

## Appendix B: Revisions on Benefits of GREAT TotalCare

Below is the list of key benefit changes we are making to the plans:

- a) Excess Expense - Outpatient Cancer Drug Treatment on the Cancer Drug List
- b) Excess Expense - Outpatient Cancer Drug Services
- c) Outpatient Cancer Drug Treatment not on the Cancer Drug List

GREAT TotalCare				
	Before your renewal of policy		After your renewal of policy	
<b>Special Benefits</b>				
Excess Expense - Outpatient Cancer Drug Treatment ("CDT") on the Cancer Drug List ("CDL") (per month) - for all plan types	Covers up to <ul style="list-style-type: none"> <li>18x of MediShield Life's ("MSHL") limit.</li> </ul>		Covers up to <ul style="list-style-type: none"> <li><b>15x</b> of MSHL's limit for one primary cancer<sup>[1]</sup> if the Life Assured is receiving treatment for one primary cancer, and</li> <li><b>Sum of the highest CDT limit<sup>[2]</sup></b> among the claimable treatments received for <b>each</b> primary cancer<sup>[1]</sup> if the Life Assured is receiving treatment for <b>Multiple Primary Cancers<sup>[3]</sup></b>.</li> </ul>	
Excess Expense - Outpatient Cancer Drug Services ("CDS") (per period of insurance) - for all plan types	As charged.		Covers up to <ul style="list-style-type: none"> <li><b>15x</b> of MSHL's limit for one primary cancer<sup>[4]</sup> if the Life Assured is receiving treatment for one primary cancer, and</li> <li><b>15x</b> of MSHL's limit for Multiple Primary Cancers<sup>[4]</sup> if the Life Assured is receiving treatment for <b>Multiple Primary Cancers<sup>[3]</sup></b>.</li> </ul>	
Outpatient CDT not on the CDL (Classes A to E) (per period of insurance)	<b>Plan Type</b>	<b>Covers up to</b>	<b>Plan Type</b>	<b>Covers up to</b>
	P / P Select	\$250,000	P Signature/ P Optimum	<b>\$200,000</b>
	A / Basic A	\$200,000	A / Basic A	<b>\$175,000</b>
	B / Basic B	\$150,000	B / Basic B	No Change

<sup>[1]</sup> For the latest MSHL's limit, refer to the CDL on the Ministry of Health ("MOH") of Singapore's website under "MSHL Claim Limit per month" ([go.gov.sg/moh-cancerdruglist](https://go.gov.sg/moh-cancerdruglist)).

<sup>[2]</sup> This benefit limit is based on 15x MSHL's limit for the specific CDT.

<sup>[3]</sup> Defined as two or more cancers arising from different sites and/or are of a different histology or morphology group.

<sup>[4]</sup> The MSHL's limit for CDS for Multiple Primary Cancers will be double that of the MSHL's limit for one primary cancer if the patient had received treatment for Multiple Primary Cancers at any point within the Period of Insurance. For the latest MSHL's limit for CDS, refer to "CDS" under the MSHL Benefits on the MOH of Singapore's website (<https://go.gov.sg/mshlbenefits>).

- d) Co-payment for Special Benefits

GREAT TotalCare		
	Before your renewal of policy	After your renewal of policy
<b>Co-payment</b>		
Co-payment for Special Benefits <sup>[4A]</sup>	Co-payment is not applicable	<b>5% of co-payment</b> is applicable

<sup>[4A]</sup> The change is applicable to these Special Benefits: Ambulance Services, Home Health Care Benefit, Post-Hospital Follow-up Traditional Chinese Medicine Treatment, Medical Aids and Companion Accommodation Benefit. For Additional Cancer Support and Emergency Accidental Outpatient Treatment, there is no change as the 5% co-payment continues to be applicable.

e) Deductible, Co-insurance and Loss Limit

**GREAT TotalCare P Signature**

<b>Upon transitioning to GREAT TotalCare P Signature</b>		
	<b>Before your renewal of policy</b>	<b>After your renewal of policy</b>
<b>Coverage of Deductible and Co-insurance</b>		
<b>At Restructured Hospital<sup>[6]</sup> or Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill, capped at \$3,000<sup>[7]</sup></li> </ul>	<ul style="list-style-type: none"> <li>Covers <b>95%</b> of the Deductible incurred under the Main Plan</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> of <b>\$3,000<sup>[7]</sup></b></li> </ul>
<b>At Non-Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill with no limit on co-payment</li> </ul>	<ul style="list-style-type: none"> <li>Deductible incurred under the Main Plan will <b>no longer</b> be covered</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> is not applicable</li> </ul>

<sup>[5]</sup> The Loss Limit is the amount (per period of insurance) at which the Deductible, Co-insurance and co-payment payable by the Policyholder for the Eligible Bills incurred shall be capped at.

<sup>[6]</sup> Also includes government-funded Community Hospital / Inpatient Palliative Care Institution.

<sup>[7]</sup> Per period of insurance.

**GREAT TotalCare P Optimum**

<b>Upon transitioning to GREAT TotalCare P Optimum</b>		
	<b>Before your renewal of policy</b>	<b>After your renewal of policy</b>
<b>Coverage of Deductible and Co-insurance</b>		
<b>At Restructured Hospital<sup>[6]</sup></b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill, capped at \$3,000<sup>[7]</sup></li> </ul>	<ul style="list-style-type: none"> <li>Covers <b>95%</b> of the Deductible incurred under the Main Plan</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5] 4)</sup> of <b>\$3,000<sup>[7]</sup></b></li> </ul>
<b>At Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill, capped at \$3,000<sup>[7]</sup></li> </ul>	<ul style="list-style-type: none"> <li>Deductible incurred under the Main Plan will <b>no longer</b> be covered</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> of <b>\$6,500<sup>[7]</sup></b></li> </ul>
<b>At Non-Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill or the Deductible incurred under the Main Plan, whichever is higher, with no limit on co-payment</li> </ul>	<ul style="list-style-type: none"> <li>Deductible incurred under the Main Plan will <b>no longer</b> be covered</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> is not applicable</li> </ul>

<sup>[5]</sup> The Loss Limit is the amount (per period of insurance) at which the Deductible, Co-insurance and co-payment payable by the Policyholder for the Eligible Bills incurred shall be capped at.

<sup>[6]</sup> Also includes government-funded Community Hospital / Inpatient Palliative Care Institution.

<sup>[7]</sup> Per period of insurance.

**GREAT TotalCare A/ B/ BASIC A/ BASIC B**

Coverage of Deductible and Co-insurance		
	Before your renewal of policy	After your renewal of policy
<b>GREAT TotalCare A / B</b>		
<b>At Restructured Hospital<sup>[6]</sup> or at Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill, capped at \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>Covers <b>95%</b> of the Deductible incurred under the Main Plan</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> of <b>\$3,000<sup>[7]</sup></b></li> </ul>
<b>At Non-Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill with no limit on co-payment</li> </ul>	<ul style="list-style-type: none"> <li>Covers <b>95%</b> of the Deductible incurred under the Main Plan</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> is not applicable</li> </ul>
<b>GREAT TotalCare Basic A / Basic B</b>		
<b>At Restructured Hospital<sup>[6]</sup> or Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill or the Deductible incurred under the Main Plan, whichever is higher, capped at \$3,000<sup>[7]</sup></li> </ul>	<ul style="list-style-type: none"> <li>Deductible incurred under the Main Plan will <b>no longer</b> be covered</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> of <b>\$3,500<sup>[7]</sup></b></li> </ul>
<b>At Non-Panel Provider</b>	<ul style="list-style-type: none"> <li>Covers Deductible and Co-insurance incurred under the Main Plan</li> <li>Co-payment of 5% of the Eligible Bill or the Deductible incurred under the Main Plan, whichever is higher, with no limit on co-payment</li> </ul>	<ul style="list-style-type: none"> <li>Deductible incurred under the Main Plan will <b>no longer</b> be covered</li> <li>Covers <b>50%</b> of the Co-Insurance incurred under the Main Plan</li> <li>Loss Limit<sup>[5]</sup> is not applicable</li> </ul>

<sup>[5]</sup> The Loss Limit is the amount (per period of insurance) at which the Deductible, Co-insurance and co-payment payable by the Policyholder for the Eligible Bills incurred shall be capped at.

<sup>[6]</sup> Also includes government-funded Community Hospital / Inpatient Palliative Care Institution.

<sup>[7]</sup> Per period of insurance.