

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
Special Benefits				
Excess Expense - Outpatient Cancer Drug Treatment ("CDT") on the Cancer Drug List ("CDL") (per month) - for all plan types	Covers up to • 18x of MediShield Life's ("MSHL") limit.		Covers up to • 15x of MSHL's limit for one primary cancer ^[1] if the Life Assured is receiving treatment for one primary cancer, and • Sum of the highest CDT limit ^[2] among the claimable treatments received for each primary cancer ^[1] if the Life Assured is receiving treatment for Multiple Primary Cancers ^[3] .	
Excess Expense - Outpatient Cancer Drug Services ("CDS") (per period of insurance) - for all plan types	As charged.		cancer ^[4] if the Lif treatment for one • 15x of MSHL's lim	=
Outpatient CDT not on	Plan Type	Covers up to	Plan Type	Covers up to
the CDL (Classes A to E) (per period of insurance)	P / P Select	\$250,000	P Signature/ P Optimum	\$200,000
	A / Basic A	\$200,000	A / Basic A	\$175,000
	B / Basic B	\$150,000	B / Basic B	No Change

^[1] 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)).

d) Co-payment for Special Benefits

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

^{[4}A] 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.

^[2] This benefit limit is based on 15x MSHL's limit for the specific CDT.

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

^[4] 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).

e) Deductible, Co-insurance and Loss Limit

[GTC P Signature]

Upon transitioning to GREAT TotalCare P Signature				
	Before your renewal of policy	After your renewal of policy		
Coverage of Deduc	tible and Co-insurance			
At Restructured Hospital ^[6] or Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan Co-payment of 5% of the Eligible Bill, capped at \$3,000^[7] 	 Covers 95% of the Deductible incurred under the Main Plan Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] of \$3,000^[7] 		
At Non-Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan Co-payment of 5% of the Eligible Bill with no limit on co-payment 	 Deductible incurred under the Main Plan will no longer be covered Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] is not applicable 		

^[5] 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.

[GTC P Optimum]

Upon transitioning to GREAT TotalCare P Optimum				
	Before your renewal of policy	After your renewal of policy		
Coverage of Deductible and Co-insurance				
At Restructured Hospital [6]	 Covers Deductible and Co-insurance incurred under the Main Plan Co-payment of 5% of the Eligible Bill, capped at \$3,000^[7] 	 Covers 95% of the Deductible incurred under the Main Plan Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] 4] of \$3,000^[7] 		
At Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan Co-payment of 5% of the Eligible Bill, capped at \$3,000^[7] 	 Deductible incurred under the Main Plan will no longer be covered Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] of \$6,500^[7] 		
At Non-Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan 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 	Deductible incurred under the Main Plan will no longer be covered Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit ^[S] is not applicable		

^[5] 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.

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

^[7] Per period of insurance.

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

^[7] Per period of insurance.

[GTC A/ B/ BASIC A/ BASIC B]

Coverage of Deductible and Co-insurance				
	Before your renewal of policy	After your renewal of policy		
GREAT TotalCare A / B				
At Restructured Hospital ⁽⁶⁾ or at Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan Co-payment of 5% of the Eligible Bill, capped at \$3,000 	 Covers 95% of the Deductible incurred under the Main Plan Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] of \$3,000^[7] 		
At Non-Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan Co-payment of 5% of the Eligible Bill with no limit on co-payment 	 Covers 95% of the Deductible incurred under the Main Plan Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] is not applicable 		
GREAT TotalCare	Basic A / Basic B			
At Restructured Hospital ⁽⁶⁾ or Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan Co-payment of 5% of the Eligible Bill or the Deductible incurred under the Main Plan, whichever is higher, capped at \$3,000^[7] 	 Deductible incurred under the Main Plan will no longer be covered Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] of \$3,500^[7] 		
At Non-Panel Provider	 Covers Deductible and Co-insurance incurred under the Main Plan 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 	 Deductible incurred under the Main Plan will no longer be covered Covers 50% of the Co-Insurance incurred under the Main Plan Loss Limit^[5] is not applicable 		

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

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

^[7] Per period of insurance.