in certain countries or regions will not be covered.

You should also know that for treatment provided overseas, some policies will pay only up to the amount that would be charged in Singapore, if that treatment is available locally. If you are likely to be living or working overseas, you should discuss your specific needs with your financial adviser or insurance intermediary before you take up the policy.

IX. INFORMATION ON SPECIFIC TYPES OF HEALTH INSURANCE POLICIES

The following section briefly explains what each type of health insurance policy covers, and provides general information about the different policies. As the terms and conditions may not be exactly the same for every health insurance policy, you should check the details of your policy and speak to your financial adviser or insurance intermediary if you are not sure.

Medical expense insurance

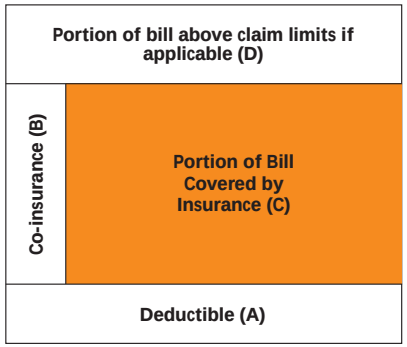
Medical expense insurance reimburses the medical expenses incurred as a result of an accident or illness. The policy will pay expenses for inpatient medical treatment or surgery, some outpatient charges for day surgery, consultation with specialists before and after the hospital stay, and X-rays and laboratory tests.

'Major' medical expense insurance will pay expenses for longer hospital stays due to a major illness or for major surgery such as heart bypass surgery or organ transplant.

Medical expense insurance will not pay you more than the actual medical expenses incurred, regardless of the number of policies you have. There are also limits to the amount you can claim under each medical expense insurance policy. The policy may include limits for all claims as well as limits for each illness, disability, year or lifetime. If you have more than one medical expense policy, and your medical expenses exceed the claim limits of any one medical expense policy alone, you may claim the outstanding amount from other medical expense policies that you have. This is subject to the deductibles and co-insurance of each policy and the total reimbursement you will get from all your medical expense policies is limited to your actual expenses. Policies may also have exclusions for treatment of certain illnesses, such as pre-existing conditions, or treatment that is not medically required.

A medical expense policy may have a waiting period during which expenses will not be paid unless they relate to accidental injuries.

Some medical expense policies may also have 'deductible' and 'co-insurance' features. A deductible (A) is the fixed amount you have to pay in a policy year before any policy benefits are paid out. The co-insurance (B) is the percentage of the bill you have to pay on the portion of the bill on top of the deductible. The coloured portion (C) of the diagram shows what is payable by the medical expense policy. So, you will not receive the full medical expenses from this type of policy. However, you may be able to use Medisave to pay for the remaining portions not paid out by your insurance policy, up to the prevailing Medisave limits (D).



MediShield Life and Integrated Shield Plans

What is MediShield Life?

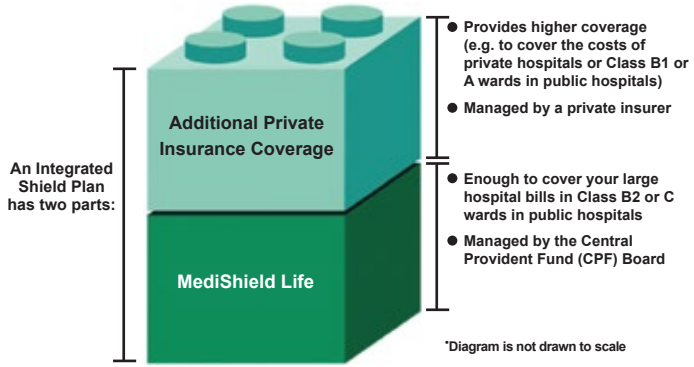
MediShield Life is the national basic healthcare insurance scheme run by the Central Provident Fund Board ("CPF Board"). MediShield Life replaced MediShield from 1 November 2015, and covers all Singapore Citizens and Permanent Residents for life, in line with the principle of universal coverage. There is no need to apply for MediShield Life.

MediShield Life is designed to help pay for large hospital bills and expensive outpatient treatments such as kidney dialysis and chemotherapy for cancer. It is basic because it is sized for Class B2/C wards and subsidised treatments in the public hospitals. Even if you incur bills in Class A, B1 or B2+ wards in public hospitals, or in private hospitals, you will still be able to claim from MediShield Life, but the claim will be adjusted to the equivalent Class B2/C bills and then subject to MediShield Life claim limits.

Additional Premiums
Those with serious pre-existing conditions may have to pay Additional Premiums (of 30% of standard MediShield Life premiums) for 10 years. The Additional Premiums does not reflect the actual costs of their coverage, as the bulk of the costs of covering those with serious pre-existing conditions will be taken up by the Government.

Government Support for MediShield Life Premiums
The Government will help Singapore Citizens and Permanent Residents with their MediShield Life premiums, including those who need to pay Additional Premiums. There are Additional Premium Support for those who are unable to afford their premiums even after subsidies. No one will lose MediShield Life coverage due to the inability to afford premiums. More information on the premium subsidies is available on MOH's website: https://www.moh.gov.sg/content/moh_web/medishield-life/premiums---subsidies/types-of-premium-subsidies.html

What is an Integrated Shield Plan (IP)?
Some insurance companies offer **Integrated Shield Plans (IPs)** that provide higher medical coverage than MediShield Life. IPs comprise two parts - basic MediShield Life, and an additional private insurance portion run by private insurers, typically to cover Class A/B1 wards in public hospitals or private hospitals. The insurance companies which offer IPs are listed on MOH's website: https://www.moh.gov.sg/content/moh_web/medishield-life/integrated-shield-plans/about-integrated-shield-plans--ips-.html



From 1 May 2016, apart from their existing products, all IP insurers are required to provide the Standard IP. The Standard IP is an affordable plan targeted at B1 coverage with standardised benefits across insurers.

If you are deciding whether you should get an IP, you should consider if you wish to stay in a private or subsidised ward in a public hospital, or in a private hospital, and if you wish to choose your own doctor, in the event that you are hospitalised. You also need to consider whether you can afford the IP premiums in the long-term.

As those who have IPs are already covered under MediShield Life, there is no duplication of coverage between IPs and MediShield Life. Policyholders pay one premium for coverage under both MediShield Life and the private insurance portion. You will only need to make one claim from the private insurer, but the payout will be made up of a MediShield Life component and an additional private insurance component.

MediShield Life premiums are fully payable by Medisave. If you or your family members have IPs, the MediShield Life portion of the IP premium is fully payable by Medisave, and you can also use Medisave to pay for the private insurance portion of your IP premiums, up to the prevailing Additional Withdrawal Limits (AWLs) set by the Ministry of Health.

For more information
You can refer to www.medishieldlife.sg for information on MediShield Life (including on MediShield Life premium subsidies) and Medisave-approved IPs.

To check if you already have an IP, please go to cpf.gov.sg>Log on to my cpf Online Services (You will need your SingPass)>My messages>Insurance

Please go to https://www.moh.gov.sg/content/moh_web/medishield-life/integrated-shield-plans/comparison--of-integrated-shield-plans.html for a comparison of the different Integrated Shield Plans that are available in the market. For more information about applying for IPs, please contact any financial adviser or insurance intermediary from the insurers that offer them.

Hospital cash insurance (or hospital income insurance)

Hospital cash insurance pays a fixed amount of benefit for each day you are hospitalised for medical treatment or surgery, regardless of the actual expenses incurred for your hospital stay, and is in addition to any medical expense policy that you may have. This means that the total amount paid under the hospital cash insurance may be more or less than your actual expenses.

A hospital cash policy may have a waiting period, which is a period from the date the insurance coverage commences. During the waiting period, no benefits are payable. The benefits may also be paid for only a set number of days each year, or for the life of the policy. (In this case, the policy will end once the lifetime limit has been reached.) Waiting periods and benefit limits may vary across policies.

Critical illness insurance (or dread disease insurance)

Critical illness insurance pays a lump sum benefit to the policyholder in the event that he is diagnosed to be suffering from one of the critical illnesses or has undergone a surgical procedure covered by the policy, and is in addition to any medical expense policy that you may have.

Critical illness cover can be sold as a stand-alone policy or as an optional rider attached to a main policy.

Each critical illness condition or surgery covered by the policy is precisely defined in the policy contract. The benefits will be paid only if the policyholder suffers from a condition that meets the stated definition.

The definition of critical illness condition can be broadly classified into three stages of disease progression, namely "mild-moderate" stage, "severe" stage or "extremely severe" stage. The "severe" stage is also commonly known as "late stage" critical illness.

While most critical illness policies cover critical illness conditions under the "severe" stage, some may also include coverage for critical illness under the "mild-moderate" stage and/or "extremely severe" stage.

Research findings[1] indicate that the following five core critical illnesses make up more than 90 per cent of all "severe" critical illness claims received by insurers:

1. Major Cancers
2. Heart Attack of Specified Severity
3. Coronary Artery By-pass Surgery
4. Stroke
5. Kidney Failure

[1] Gen Re's 'Dread Disease Survey 2004 -2008'

The insurance industry has adopted standard definitions for the severe stage of 37 common critical illnesses, which include the five core illnesses. The standardisation enables consumers to compare such policies offered by different insurers. When making a claim with more than one insurer, a policyholder is assured that the insurers concerned will assess his or her claims based on identical definitions. This helps to enhance the consistency in the payment of claims.

For a copy of the standard definitions, please go to the website of Life Insurance Association Singapore (www.lia.org.sg) or General Insurance Association of Singapore (www.gia.org.sg).

The definitions for critical illnesses falling under the "mild-moderate" stage or "extremely severe" stage are not standardised and are worded by each insurer. Claims assessment across insurers will not be based on identical definitions. Consumers should study these definitions and consider if the definitions meet their needs.

Consumers should also take into account the amount payable at the different stages of a critical illness, when making comparisons. Different policies may have different payouts based on the various stages of a critical illness.

Waiting Period
A critical illness policy usually has a waiting period, which is typically 90 days from the date the insurance coverage commences. It is applicable for certain illnesses or types of surgery, for example: Major Cancers, Heart Attack of Specified Severity and Coronary Artery By-pass Surgery. If any such illness is diagnosed or surgery is carried out during the waiting period, no benefits would be paid.

The waiting period helps to safeguard against consumers who may attempt to buy a policy only at the point when they suspect something may be amiss with their health.

Disability income insurance

Disability income insurance pays a fixed amount each month in the event you suffer a disability due to an accident or illness. These policies aim to ease your financial burden, and are not intended to completely replace the income you earned before the accident or illness. So, disability income insurance usually pays no more than 80% of your average monthly salary.

Disability income insurance may have a deferment period during which benefits will not be paid. Payment of benefits will usually start to be paid only if you are continuously disabled for longer than the deferment period. The monthly income benefit will usually be paid for up to five or 10 years, or until you are 60 or 65. Payment of benefits will stop once you can start working again, or it may be reduced in proportion to any recovery you make. (Any recovery is decided through medical check-ups carried out by the insurer.)

The most important thing to consider when taking up disability income insurance is the definition of disability used in the policy. Some policies define disability as not being able to perform your usual work, while others define it as not being able to do any work at all. As the probability of claiming under the second definition is lower than under the first, the premium will also be lower (as long as all other terms and conditions are the same). You should also bear in mind that there are other definitions of disability. Check with your financial adviser or insurance intermediary on the definitions used in your policy.

Long-term care insurance

Long-term care insurance pays a fixed amount of benefit each month towards expenses for long-term nursing treatment.

Benefits are paid when you cannot perform some 'activities of daily living'. These include bathing, dressing, feeding, going to the toilet and moving around. The definitions of 'activities of daily living' and the minimum number of activities you must not be able to perform to qualify for the payment of benefits may vary from one policy to another. Payment of benefits will stop once the number of activities you cannot perform falls below the minimum stipulated in your policy.

Some long-term care policies pay benefits for up to a set number of years. Once the benefits have been paid for that number of years, the policy will end. Other long-term care policies pay benefits for life as long as you meet the conditions for making a claim. There is also a deferment period, so benefit payments will begin only after you have not been able to perform the minimum number of activities for at least a set period of time.

ElderShield

ElderShield is the national severe disability insurance scheme which provides basic financial protection to those who need long-term care, especially during old age. Depending on the policy the policyholder has, ElderShield may provide a monthly cash payout of $300 for up to 60 months or $400 for up to 72 months to help pay the out-of-pocket expenses for the care of a severely-disabled person. Singapore Citizens and Permanent Residents with Medisave accounts are automatically covered under ElderShield at the age of 40.

The appointed ElderShield insurers also offer optional additional coverage (**ElderShield Supplements)** on top of the ElderShield policy at additional premiums. These ElderShield Supplements offer additional monthly payouts, or an extension of the payout period, or a combination of both.

ElderShield premiums are determined at the age of entry and do not increase with age. Premiums are payable annually until age 65 and can be fully payable via Medisave, or by cash. For ElderShield Supplements, premiums can be payable via Medisave up to $600 per person per year, or by cash.

You can refer to the Ministry of Health website (www.moh.gov.sg) for information on ElderShield. For more information about applying for ElderShield and ElderShield Supplements, please contact any financial adviser or insurance intermediary from the appointed ElderShield insurers.

X. QUESTIONS TO ASK BEFORE TAKING UP HEALTH INSURANCE

- What will my health insurance policy cover?
- Am I already covered for the same thing under another health insurance policy?
- What doesn't the health insurance policy cover and when will I not be covered?
- How much will I be paying for my health insurance and will I be able to afford the premiums over the long term?
- How often will the premium be charged and will it be a fixed or variable sum?
- Will my policy automatically be renewed and what is the penalty if I do not pay any premium on time?
- When or in what circumstances will my health insurance policy end?
- How do I end my policy?
- How do I make a claim?
- Are there any limits to the benefits that can be paid out from my policy?
- How will my future premiums be affected after I have made a claim?
- Will I be covered for medical treatment performed outside Singapore?
- How is my health insurance policy affected by other schemes that pay for healthcare?

XI. DISPUTE RESOLUTION

If you have a complaint about your insurance policy, you should first refer the matter to your insurer or the insurance adviser who sold you the insurance policy. However, if you fail to reach an agreement, the Financial Industry Disputes Resolution Centre Ltd (FIDReC) provides an independent alternative dispute resolution scheme. You must lodge your complaint with FIDReC within six months from the date when you failed to reach an agreement with your insurer.

FIDReC is staffed by full-time employees who are familiar with insurance law and practice. FIDReC aims to tackle and sort out disputes in a fair and cost-efficient way. This should hopefully mean you avoid time-consuming, stressful and costly legal proceedings.

At present, FIDReC covers the following:

- Claims between insured persons and insurance companies: up to S$100,000 per claim
- Other claims (including disputes between banks and consumers, capital market disputes, third party claims and market conduct claims): up to S$50,000 per claim

FIDReC's rulings are final and binding on the financial institution, but not on you. You may choose to accept or reject FIDReC's decision. If you are unhappy with the ruling by FIDReC, you can choose to pursue legal action or other options such as approaching the Consumers Association of Singapore, the Singapore Mediation Centre or the Small Claims Tribunal. However, if you do accept FIDReC's ruling, you may lose your right to proceed with legal action against the financial institution.

You can contact FIDReC at:
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