

## MyHealthPlus

This policy booklet contains the terms and conditions of **your policy**.

**You** may wish to refer to the **policy schedule** for the **plan** and **option** that **you** have bought.

Contents	Page
<b>Your policy</b>	3
<b>1 What your policy covers</b>	4
1.1 Option A <b>benefits</b>	4
1.2 Option B <b>benefits</b> (only applicable for existing Option B policies)	6
1.3 Option C <b>benefits</b>	6
<b>2 Our responsibilities to you</b>	7
2.1 Making a claim	7
2.2 Proving the claim	8
2.3 Settling the claim	8
<b>3 Your responsibilities</b>	8
3.1 Full disclosure	8
3.2 <b>Premium</b>	9
<b>4 When your policy ends</b>	9
<b>5 What you can do with your policy</b>	9
5.1 Reinstate <b>your policy</b>	9
5.2 Cancel <b>your policy</b>	10
5.3 Misstatement or change of <b>plan</b>	10
5.4 Change <b>your option</b>	11
<b>6 What your policy does not cover</b>	11
<b>7 What you need to note</b>	11
7.1 Eligibility	11
7.2 When the <b>critical illness</b> benefit will take effect	11
7.3 Geographical Scope	12
7.4 Other insurance	12
7.5 Co-operation	12
7.6 Guaranteed renewal	12
7.7 Change of policy terms or conditions	12
7.8 Entry age of the <b>life assured</b>	12
7.9 <b>Pre-existing conditions</b>	12
7.10 Fraud	13
7.11 Trust	14
7.12 Currency	14
7.13 Applications and notices	14
7.14 Dispatch of documents, cheques and notices	14
7.15 Excluding third party rights	14
7.16 Applicable law	14
7.17 Legal proceedings	14
7.18 Arbitration	14
7.19 Severability	15
7.20 Non-waiver	15
7.21 Policy owners' protection scheme	15

**Contents****Page**

<b>8</b>	<b>Definitions</b>	<b>15</b>
	<b>Benefits schedule</b>	<b>28</b>

## MyHealthPlus General Provisions

### Your policy

This is **your** MyHealthPlus policy. It contains the following documents:

- these general provisions;
- the **policy schedule**;
- the **benefits schedule**;
- the **application documents**; and
- any endorsements.

These documents and the following form the full agreement between **you** and **us**:

- all statements to **doctors**;
- declarations and questionnaires relating to the **life assured**'s lifestyle, occupation or medical condition which **you** or the **life assured** provide to **us** for **our** underwriting purposes; and
- all written correspondence relating to the policy between **you** or the **life assured** and **us**.

**We** refer to them collectively as "**your policy**". Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together with **your MyShield** policy to avoid misunderstanding.

In these general conditions, words in bold have the meanings given to them under the 'Definitions' section. Unless the context otherwise requires, words used in the singular include the plural and the masculine include the feminine and vice-versa. The same definitions apply if the defined words are used in any documents in **your policy** or any correspondence between **you** and **us**.

To enjoy the **benefits**, **you** must comply with the terms and conditions of **your policy** and pay the **premiums** when they are due.

MyHealthPlus is a medical insurance plan which pays **benefits** on top of the **life assured**'s **MyShield** plan for costs associated with **hospital** stay, **surgery**, selected outpatient treatment, **co-insurance** and **deductible**.

As the **life assured** must be covered under **MyShield** before he is eligible for cover under MyHealthPlus, **your policy** will only come into effect on or after the cover start date of **your MyShield** policy if **we** receive **your** first **premium** in full before the **policy issue date**.

**Please note: We will not pay benefits on any claim which arises before the cover start date.**

### Free Look Period:

*If **we** are issuing this policy to **you** for the first time, **we** give **you** a free-look period of 21 days from the date **you** received **your policy** to decide if **you** want to continue with **your policy**. If **you** do not want to continue with **your policy**, **you** may write to **us** to cancel it. As long as **you** have not made any claim under **your policy**, **we** will cancel **your policy** from its **cover start date** and refund all **premiums** paid, without interest. **You** are assumed to have received the policy within seven days after **we** have sent it by post.*

## 1. What your policy covers

The **benefits** shown below are available but not all of them may apply to **your policy**. Please refer to the **policy schedule** for the **plan** and **option you** have bought and the **benefits schedule** for details of the cover provided.

*All **benefits** only pay reimbursement for **reasonable expenses** for **necessary medical treatment** received by the **life assured** due to **illness** or **injury** and depend on the terms and conditions in **your policy** and the limits shown in the **benefits schedule**. Treatment must be provided by a **hospital** or licensed medical centre or clinic.*

### 1.1 Option A benefits

We pay the following Option A **benefits** up to the limits shown in the **benefits schedule**:

#### a Co-insurance benefit

**Co-insurance** which **you** have to pay in respect of a claim under **your MyShield** policy as long as:

- the claim is first payable under **MyShield**. We will not pay the **co-insurance** benefit if **your** claim is not payable under **MyShield** even if it is payable under **Medishield Life**; and
- the claim is less than the maximum claim limits shown in the benefits schedule of **your MyShield** policy.

We will not pay the **co-insurance** amount on any excess above the maximum claim limits shown in the benefits schedule of **MyShield**.

#### b Critical illness benefit

Subject to **clause 7.2** of these General Conditions, **we** will pay the **critical illness** benefit as long as the **life assured** is:

- diagnosed as suffering from any **critical illness**; and
- alive after the **survival period**.

If the **critical illness** diagnosed is Major Cancers, Coronary Artery By-pass Surgery, Angioplasty & Other Invasive Treatment for Coronary Artery, Other Serious Coronary Artery Disease and/or Heart Attack of Specified Severity, the **critical illness** benefit is payable only if diagnosis is made after a **waiting period** of 90 days from the **cover start date** or last **reinstatement date**, whichever is later.

#### c Hospital-related benefits

As long as **we** make payment for a claim under **MyShield** (other than what is payable under **Medishield Life**) and/ or the deductible benefit shown in **clause 1.2 (c)** **we** will pay the following **hospital-related** benefits:

##### (i) Hospital cash benefit

If the **life assured** is an **inpatient**, **we** pay the **hospital** cash benefit shown in the **benefits schedule** calculated on a per day basis as long as:

- the admission as an **inpatient** is recommended by a **doctor** as **necessary medical treatment**; and
- the **life assured** stays in a ward lower than what he is entitled to under his **plan**.

**We** do not pay the hospital cash benefit for 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.

**(ii) Ambulance fees or taxi fares to hospital**

One-way transport for the **life assured** by either road ambulance or land taxi to a **hospital** within Singapore. **We** pay this benefit as long as the **life assured** is admitted as an **inpatient** within 24 hours of arrival at the **hospital**, for treatment of an **illness** or **injury** covered under **MyShield**.

**(iii) Accommodation charges for parent/ guardian of child life assured**

Accommodation charges which a parent/ guardian has to pay (up to the limits shown in the **benefits schedule**) to share the **hospital** room of a **life assured** (below 19 years old at age next birthday). **We** pay this benefit as long as the **life assured** is an **inpatient** for **illness** or **injury** covered under **MyShield**.

**(iv) Post-hospital follow-up TCM treatment**

Charges for post-**hospital** follow-up **TCM treatment** received by the **life assured** up to 90 days after the date he is discharged as an **inpatient** as long as all the following conditions are met:

- the post-**hospital** follow-up **TCM treatment** must be recommended by the **doctor** who treated the **life assured** during the period he was an **inpatient**;
- the **TCM treatment** must be administered by a **TCM practitioner**;
- the **inpatient** admission must be the result of an **accident**;
- the **TCM treatment** must be for the same **injury** or **illness** for which the **life assured** received **inpatient** treatment; and
- the **injury** or **illness** must be covered by **your policy**.

**We** will not pay for any post-**hospital** follow-up **TCM treatment** following an **inpatient** treatment in **community hospital**.

**TCM treatment** includes the cost of consultation, acupuncture, scrapping, cupping and tui na, but not the cost of medication.

**d Free cover for child(ren)**

**We** will extend the **benefits** under Option A plan 2 of **your policy** for free to a child life assured until he reaches 20 years old age next birthday if the following conditions are met:

- the child is a biological or legally adopted child who is at least 15 days old;
- on or before the **cover start date**, the child life assured's **parents** are both covered under either **MyShield** plan 1 or plan 2 and also covered under either MyHealthPlus Option A or Option C; and
- the child life assured is covered under **MyShield**'s family discount for child(ren) or free cover for child(ren);

If the child life assured ceases to enjoy family discount for child(ren) or free cover for child(ren) under **MyShield**, this benefit will also cease for the child life assured under **your policy**.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases.

**e Accidental cover for child benefit**

If the **life assured** sustains a fracture to the skull, spine, pelvis, femur or hip as a result of an **accident**, **we** will pay this benefit in cash as long as:

- the **life assured** is below 19 years old at the time of the **accident**;
- the **life assured** is **hospitalised** due to the **accident**; and
- no prior claim under this benefit has been made.

**We** will only pay this benefit once during the lifetime of the **life assured** no matter how many fractures are sustained by the **life assured**.

**f Advanced benefits under MyShield**

**We** will extend the following benefits of **your MyShield** policy up to the limits shown in the **benefits schedule**:

- the **waiting period** for **inpatient** congenital anomalies will be reduced from 24 months to 12 months;
- cover for post-**hospital** treatment will be extended from 90 days to 180 days after the **life assured** is discharged as an **inpatient**;
- cover for stay in a **community hospital** will be extended from 45 days to 60 days per **policy year**; and
- cover for **accident inpatient** dental treatment will be extended from 14 days to 31 days following the **accident**.

**We** will pay these advanced benefits as long as **we** pay the deductible benefit set out in **clause 1.2 (c)** or a claim under **MyShield** (other than what is payable under **Medishield Life**). **We** will apply the terms and conditions under "What Your Policy Covers" in **MyShield**, the pro-ration factor under **MyShield**, the **annual deductible**, **co-insurance** and other terms and conditions shown in **your policy** before **we** pay this benefit.

**1.2 Option B benefits (only applicable for existing Option B policies)**

**Deductible benefit**

**We** will reimburse **you** the **annual deductible** which **you** have to pay in respect of a covered claim under **your MyShield** policy. This **benefit** is only available for existing Option B policies that are renewed as Option B policies. To avoid doubt, this **benefit** is not available for MyHealthPlus (previously known as MyShield Plus) policies effected from 1 July 2013.

**1.3 Option C benefits**

**We** pay the following Option C benefits up to the limits shown in the **benefits schedule**:

**a Option A benefits (excluding free cover for children)**

All benefits under Option A according to the **life assured's plan** excluding free cover for child(ren).

**b Preferred rate for child(ren)**

**We** will extend the preferred rate under Option C plan 2 of **your policy** to a child life assured until he reaches 20 years old age next birthday if the following conditions are met:

- the child is a biological or legally adopted child who is at least 15 days old;

- on or before the **cover start date**, the child's parents are both covered under either **MyShield** plan 1 or plan 2 and also covered under either MyHealthPlus Option A or Option C; and
- the child life assured is covered under **MyShield's** family discount for child(ren) or free cover for child(ren).

If the child life assured ceases to enjoy family discount for child(ren) or free cover for child(ren) under **MyShield**, this benefit will also cease for the child life assured under **your policy**.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases.

**c Deductible benefit**

**We** will reimburse **you** the **annual deductible** which **you** have to pay in respect of a covered claim under **your MyShield** policy.

**2. Our responsibilities to you**

**We** are only responsible to **you** for the cover and period of **your policy** and **our** responsibilities are governed by the terms, conditions and limits of **your policy**.

**2.1 Making a claim**

**We** will process **your** claim for **co-insurance** benefit, deductible benefit, accommodation charges for parent/ guardian of child **life assured** and hospital cash benefit together with **your** claim under **MyShield**.

For the **critical illness** benefit and **accidental** cover for child benefit:

- a you** must give **us** written notice within 30 days of the happening of an **accident** or diagnosis of **critical illness** of the **life assured**;
- b we** will accept, as sufficient notice, any written notice given on behalf of the **life assured** that contains enough particulars for **us** to identify the **life assured**. If notice is not given to **us** within the required time, **you** may still submit a claim if **you** can show **us** that it was not reasonably possible to give such notice and that **you** gave **us** notice as soon as it was reasonably possible; and
- c** to enable **us** to process **your** claim, **you** must give **us** any or all of the following at **your** cost if **we** so require:
  - certificates, medical reports, information and evidence in the form and nature which **we** may require;
  - evidence to establish the continuing health condition of the **life assured**;
  - that the **life assured** be examined by **our** approved **doctor**. If the **life assured** is residing outside Singapore, **we** may ask him to come to Singapore for the examination;
  - proof of the **life assured's** date of birth. If the date of birth and/ or age given to **us** is incorrect, **we** will only pay the amount that **we** would have to pay if the correct date of birth and/ or age of the **life assured** had been given to **us**.

To claim under the ambulance fees or taxi fares to **hospital** benefit and post-**hospital** follow-up **TCM treatment** benefit, **you** must complete **our** claim form and submit it to **us** as soon as possible after a **life assured** seeks treatment that is covered under **your policy**. **You** must complete the claim form as follows and submit it to **us**:

- the **life assured** or the **life assured's** legal personal representative must complete all the questions in section A of the claim form and sign it;
- as soon as possible after the information or document becomes available and in any case, within 90 days after treatment begins, the **life assured** or the **life assured's** legal personal representative must give **us** the originals of all documents and bills, authorisations or information **we** need to assess the claim and deal with it. **You** must pay all costs involved. **We** do not accept photocopies; and
- the attending **doctor** must complete all questions in section B, affix his rubber stamp on the claim form and sign it.

If **you**, the **life assured** or the **life assured's** personal representatives do not co-operate with **us** in dealing with the claim, the assessment of the claim may be delayed or **we** can reject the claim.

## 2.2 Proving the claim

All the requirements set out in **clause 2.1** must be met. If on a balance of probabilities based on medical facts, it is appropriate for **us** to decline the claim based on **clause 7.9 (Pre-existing conditions)**, the obligation is on the **life assured** to produce such evidence as **we** may reasonably require to prove otherwise to enable **us** to reconsider the claim.

## 2.3 Settling the claim

**We** will apply the limits shown in the **benefits schedule** (if applicable) to the **benefits** before **we** pay any claim.

**We** will pay the claim once **we** are satisfied that all requirements are fully fulfilled. Any payment made under this clause will entirely release **us** from any obligations and any further liability in respect of the claim.

Before **we** admit or pay any claim and during the duration of a claim (including a claim for post-**hospital** treatment even if the pre-**hospital** treatment or **inpatient** treatment has been paid by **us**) under **your policy**, **we** have the right to require the **life assured** to be examined by a **doctor** appointed by **us**, whenever and as often as **we** may reasonably want.

In addition, **we** have the right to ask for a post-mortem where this is not forbidden by law.

## 3. Your responsibilities

### 3.1 Full disclosure

Up to the **cover start date** or the **upgrade** effective date or the last **reinstatement date**, whichever is later, **you** and the **life assured** must disclose to **us** fully and truthfully, all material facts and circumstances about the **life assured** that may influence **our** decision whether or not to cover him or to impose further terms and conditions on **your policy**.

If **you** do not give **us** this information or misrepresent any information, **we** may:

- declare **your policy** “void” from the **cover start date** or the last **reinstatement date** (whichever is applicable); or
- end the cover for the **life assured**.

If the event above happens, **we** will refund **you** all **premiums** paid to **us** only if **you** have not made any claim under **your policy**. If **you** have made a claim under **your policy** before it becomes void, **we** will calculate the **premium** to be refunded from the first **policy year** immediately following the **policy year** in which **you** made the last claim under **your policy**.

### 3.2 Premium

**You** must pay the **premium** in order to receive the **benefits**.

**We** give **you** 60 days' **grace period** from the **renewal date** to pay the **premium**. During this **grace period**, **your policy** will stay in effect. **You** must first pay any **premium** or other amount **you** owe **us** before **we** pay any claim under **your policy**. If **you** do not pay the **premium** by the last day of the **grace period**, **your policy** will end on the **renewal date**.

**You** are responsible for making sure that **your premium** is paid up to date.

## 4. When your policy ends

**Your policy** automatically ends on the date:

- the **life assured** dies;
- **we** receive **your** written notice requesting cancellation of **your policy** under **clause 5.2** expires;
- **we** do not receive **your premium** after the **grace period**;
- **you** fail or refuse to refund any amount **you** owe **us**, which date will be determined by **us**;
- fraud under **clause 7.10** takes place;
- **you** do not reveal information or misrepresent to **us** under **clause 3.1**;
- **you** or the **life assured** does not fulfill the eligibility requirements set out under **clause 7.1**;
- when **your MyShield** plan ends;

whichever is earlier.

The **critical illness** benefit for a **life assured** will automatically end on the date:

- **you** make a valid **critical illness** benefit claim for the **life assured** and **we** have paid 100% of the limits shown in the **benefits schedule**; or
- the **policy year** in which the **life assured** reaches 65 years old;

whichever is earlier.

When **your policy** ends, **you** have no further claims or rights against **us**.

## 5. What you can do with your policy

### 5.1 Reinstatement your policy

If **your policy** terminates because **you** have not paid the **premium**, **you** may apply to **us** within 30 days from the date of notice of termination to reinstate **your policy**. **You** must meet all of the following conditions:

- the **life assured** is not older than 75 years next birthday on the **reinstatement date**;
- **you** must pay all **premiums** **you** owe before **we** will reinstate **your policy**; and
- **you** have given **us** satisfactory proof of insurability for each **life assured** at **your** expense.

If **we** agree to reinstate **your policy**, **we** will issue **you** a notice of reinstatement. If there is any change in the **life assured's** medical or physical condition, **we** may add exclusions from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium** after **your policy** has ended, it does not mean **we** will not enforce **our** rights under **your policy** or **we** will create any liability for **us** in terms of any claim. **We** will not pay for treatment provided to the **life assured** after the date **your policy** ends and within 30 days from the **reinstatement date** unless treatment was received as an **inpatient** for **injuries** caused by an **accident** which took place after the **reinstatement date**.

## 5.2 **Cancel your policy**

**You** may cancel the policy with effect from any **renewal date** by giving **us** at least 30 days' written notice of **your** intention not to renew **your policy**. **Your policy** will end on the **renewal date**. However, cover for each **life assured** under **MyShield** will stay in force as long as the **life assured** meets the eligibility criteria for **MyShield**.

**You** may also cancel **your policy** during the **policy year** and after the free look period by giving **us** at least 30 days' written notice.

Where **premium** is charged on an annual basis, **we** will refund **you** the pro-rated **premium** based on the number of unused days in the **policy year**. However, if a claim has been made in that **policy year**, no **premium** will be refunded.

Where **premium** is charged on a non-annual basis, **we** are entitled to the balance of **premium** payable for the entire **policy year** if **you** make a claim. **We** will deduct the balance of **premium** from any claim payable under **your policy**.

## 5.3 **Misstatement or change of plan**

The **life assured's plan** under MyHealthPlus must be the same as his plan under **MyShield**.

If the **life assured's plan** is different from his **MyShield** plan, and the **premium** paid is insufficient, **we** will collect any shortfall in **premium** in cash or deduct the shortfall from any claim amount payable under **your policy**. **We** will calculate the shortfall from the **cover start date**.

If the **life assured's plan** under **MyShield** is changed, the **plan** under **your policy** will also be changed. **We** will calculate the shortfall from the date on which **your** new plan takes effect. **We** will write to tell **you** when the new plan will take effect. The **policy year** and **period of insurance** for **your** existing **plan** will end on the day immediately before the day on which **your** new plan takes effect. The period of insurance for the new plan will be a 12-month term from the date on which the new plan takes effect and the limits shown in the benefits schedule for the new plan will apply from the date on which the new plan takes effect. The **benefits** which **we** pay on a per lifetime basis will not be paid again in the new **policy year** if **you** have made a claim on these **benefits** and **we** have paid 100% of the limits shown in the **benefits schedule** for these **benefits** before **your** change of **plan**.

**We** will refund without interest any excess **premium** that may have been paid as a result of any misstatement or change of **plan**. If there is a **premium** shortfall, **you** must pay the additional **premium**. Otherwise, **your policy** will end as set out under **clause 4**.

To avoid doubt, if a claim admissible under **MyShield** is limited to the benefits under the **life assured's MyShield** plan before the **upgrade**, the **benefits** payable under **your** upgraded **plan** for this **policy** will also be limited to the **benefits** under the **plan** before the **upgrade**.

#### 5.4 Change your option

**You** may write to **us** at any time and ask to change the **life assured's option**.

If **you** ask to **upgrade** the **life assured's option**, **you** must give **us** satisfactory proof of insurability for each **life assured** and pay for the costs involved. Any claim that arises from a **pre-existing condition** after the **upgrade** of **option** will be assessed based on the terms and conditions of the **option** before the **upgrade** of **option**.

If **you** ask to **downgrade** the **life assured's option**, **you** do not need to declare **your** medical conditions to **us**.

If **we** approve **your** request to change the **life assured's option**, **we** will write to tell **you** when the new **option** will take effect. The **benefits** shown in the **benefits schedule** for the new **option** will apply from the date on which the new **option** takes effect.

## 6. What your policy does not cover

In addition to 'What your policy does not cover' as stated in **your MyShield** policy, the following treatment items, conditions, activities and their related or consequential expenses are excluded and are not covered under **your policy**:

- a** all **pre-existing conditions** unless:
  - (i) if **you** have chosen the **full medical underwriting option**, **you** have specifically declared the **pre-existing condition** and **we** have agreed in writing to cover it under **your policy**; or
  - (ii) if **you** have chosen the **moratorium underwriting option**, **you** have met the **moratorium** terms and conditions stated in **your policy**. However, the **moratorium** does not apply to the **critical illness** benefit and all **pre-existing conditions** are permanently excluded from the **critical illness** benefit;
- b** all costs arising from admission to a **hospital** before the **cover start date**.

Please refer to **your MyShield** policy for the full list of exclusions. If **we** say that because of an exclusion, any loss, damage, cost or expense is not covered by **your policy**, the burden is on **you** to prove otherwise.

## 7. What you need to note

### 7.1 Eligibility

To be eligible for MyHealthPlus, the **life assured** must be:

- between 15 days old and 75 years old age next birthday on the **cover start date**; and
- the **life assured** of a **MyShield** policy.

### 7.2 When the critical illness benefit will take effect

The **critical illness** benefit under **your policy** only applies if the **life assured**:

- has crossed his first birthday; and
- is not older than 65 years old age next birthday.

If the **life assured** has not crossed his first birthday on the **cover start date**, his **critical illness** benefit will only come into effect on his first birthday.

### 7.3 Geographical scope

The **life assured** must seek treatment in Singapore. Any treatment provided to the **life assured** outside Singapore is limited to the emergency overseas treatment benefit covered under **your MyShield** policy.

### 7.4 Other insurance

If **you** or the **life assured** have other medical insurance policies (including medical benefits under any employment contract) which allows **you** or them to claim a refund for medical expenses, **you** or the **life assured**, must advise **us** of the details of such other policies.

### 7.5 Co-operation

**We** will not pay under **your policy** unless **you**, the **life assured** and his personal representatives:

- a co-operate fully with **us** and **our** medical advisers;
- b fully and faithfully disclose all material facts and matters; and
- c at **our** request sign any document to empower **us** to obtain relevant information from any **doctor**, **hospital** or other sources.

**You**, the **life assured** and his personal representatives must pay for any costs involved.

### 7.6 Guaranteed renewal

**We** guarantee to renew **your policy** every year for life as long as:

- a **we** receive the **premium** before the **renewal date**;
- b the cover for the **life assured** has not been ended under **clause 4**.

### 7.7 Change of policy terms or conditions

**We** may change the **benefits**, cover, **premiums** or terms and conditions of **your policy** (as long as the changes apply to all policies of the same class). **We** will give **you** at least 30 days' written notice before **we** do so.

### 7.8 Entry age of the life assured

**We** calculate the **premium you** have to pay based on the **life assured's** age next birthday.

If the **life assured's** age is misstated, **we** have the right to adjust **premiums** according to the correct age. **We** will collect any shortfall in **premium** and refund any extra **premium** paid without interest.

If at the correct age a **life assured** is not eligible for cover under **your policy**, no benefit is payable and **our** liability under **your policy** is limited to the refund of the total **premium** paid without interest.

### 7.9 Pre-existing conditions

- a Except as provided in **b** below, all **pre-existing conditions** are excluded under **your policy**.
- b **We** will cover the following **pre-existing conditions**:
  - (i) if **you** have chosen the **full medical underwriting option** and **you** have declared the **pre-existing condition** and it has been accepted by **us** in writing;  
or

- (ii) if **you** have chosen the **moratorium underwriting option**, during the **moratorium**, the **life assured** is continuously covered under **your policy** and has not, in relation to a **pre-existing condition**:
- experienced any symptom;
  - sought advice, tests or check-ups from a **doctor**, **specialist** or alternative medicine provider;
  - required any treatment or medication; or
  - received any treatment or medication.

**We** will then cover such **pre-existing condition** after the **moratorium**. **We** will exclude the **pre-existing condition** permanently from **your policy** if the **life assured** does not meet any of the above requirements during the **moratorium**.

**c** If the **life assured** is already covered under MyHealthPlus but does not fall under **a** or **b**, and **we** had excluded a **pre-existing condition** before under **your policy**, the **moratorium underwriting option** will apply. The **moratorium** will be deemed to start from the **cover start date**.

**d** To avoid doubt, the **moratorium underwriting option** is not available for:

- (i) the **critical illness** benefit. All **pre-existing conditions** are permanently excluded from the **critical illness** benefit; and
- (ii) the following list of **pre-existing conditions** and these **pre-existing conditions** are permanently excluded from **your policy** if **you** choose 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 transplant;
  - systemic lupus erythematosus (SLE);
  - muscular dystrophy;
  - multiple sclerosis;
  - Alzheimer's disease;
  - dementia;
  - any form of cancer (other than skin cancer);
  - autism.

#### 7.10 **Fraud**

If a claim or any part of a claim is false or fraudulent or if the **life assured** or any **dependant** or anyone acting on their behalf uses fraudulent ways or devices to gain a **benefit**, **we** will cancel **your policy** immediately and **you** will have to forfeit all **benefits** and **premiums**.

#### 7.11 Trust

**We** do not recognise and **our** rights will not be affected by any notice of trust, charge or assignment relating to **your policy**.

#### 7.12 Currency

**We** pay all **benefits** in Singapore dollars. **We** will convert bills which are shown in foreign currency to Singapore currency at the exchange rate **we** decide to use on the date **we** process the claim.

#### 7.13 Applications and notices

All applications and notices to **us** must:

- be in writing in **our** prescribed form (if any);
- contain all required and relevant information;
- contain correct and complete information;
- be supported by documentary proof acceptable to **us**; and
- be signed by **you**.

**We** must be satisfied that the application or notice and supporting documents are authentic. **We** have the right to require additional information or documents before **we** act on the application or notice.

Any application or notice to **us** will be considered received by **us** if the original copy of the application or notice was sent to **our** registered office. But **we** may, at **our** absolute discretion act on any application or notice received by other means including facsimile, phone, email (or other electronic means).

#### 7.14 Dispatch of documents, cheques and notices

**We** will post any notices, cheques or other documents to **your** address held in **our** records. **Your policy** is considered delivered to and received by **you** 7 days after **we** post it.

**We** will not be responsible for any consequences arising from **your** failure to notify **us** of any change of address.

#### 7.15 Excluding third party rights

Anyone not a party to **your policy** cannot enforce it under the Contracts (Rights of Third Parties) Act (Cap. 53B).

#### 7.16 Applicable law

**Your policy** is governed by and interpreted according to the law of Singapore. The Singapore courts have non-exclusive jurisdiction.

#### 7.17 Legal proceedings

**You** will not bring any action in law or equity for or relating to any claim under **your policy** before 60 days have expired from the date **you** give **us** satisfactory proof of claim according to the terms and conditions of **your policy**.

#### 7.18 Arbitration

Any difference of medical opinion regarding the results of an **accident, illness**, death or expense will be settled by two medical experts appointed respectively in writing by **you** and **us**. Any difference of opinion between the two medical experts will be referred to an umpire appointed by the medical experts at the outset.

### 7.19 Severability

If any provision (or part of a provision) of **your policy** is invalid or unenforceable under law, the validity and enforceability of the remaining provisions are not affected. The affected provision (or part of the provision) is deemed to be severed.

### 7.20 Non-waiver

- **Our** failure to enforce any provision of **your policy**; or
- **our** acceptance of any **premium** with actual or implied knowledge of any non-disclosure, misrepresentation, fraud and/or breach of **your policy** or of the law;

does not amount to a waiver of **our** rights under **your policy** or at law. **We** will still have the right to enforce each and every provision of **your policy** even if **we** have not done so in the past.

### 7.21 Policy Owners' Protection Scheme

**Your policy** is protected under the Policy Owners' Protection Scheme, and is administered by the Singapore Deposit Insurance Corporation (SDIC). Cover for **your policy** is automatic and no further action is required from **you**. For more information on the types of benefits that are covered under the scheme as well as the limits of cover, where applicable, please contact **us** or visit the LIA or SDIC websites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## 8. Definitions

**Accident** when used in the definition of **critical illness** means:

An event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the **critical illness**.

Except for **critical illness**, in these general conditions, **accident** means:

An unexpected incident that results in an **injury**. Except for **injury** caused specifically by drowning, choking on food, food poisoning or suffocation by smoke, fumes or gas, the **injury** must be caused entirely by violent, external and visible means and not by sickness, disease or gradual physical or mental process.

**Act** means the MediShield Life Scheme Act (Act No.4 of 2015), as amended, extended or re-enacted from time to time.

**Annual deductible** means the cumulative total amount of medical expenses which **you** have to bear during any one **policy year** before any **benefits** are payable under **your MyShield** policy.

**Application documents** mean the application form and any related document attached to **your policy**.

**Benefits** means the benefits set out in **your policy** and the **benefits schedule**.

**Benefits schedule** means the schedule attached to **your policy** which sets out the **benefits** payable under **your policy**, as amended by **us** from time to time.

**Co-insurance** means the amount shown in the benefits schedule of **MyShield** which **you** need to co-pay on the claimable amount after the **annual deductibles** have been paid. The **co-insurance** percentages for the benefits are shown in the benefits schedule of **your MyShield** policy.

**Community hospital** means any approved community hospital under the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the **CPF Act** as amended, extended or re-enacted from

time to time that provides an intermediate level of care for individuals who have simple **illnesses** that do not need care in a **hospital**.

**Cover start date** means the date shown in the **policy schedule**, on which cover for a **benefit** starts.

**CPF Act** means the Central Provident Fund Act (Cap.36) as amended, extended or re-enacted from time to time.

**CPF Board** means the Central Provident Fund Board of Singapore.

**Critical illness** means any of the following critical illnesses:

**Major Cancers**

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behavior; or
  - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the urinary bladder historically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

**Heart Attack of Specified Severity**

Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by **us**.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

### **Stroke**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an **accident** or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

Permanent means expected to last throughout the lifetime of the **life assured**.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **life assured**. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, dementia, delirium and coma.

### **Coronary Artery By-pass Surgery**

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.

This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

### **Kidney Failure**

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

### **Aplastic Anaemia**

Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

### **End Stage Lung Disease**

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV<sub>1</sub> test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ( $\text{PaO}_2 \leq 55\text{mmHg}$ ); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory **doctor**.

### **End Stage Liver Failure**

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

### **Coma**

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

### **Deafness (Loss of Hearing)**

Total and irreversible loss of hearing in both ears as a result of **illness** or **accident**. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

### **Heart Valve Surgery**

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

### **Loss of Speech**

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

### **Major Burns**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the **life assured's** body.

### **Major Organ / Bone Marrow Transplantation**

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

### **Multiple Sclerosis**

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

### **Muscular Dystrophy**

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the **life assured** to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

- (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility- the ability to move indoors from room to room on level surfaces;
- (v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding- the ability to feed oneself once food has been prepared and made available.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

### **Parkinson's Disease**

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the **life assured** to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

- (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility- the ability to move indoors from room to room on level surfaces;
- (v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding- the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

### **Surgery to Aorta**

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra arterial techniques are excluded.

### **Alzheimer's Disease / Severe Dementia**

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the **life assured**. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

### **Fulminant Hepatitis**

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

### **Motor Neurone Disease**

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

### **Primary Pulmonary Hypertension**

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

### **HIV Due to Blood Transfusion and Occupationally Acquired HIV**

A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- The insured does not suffer from Thalassaemia Major or Haemophilia.

B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an **accident** occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof of the **accident** giving rise to the infection must be reported to the Company within 30 days of the **accident** taking place;
- Proof that the **accident** involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test conducted within 5 days of the **accident**; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

### **Benign Brain Tumor**

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland or spinal cord.

### **Viral Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

Encephalitis caused by HIV infection is excluded.

### **Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

### **Angioplasty & Other Invasive Treatment For Coronary Artery**

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the amount for **critical illness** benefit shown in the **benefits schedule**. This benefit is payable once only and shall be deducted from the **critical illness** benefit, thereby reducing the remaining amount of the **critical illness** benefit which may be payable herein.

Diagnostic angiography is excluded.

### **Blindness (Loss of Sight)**

Permanent and irreversible loss of sight in both eyes as a result of illness or **accident** to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

### **Major Head Trauma**

**Accidental** head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the **accident**. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "**Accident**" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

Permanent means expected to last throughout the lifetime of the **life assured**.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **life assured**. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

### **Paralysis (Loss of Use of Limbs)**

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

### **Terminal Illness**

The conclusive diagnosis of an illness that is expected to result in the death of the **life assured** within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

### **Progressive Scleroderma**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

### **Apallic Syndrome**

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

### **Systemic Lupus Erythematosus With Lupus Nephritis**

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

### **Other Serious Coronary Artery Disease**

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

### **Poliomyelitis**

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

### **Loss of Independent Existence**

A condition as a result of a disease, illness or injury whereby the **life assured** is unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living", for a continuous period of 6 months.

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

**Dependant** means **your** legal spouse, parents, grandparents who are 75 years old or below at age next birthday at the **cover start date** and/or biological or legally adopted children who are at least 15 days old.

**Doctor** means a doctor with a recognised degree in western medicine who is legally licensed to practise in the country in which treatment is provided but should not be **you**, the **life assured** or **your** or the **life assured's** relative, sibling, spouse, child or parent.

**Downgrade** means a change of **option** to a new **option** with lower benefits under the same policy.

**Full medical underwriting option** means the underwriting option where **you** choose to complete a medical history declaration giving details of the **life assured's** medical history existing before application for **your policy**, including any **pre-existing conditions**.

**Grace period** means the grace period in **clause 3.2**.

**GST** means goods and services tax levied in Singapore.

**Hospital** means: A **restructured hospital**;  
A private **hospital**;  
A **community hospital**; or  
Any other medical institution **we** accept.

**Illness** means a physical condition marked by pathological deviation from the normal healthy state.

**Injury** means bodily injury caused solely and directly by an **accident**.

**Inpatient** means a person admitted to a **hospital** for treatment for at least six consecutive hours who is charged a daily room and board charge by the **hospital**. It includes admission, for any length of time, for **surgery** and any preparation or procedure connected with **surgery** which does not have a room and board charge.

**Life assured** means the person named as the life assured in the **policy schedule**.

**MOH** means Ministry of Health, Singapore.

**MediShield Life** means the basic tier of insurance protection scheme run by the **CPF Board** and governed by the **act** and **regulations**.

**Moratorium** means a **waiting period** of 5 years from the **cover start date**; the date of **upgrade**; or the last **reinstatement date**; whichever is later.

**Moratorium underwriting option** means the underwriting option where no full medical declaration is required.

**MyShield** means the Medisave-Approved Integrated Policy insured by Aviva Ltd.

**Necessary medical treatment** means the services and supplies provided by a **doctor** which, according to the standards of good medical practice, is consistent with the diagnosis and treatment of the **life assured's** condition, is required for reasons other than the convenience of the **life assured** or the **doctor** and the most appropriate supply or level of service which can be safely provided to the **life assured**. **GST on necessary medical treatment** is included.

**Option** means Option A, Option B or Option C that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

**Period of insurance** means each 12 month term of cover under **your policy** and starts on the **cover start date** (or if **you** change the **life assured's plan**, from the date on which the new plan takes effect) or the **renewal date**, whichever is later.

**Plan** means the type of plan that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

**Policy schedule** means the schedule attached to **your policy** which sets out the particulars of **your policy**, as amended by **us** from time to time.

**Policy issue date** means the date that **we** issue the **policy** to **you** as shown in the **policy schedule**.

**Policy year** means a period of 12 months starting from the **cover start date** (or if **you** change the **life assured's plan**, from the date on which the new plan takes effect) and each consecutive 12-month period for which **your policy** is renewed.

**Pre-existing condition** means any **illness, injury**, condition or symptom:

- for which the **life assured** asked for or received treatment, medication, advice or diagnosis from a **doctor** before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later;
- which existed or were evident before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment; or
- which was foreseeable or known, by **you** or the **life assured**, to exist before the **cover start date**, the last **reinstatement date**, or the date of **upgrade**, whichever is later, whether or not the **life assured** asked for treatment, medication, advice or diagnosis.

**Premium** means the amount shown in the **policy schedule** which **you** must pay **us** to apply for the **benefits** and keep the **benefits** in force.

**Reasonable expenses** means expenses paid for medical services or treatment which **we** or **our** medical advisers consider reasonable and customary and which could not have reasonably been avoided without negatively affecting the **life assured's** medical condition. These expenses must not be more than the general level of charges of other medical care providers with similar standing in Singapore, for giving like or comparable treatment, services or supplies to individuals of the same gender, of comparable age, for a similar **illness** or **injury**.

**Regulations** mean any subsidiary legislation made under the **act**, as amended, extended or re-enacted from time to time.

**Reinstatement date** means the date on which **your policy** is reinstated after it has ended due to **you** not paying **premiums** within the **grace period**. **We** will tell **you** when **your policy** is reinstated.

**Renewal date** means the date on which **your policy** is renewed for a further **period of insurance**.

**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.

**Specialist** means a qualified and licensed **doctor**, who has the necessary extra qualifications and expertise to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine, like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, dermatology and physiotherapy.

**Surgery** means an invasive procedure performed by a surgeon involving general or local anaesthesia for the correction of deformities or defects, repair of **injuries** and the diagnosis or cure of **illnesses**.

**Survival period** means the period of 30 days from the date on which the **life assured** is diagnosed as suffering from a **critical illness**.

**TCM practitioner** means a person who is legally qualified to provide the prescribed practice of traditional Chinese medicine by the TCM Practitioners Board of Singapore.

**TCM treatment** means treatment provided by a **TCM practitioner** using traditional Chinese medicine.

**Upgrade** means a change of **plan** or **option** to a new **plan** or **option** with higher benefits under the same policy.

**Waiting period** means the period of time that applies to specific **benefits** under the **policy** as set out in the benefit provisions. The period of time starts from:

- the date the **benefit** first becomes effective under the **policy**;
- the **cover start date**;
- the last **reinstatement date**;
- the date of **upgrade**;

whichever is the latest.

**We, us, our** means Aviva Ltd.

**You, your** means the owner of the policy who is named as the assured in the **policy schedule**.

Benefits Schedule in SG Dollars			
	MyHealthPlus		
	Plan 1	Plan 2	Plan 3
<b>Hospital ward type</b>	Any standard ward of a private <b>hospital</b>	Any standard ward of a <b>restructured hospital</b>	Any 4-bed (B1) standard ward of a <b>restructured hospital</b>
<b>Option A Benefits</b>			
(a) <b>Co-insurance</b> benefit	As incurred under <b>MyShield</b>		
(b) <b>Critical illness</b> benefit <sup>1</sup> (only applies if the <b>life assured</b> has crossed his first birthday and is not older than 65 years old age next birthday)	S\$10,000 per lifetime		
(c) <b>Hospital-related benefits</b> <sup>2</sup>			
(i) <b>Hospital</b> cash benefit <sup>3</sup>	S\$300 per day if admitted to any standard ward of a <b>restructured hospital</b>	S\$150 per day if admitted to a 4-bed (B1) standard ward or below of a <b>restructured hospital</b>	S\$100 per day if admitted to a 6-bed (B2) standard ward or below of a <b>restructured hospital</b>
(ii) Ambulance fees or taxi fares to <b>hospital</b> <sup>4</sup>	S\$80 per <b>injury</b> or <b>illness</b>		
(iii) Accommodation charges for parent / guardian of child <b>life assured</b> <sup>5</sup>	S\$80 per day up to 10 days	S\$65 per day up to 10 days	S\$50 per day up to 5 days
(iv) Post- <b>hospital</b> follow-up <b>TCM treatment</b> <sup>6</sup>	S\$45 per visit up to 90 days after discharge		
(d) Free cover for child(ren) <sup>7</sup>	Yes		N.A.
(e) <b>Accidental</b> cover for child benefit <sup>8</sup>	S\$1,000 per lifetime		
(f) Advanced benefits under <b>MyShield</b>			
(i) <b>Inpatient</b> congenital anomalies (after <b>waiting period</b> of 12 months)	As charged		
(ii) Post- <b>hospital</b> treatment	As charged up to 180 days after discharge		
(iii) Stay in a <b>community hospital</b>	As charged up to 60 days per <b>policy year</b>		
(iv) <b>Accident inpatient</b> dental treatment	As charged up to 31 days following the <b>accident</b>		
<b>Option B Benefits</b> (Only available for existing Option B policies that are renewed as Option B policies. To avoid doubt, this <b>benefit</b> is not available for MyHealthPlus (previously known as MyShield Plus) policies effected from 1 July 2013.)			
Deductible benefit	As incurred under <b>MyShield</b>		

Benefits Schedule in SG Dollars			
	Plan 1	Plan 2	Plan 3
<b>Option C Benefits</b>			
(a) All <b>benefits</b> under Option A according to the <b>life assured's plan</b> excluding free cover for child(ren)		Yes	
(b) Preferred rate for child(ren) <sup>9</sup>	Yes		N.A.
(c) Deductible benefit		Yes	

Footnotes

<sup>1</sup>If the **critical illness** diagnosed is Major Cancers, Coronary Artery By-pass Surgery, Angioplasty & Other Invasive Treatment for Coronary Artery, Other Serious Coronary Artery Disease and/or Heart Attack of Specified Severity, the **critical illness** benefit is payable only if diagnosis is made after a **waiting period** of 90 days from the **cover start date** or last **reinstatement date**, whichever is later.

<sup>2</sup>As long as **we** make a payment for a claim under **MyShield** (other than **MediShield Life**) and/ or deductible benefit of MyHealthPlus.

<sup>3</sup>For admission to standard wards of **restructured hospitals** lower than that of chosen **plan**. This benefit is not payable for day **surgery**, stay in a **community hospital** or private **hospital** or if there is no **hospital** stay involved.

<sup>4</sup>**We** pay this benefit as long as the **life assured** is admitted as an **inpatient** within 24 hours of arrival at the **hospital**, for treatment of an **illness** or **injury** covered under **MyShield**.

<sup>5</sup>Child **life assured** refers to the **life assured** who is below 19 years old at age next birthday.

<sup>6</sup>**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**.

<sup>7</sup>Based on **benefits** under Option A plan 2, up to 20 years old at age next birthday, provided both parents are covered under either **MyShield** plan 1 or plan 2 and covered under either MyHealthPlus Option A or Option C.

<sup>8</sup>**We** will pay this benefit in cash if the **life assured** (below 19 years old at the time of the **accident**) sustains a fracture to the skull, spine, pelvis, femur or hip as a result of an **accident**. **We** will only pay this benefit once during the lifetime of the **life assured** no matter how many fractures are sustained.

<sup>9</sup>Child(ren) covered under Option C **benefits** will pay a preferred rate under Option C plan 2, up to 20 years old at age next birthday, provided both parents are covered under either **MyShield** plan 1 or plan 2 and covered under either MyHealthPlus Option A or Option C.