

MyHealthPlus Frequently Asked Questions

1 PRODUCT DESCRIPTION

1.1 What is MyHealthPlus?

MyHealthPlus provides complementary protection to MyShield by providing coverage for the deductibles and/or co-insurance so that you can pay less or have zero out-of-pocket expenses for your medical bills.

Only customers who have MyShield coverage are eligible to purchase MyHealthPlus.

Note: MyShield Plus has been renamed as MyHealthPlus from 12 September 2015.

2 PLAN FEATURES

2.1 What are the key differences in MyHealthPlus benefits from 1 January 2018?

The key differences in benefits are as follow:

- a) Introduced a new 'Critical illness-related benefits' section and a new benefit – Additional Critical Illness Benefit for Kidney Failure under this section.

Benefit Parameters	Plan 1	Plan 2	Plan 3
Additional critical illness benefit for kidney failure [^]	S\$3,000 per lifetime (if kidney dialysis is received at any subsidised centre ^{^^} or restructured hospital)	S\$2,000 per lifetime (if kidney dialysis is received at any subsidised centre ^{^^} or restructured hospital)	

[^] Additional critical illness benefit for kidney failure will be covered based on the type of centre at which the life assured receives the dialysis.

^{^^} The approved list of panel private kidney dialysis centres and subsidised centres can be found at www.aviva.com.sg.

- b) Extended Post-hospitalisation Treatment Benefit

Benefit Parameters		Plan 1	Plan 2	Plan 3
Post-hospital treatment	Non-panel specialist in a private hospital	As charged up to 180 days after discharge		
	Restructured hospital	As charged up to 365 days after discharge		
	Community hospital			

Post-hospital treatment will be covered based on type of specialist and hospital at the date of the life assured's admission to hospital. The approved list of panel specialists can be found at www.aviva.com.sg.

c) Increased Post-hospital Follow-up TCM Treatment Benefit

Benefit Parameters	Plan 1	Plan 2	Plan 3
Post-hospital follow-up TCM treatment [#]	S\$50 per visit up to 180 days after discharge (for inpatient admission due to an accident)		

[#] TCM treatment includes the cost of consultation, acupuncture, scrapping, cupping and tui na, but not the cost of medication. The inpatient admission before the post-hospital follow-up TCM treatment must be the result of an accident. We will not pay for any post-hospital follow-up TCM treatment following an inpatient treatment in community hospital.

d) Introduction of new Panel Benefits

Benefit Parameters	Plan 1	Plan 2	Plan 3
(i) Waiver of pro-ration factor [*] benefit for outpatient kidney dialysis	N.A.	As charged (waiver of pro-ration factor [*] if kidney dialysis is received at any panel private dialysis centre ^{^^})	
(ii) Additional critical illness benefit for kidney failure [^]	S\$1,000 per lifetime (if kidney dialysis is received at any panel private dialysis centre ^{^^})	N.A.	
(iii) Post-hospital treatment	As charged up to 365 days after discharge (Panel specialist in a private hospital with certificate of pre-authorisation or pre-arranged appointment)		
	As charged up to 180 days after discharge (Panel specialist in a private hospital <i>without</i> certificate of pre-authorisation or pre-arranged appointment)		

^{*} Pro-ration factor is the applicable percentage shown in MyShield benefits schedule.

[^] Additional critical illness benefit for kidney failure will be covered based on the type of centre at which the life assured receives the dialysis.

^{^^} The approved list of panel private kidney dialysis centres and subsidised centres can be found at www.aviva.com.sg.

Note: You will be covered under the new Benefits in question 2.1 (subject to your plan type) upon your policy renewal on or after 1 January 2018.

2.2 What is the difference between Option A and Option C?

Here are the benefits offered under Option A and Option C.

	Option A	Option C
Co-Insurance Benefit	Yes	Yes
Critical Illness-Related Benefits	Yes	Yes
Hospital-Related Benefits	Yes	Yes
Free Cover for Child(ren)	Yes	No
Accidental Cover for Child Benefit	Yes	Yes
Advanced Benefits under MyShield	Yes	Yes
Panel Benefits	Yes	Yes
Preferred Rate for Child(ren)	No	Yes
Deductible Benefit	No	Yes

2.3 What are the Advanced Benefits under MyShield?

For customers with MyHealthPlus Option A or C, the following benefits under MyShield will be extended.

- a) the waiting period for inpatient congenital anomalies will be reduced to 12 months;
- b) cover for post-hospital treatment will be extended to 180 days for treatment by a non-panel specialist in a private hospital and 365 days for treatment in a restructured hospital or community hospital after the life assured is discharged as an inpatient;
- c) cover for stay in a community hospital will be extended to 60 days per policy year; and
- d) cover for accident inpatient dental treatment will be extended to 31 days following the accident.

We shall pay the Advanced Benefits under MyShield as shown in the Benefits Schedule of the policy provided that it is payable under MyShield or Deductible Benefit of MyHealthPlus.

2.4 What is the Accidental Cover for Child Benefit?

If the child is below 19 years old at the time of the accident and sustains a fracture to the skull, spine, pelvis, femur or hip which requires hospitalisation due to the accident, we will pay out a cash benefit of S\$1,000, provided that there is no prior claim made under this benefit.

This benefit is only payable once during the lifetime of the child, regardless of the number of fracture sustained.

2.5 Will the Accidental Cover for Child Benefit pay for a second fracture if it happens again?

No, this benefit is only payable once per lifetime of the child.

2.6 If one of the parents passes away during the child's application for Family Discount for Child(ren) Benefit, would the child still be eligible for the benefit?

No, the Family Discount for Child(ren) will not be applicable if any one of the parents pass away before the inception of the child's application.

2.7 What are the benefits of MyHealthPlus Option C?

MyHealthPlus Option C shall cover the following benefits:

- a) All benefits under Option A according to the chosen plan excluding Free Cover for Child(ren);
- b) Preferred Rate for Child(ren); and
- c) Deductible as incurred under MyShield.

2.8 Who is eligible for Preferred Rate for Child(ren) under MyHealthPlus Option C?

Parents who are both insured under MyShield Plans 1 or 2 and MyHealthPlus Plan 1 or 2 of Option A or Option C can buy MyHealthPlus Option C Plan 2 for their children under the Preferred Rate for Child(ren) if their children are:

- a) entitled to Family Discount for Child(ren) or Free Cover for Child(ren) under MyShield; and
- b) less than 20 years old at next birthday.

2.9 Can I change my existing MyHealthPlus Option to another available Option (A or C)?

- i. If you have existing Option A and wish to have Option A and deductible benefits, you can do so by upgrading the existing Option A to Option C. Please complete New Business Application Form.
- ii. If you have existing Option B and wish to have both Option A and deductible benefits, you can do so by upgrading the existing Option B to Option C. Please complete New Business Application Form.
- iii. If you want to be covered only for Option A benefits, you can do so by cancelling the existing Option B and take up Option A. Please submit Request for Changes to Individual Health Policies Form.

If you upgrade from existing Option A or Option B to Option C, any claim arising from a pre-existing condition after the upgrade will be assessed under the terms and conditions of the plan prior to the upgrade.

You can contact us at 6827 7788 or your financial adviser representative for assistance.

3 NEW BUSINESS ISSUANCE**3.1 Am I eligible to buy MyHealthPlus?**

To be eligible for coverage, the life assured must be between 15 days old and 75 years old at age next birthday on the cover start date and the life assured of a MyShield policy.

	Minimum Entry Age (ANB)	Maximum Entry Age (ANB)	Expiry Age
Assured/ Proposer (Payer)	17	N.A.^	N. A.
Life assured/ Dependant*	15 days old or the date of discharge from hospital after birth, whichever is later	75	Critical Illness Benefit expires on the Policy Anniversary date following which the life assured attains the age of 65 years old. All other benefits have no expiry age.

^ If the proposer (payer)/ assured is also the life assured, the maximum entry age of 75 (ANB) will apply.

*Dependants are defined to be the proposer (payer)'s legal spouse, parent(s), grandparent(s) and/or biological or legally adopted children.

3.2 Can I buy MyHealthPlus if I do not have MyShield?

MyHealthPlus can only be bought if you are purchasing MyShield or are already covered under MyShield.

3.3 How can my child qualify for Free Cover for Child(ren)?

Parents who are both insured under MyShield Plans 1 or 2 and MyHealthPlus Plan 1 or 2 of Option A or Option C can cover their children for free (up to a maximum of 4 children) under MyHealthPlus Option A Plan 2 if the children are:

- a) entitled to Family Discount for Child(ren) or Free Cover for Child(ren) under MyShield; and
- b) less than 20 years old at age next birthday.

3.4 If my spouse and I have existing MyHealthPlus policies, do we have to wait until our policies' anniversary date before applying for coverage for our newborn child?

Parents can apply for free child coverage at any time without waiting for the policy anniversary date.

To sign up for MyHealthPlus for your child, you can contact us at 6827 7788 or your financial adviser representative for assistance.

3.5 What are the advantages of getting coverage for children?

If your child(ren) is/are 20 years old (age next birthday) and below, up to a maximum of 4 children, will be covered for free under MyHealthPlus Option A Plan 2 provided both parents have been issued with either MyHealthPlus Plan 1 or 2 of Option A or Option C. Alternatively, you can also choose to pay the Preferred Rate for Child(ren) under MyHealthPlus Option C Plan 2 for eligible children, provided both parents have been issued with MyHealthPlus Plan 1 or 2 of Option A or Option C.

3.6 Can I buy MyHealthPlus only for my dependant(s) without getting one for myself?

Yes, you may buy MyHealthPlus for your dependant(s) without getting MyHealthPlus for yourself. In such cases, you shall be the policyholder/assured and your dependant shall be the life assured who is entitled to MyHealthPlus coverage. You can contact us at 6827 7788 or your financial adviser representative for assistance.

3.7 Why must the policy period of MyHealthPlus coincide with MyShield policy?

One of the policy benefits of MyHealthPlus is the co-insurance and/or deductibles which are subject to the same annual limits of MyShield. Hence both policies must have the same policy period.

3.8 Why must I choose the same plan for MyShield and MyHealthPlus?

Both policies must be the same plan so that coverage for co-insurance and/or deductible is subject to the same annual limits of MyShield.

3.9 Can I apply for Option A or C separately or must I apply for both Options together?

You may choose to be covered under either Option A or Option C only, and not both.

3.10 How is the policy document delivered?

The policy document will be sent directly to you by mail and it is deemed to have been delivered within 7 days from posting.

3.11 Can I choose to commence the coverage on any dates?

No, MyHealthPlus cover start date cannot be earlier than MyShield.

4 UNDERWRITING**4.1 What are the available underwriting options?**

There are two underwriting options – full medical underwriting and moratorium underwriting available for you to choose. The underwriting option for MyHealthPlus must be the same as MyShield. You can contact us at 6827 7788 or contact your financial adviser representative for more details.

4.2 What is moratorium underwriting?

With moratorium underwriting, applicants are not required to submit any medical history records. This underwriting method has been available since 1 September 2007.

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 the policy.

4.3 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

4.4 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.

4.5 Is working above 15 meters from ground a risk factor that will affect underwriting? How will this affect pilots/flight attendants?

For MyShield, occupation is no longer an underwriting factor, hence there are no height restrictions.

For MyHealthPlus, occupation is an underwriting factor and working for a job above 15 meters in height (except in completed buildings) constitutes Occupational Class 4, which we do not accept.

However, pilots/flight attendants are not classified as Occupational Class 4.

5 PREMIUMS & POLICY SERVICING PROCEDURES**5.1 How long is the free look period?**

The free-look period is 21 days from the date the policy is received by you. The policy is assumed to be received within 7 days after we have post it to you.

5.2 Will I be informed when MyHealthPlus is due for renewal?

MyHealthPlus is a guaranteed yearly renewal plan subject to premium payment. A renewal notice will be sent to inform you on the renewal premium due.

For GIRO mode of payment, there will be arrangement to deduct the annual premium from your designated bank account.

For cash payment, in the event that the payment received is insufficient to renew the policy, a reminder letter will be sent to inform you to make the payment.

5.3 What are the available frequency of payment?

Annual.

5.4 What are the modes of premium payments?

Cash, Cheque and Interbank GIRO.

5.5 When is the GIRO deduction date?

The first deduction takes place on 7th of the renewal month. If the first deduction fails, there will be a second deduction on the 20th of the same month if the bank account is not closed and the GIRO arrangement is not terminated. If the deduction falls on a weekend or a Singapore Public Holiday, it will take place on the next working day.

5.6 What is the procedure to change the payment method to GIRO?

For change of payment method to GIRO, you are required to complete our "Application for Interbank GIRO" form. The form is available on Aviva's corporate website at www.aviva.com.sg.

5.7 How do I know if the 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.

5.8 Are the premium rates guaranteed?

Rates are not guaranteed and are subject to regular review. However, we will not cancel any individual policy.

5.9 What do I update my personal particulars?

You are required to submit the "Request for Changes to Individual Health Policies" form. The form is available on Aviva's corporate website at www.aviva.com.sg.

5.10 How do I upgrade or downgrade the plan to 1, 2 or 3?

Please contact us at 6827 7788 or your financial adviser representative for assistance.

5.11 How do I change the option?

Please contact us at 6827 7788 or your financial adviser representative for assistance.

5.12 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 Aviva's corporate website at www.aviva.com.sg. The new Policyowner and Payer must be the same person.

6 AVIVA HEALTH PRIVILEGES PROGRAM**6.1 What is 'Aviva Health Privileges' program?**

Aviva Health Privileges is an exclusive health program for MyShield and/or MyHealthPlus life assured to enjoy Panel Benefits.

6.2 What are the services provided under Aviva Health Privileges?

Aviva Health Privileges provide the following services:

- Arrange the first appointment with our selected panel of experienced medical specialists, across various fields, to provide easy and fast access to healthcare needs when required; and
- Pre-authorise planned inpatient treatment including day surgery recommended by the panel specialist against your MyShield and/or MyHealthPlus plan coverage (if any).

6.3 Why should I use the services provided under Aviva Health Privileges?

You will get to enjoy the extended post-hospital treatment benefit (i.e. up to 365 days after discharge) under MyHealthPlus if you have made the first appointment with a panel specialist through Aviva Health Privileges or the panel's appointment portal within 90 days before an inpatient admission for the same injury or illness for which the life assured was hospitalised.

If you are already visiting a panel specialist, you may also enjoy the extended post-hospital treatment benefit (i.e. up to 365 days after discharge as an inpatient) under MyHealthPlus by requesting for a pre-authorisation through Aviva Health Privileges at least five working days before an inpatient admission for treatment and have obtained a certificate of pre-authorisation issued by us before the start of that inpatient admission.

6.4 How can I request for my first appointment with a panel specialist?

The first appointment with a panel specialist can be requested by:

- Calling the Aviva Health Privileges hotline at 6664 0246 (available from 22 December 2017); or
- Through online request via www.aviva.com.sg (available now).

6.5 Can I request for my appointment with a panel specialist through Aviva Health Privileges if I am already visiting the specialist?

The appointment request service provided by Aviva Health Privileges 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.

6.6 If I have not renewed my policy, can I request for a pre-authorisation or an appointment with the panel specialist?

Yes, you can request for a pre-authorisation or arrange for the first appointment with the panel specialist even if your policy has not been renewed.

However, you will only be eligible for the new Panel Benefits (i.e. Post-hospital treatment) upon your policy renewal on or after 1 January 2018 and only if the inpatient admission or day surgery is after the policy renewal.

6.7 Who can request for a pre-authorisation?

The life assured can request for a pre-authorisation if he/she is the policyholder. If the life assured is not the policyholder, the life assured would need to get the policyholder to request for the pre-authorisation on his/her behalf.

6.8 How can I request for a pre-authorisation?

You need to call Aviva Health Privileges hotline at 6664 0246 (available from 22 December 2017). For the pre-authorisation request, you will need to provide your consent and the following information:

- a) NRIC of the life assured
- b) Name of the doctor
- c) Name of the doctor's clinic
- d) Date of the planned admission/day surgery
- e) Name of the hospital/clinic for the admission/day surgery
- f) Diagnosis
- g) Procedure/Surgery
- h) Policyholder's email address
- i) Policyholder's mobile number

6.9 What are the operating hours of Aviva Health Privileges hotline?

The operating hours of the hotline are:

Days	Operating Hours
Monday to Friday	8am to 6pm
Saturday	8am to 1pm
Sunday and Public Holidays	Closed

The hotline will be available from 22 December 2017.

6.10 Is pre-authorisation available for all inpatient treatment and day surgery?

Pre-authorisation is available provided:

- The inpatient treatment or day surgery is done at a private hospital or private clinic in Singapore;
- The principal doctor must be our panel specialist;
- The admission date or day surgery must be from 1 January 2018 onwards;
- You make the request at least 5 working days before the admission date; and
- The admission date is within 6 weeks from the request date.

6.11 What happens after I have requested for a pre-authorisation?

Aviva Health Privileges will:

- Work with your doctor(s) on your request;
- Inform you within 5 working days on the outcome of the pre-authorisation; and
- Send you an email with the Certificate of Pre-authorisation if your pre-authorisation is approved.

If your doctor is not available, e.g. overseas, we will require more time to complete your request.

If the admission is at a participating hospital/clinic, the life assured is a Singaporean/Singapore PR and the pre-authorisation request is approved:

Aviva Health Privileges will send a copy of the Certificate of Pre-authorisation to the hospital/clinic. The hospital/clinic will waive the deposit required for the admission, subject to the approved amount. Upon discharge, Aviva would settle the eligible medical expenses directly with the hospital/clinic. The list of participating hospitals and clinics can be found at www.aviva.com.sg.

If the admission is at a non-participating hospital/clinic:

A copy of the Certificate of Pre-authorisation will NOT be sent to the hospital/clinic. You will need to make a deposit or payment for the admission, as required by the hospital/clinic. However, if the life assured is a Singaporean/Singapore PR, the hospital/clinic may still help you to electronically file (E-file) the claim to Aviva.

If the life assured is a foreigner:

A copy of the Certificate of Pre-authorisation will NOT be sent to the hospital/clinic. You will have to settle the bill with the hospital/clinic first, then seek reimbursement by sending a claim to Aviva.

6.12 If there are any changes for the admission after I have requested for a Pre-authorisation, what should I do?

Please call Aviva Health Privileges hotline at 6664 0246 for assistance. A re-assessment is required if there are any changes such as the hospital or clinic, admission date, planned procedures or doctor.

6.13 What if I am not able to request for a pre-authorisation at least 5 working days before the admission?

Please call Aviva Health Privileges hotline at 6664 0246 for assistance. We will handle the request on a case by case basis.

7 CLAIMS**7.1 How do I make a claim?**

- a) For Hospital & Related and Advanced Benefits claims
Please submit the claim under MyShield.
- b) For Co-insurance, Deductible and Hospital Cash Benefit
Claim(s) will be automatically processed when the claim for MyShield is filed.

- c) For Accidental Cover for Child claims
Please notify Aviva of the accident of the life assured within 30 days of occurrence. The life assured has to submit the original documentation together with a fully completed “Personal Accident Claim Form” and “Physician Statement for Personal Accident Claim”. You can obtain the forms from our website <http://www.aviva.com.sg/customer-care/life-and-health/make-a-claim/>
- d) For Critical Illness claims
Please notify Aviva of the Critical Illness of the life assured within 30 days of diagnosis. The life assured has to submit the original documentation together with a fully completed “Claimant’s Statement” and “Physician Statement” (where applicable). You can obtain the forms from our website <http://www.aviva.com.sg/customer-care/life-and-health/make-a-claim/>

7.2 How will the payments under MyHealthPlus claim be made?

For benefits that are filed together with MyShield, we will pay the relevant amount to the hospital / clinic or the policyholder.

For Hospital Cash Benefit, Critical Illness Benefit, Additional Critical Illness Benefit for Kidney Failure and Accidental Cover for Child, we will make payment to the policyholder.

7.3 How is the Hospital Cash Benefit payable?

We shall pay the Hospital Cash Benefit as shown in the Benefit Schedule of the Policy in the event of hospitalisation provided that:

- a) the admission as an inpatient is recommended by a doctor as necessary medical treatment;
- b) the life assured stays in a hospital ward lower than what he is entitled to under his chosen plan; and
- c) there is a claim payment made under MyShield (other than MediShield Life) and/or Deductible Benefit of MyHealthPlus.

Please note that we will not pay the Hospital Cash Benefit in the event of day surgery, admission as an inpatient in a community hospital, admission as an inpatient in a private hospital or if there is no hospital stay involved.

7.4 How is the Additional Critical Illness Benefit for Kidney Failure payable?

If the life assured is diagnosed with kidney failure and requires kidney dialysis, we pay this benefit as shown in the benefits schedule as long as:

- the dialysis is ordered by the attending doctor;
- the life assured receives dialysis at a subsidised centre or restructured hospital; and
- we admit the outpatient kidney dialysis claim under MyHealthPlus.

This benefit will be applicable to you upon your policy renewal on or after 1 January 2018 and only if the diagnosis of kidney failure requiring kidney dialysis happens after your policy renewal.

If there is a claim made under this benefit, we will pay the remaining of the higher benefit, where applicable. Where the maximum benefit has been paid, no further benefit will be payable.

How we pay the benefit (Figures are purely for illustration only.)**Example 1**

If the life assured is under Plan 1 and receives dialysis at a panel private dialysis centre and we have paid this benefit as shown in the benefits schedule and the life assured subsequently receives dialysis at a subsidised centre or restructured hospital, we will pay the difference in amount for this benefit as shown in the benefit schedule.

Plan Type	Claim Sequence	Type of Kidney Dialysis Centre	Benefit Limits	We pay
MyHealthPlus Plan 1, Option A	First Claim	Panel Private Dialysis centre	S\$1,000 per lifetime	S\$1,000
	Second Claim	Subsidised Centre / Restructured Hospital	S\$3,000 per lifetime	S\$2,000 (S\$3,000 - S\$1,000)
			Total	S\$3,000

Example 2

If the life assured is under Plan 1 and receives dialysis at a panel private dialysis centre and we have paid this benefit as shown in the benefits schedule and the life assured subsequently downgrades to Plan 2 and receives dialysis at a subsidised centre or restructured hospital, we will pay the difference in amount for this benefit as shown in the benefit schedule.

Plan Type	Claim Sequence	Type of Kidney Dialysis Centre	Benefit Limits	We pay
MyHealthPlus Plan 1, Option A	First Claim	Panel Private Dialysis Centre	S\$1,000 per lifetime	S\$1,000
MyHealthPlus Plan 2, Option A	Second Claim	Subsidised Centre / Restructured Hospital	S\$2,000 per lifetime	S\$1,000 (S\$2,000 - S\$1,000)
			Total	S\$2,000

Example 3

If the life assured is under Plan 1 and receives dialysis at subsidised centre or restructured hospital and we have paid this benefit as shown in the benefits schedule and the life assured subsequently:

- receives dialysis at panel private dialysis centre; or
- downgrades to Plan 2 or Plan 3 and receives dialysis at a subsidised centre or restructured hospital;

no further payment will be made under this benefit.

Plan Type	Claim Sequence	Type of Kidney Dialysis Centre	Benefit Limits	We pay
MyHealthPlus Plan 1, Option A	First Claim	Subsidised Centre / Restructured Hospital	S\$3,000 per lifetime	S\$3,000
MyHealthPlus Plan 2, Option A	Second Claim	Subsidised Centre / Restructured Hospital	S\$2,000 per lifetime	Nil
			Total	S\$3,000

This benefit will not be paid again if you have made a claim on this benefit and we have paid according to your plan as shown in the benefits schedule before your change of plan.

To avoid doubt, if you upgrade your plan, we will pay this benefit according to your plan before the upgrade.

7.5 How does the Panel Benefits work and how is it payable?

a) Waiver of Pro-ration Factor Benefit for Outpatient Kidney Dialysis

If the life assured incurs eligible expenses for outpatient kidney dialysis in a panel private dialysis centre for Plan 2 and Plan 3 under MyShield, we will not apply the pro-ration factor as shown in MyShield benefits schedule.

b) Additional Critical Illness Benefit for Kidney Failure

If the life assured is diagnosed with kidney failure and requires kidney dialysis, we will pay this benefit as shown in the benefits schedule as long as:

- the dialysis is ordered by the attending doctor;
- the life assured receives dialysis in a panel kidney dialysis centre; and
- we admit the outpatient kidney dialysis claim under MyHealthPlus.

If there was an approved claim made under this benefit, we will pay the remaining of the higher benefit, where applicable. Where the maximum benefit has been paid, no further benefit will be payable.

For example, if a claim was made under the subsidised/restructured kidney dialysis centre where the benefit is higher, there will be no benefit payable under this benefit. Please refer to the examples under question 7.4.

c) Post-hospital Treatment

- i. We will extend the cover for post-hospital treatment under your MyShield policy to 365 days after the life assured is discharged as an inpatient if:
 - the life assured has requested for pre-authorisation at least five working days before an inpatient admission for treatment and has obtained a certificate of pre-authorisation issued by us before the start of that inpatient admission; or
 - the life assured's appointment with the panel specialist is made through the panel's appointment portal or us within 90 days before an inpatient admission for the same injury or illness for which the life assured was hospitalised.
- ii. We will extend the cover for post-hospital treatment under your MyShield policy to 180 days after the life assured is discharged as an inpatient if:
 - the life assured does not have a certificate of pre-authorisation issued by us before the start of that inpatient admission; or
 - the life assured's appointment with the panel specialist is not made through the panel's appointment portal or us within 90 days before an inpatient admission for the same injury or illness for which the life assured was hospitalised.