



GREAT SupremeHealth and GREAT TotalCare 2

Benefit Schedule and Premium Rates

For GREAT SupremeHealth and GREAT TotalCare 2 policies
with cover start date from 1 April 2026 onwards

GREAT SupremeHealth Benefits Table

LIMITS ON EXPENSES (All Amounts in S\$)				
Plan Type	P PLUS	P PRIME	A PLUS	B PLUS
Hospital / Ward Class Entitlement	Private and Restructured Hospitals	Private and Restructured Hospitals	Restructured Hospitals, Class A Wards and lower	Restructured Hospitals, Class B1 Wards and lower
EXPENSE ITEM	BENEFIT LIMIT			
1. INPATIENT / DAY SURGERY BENEFITS				
A. HOSPITALISATION ^[1] AND SURGERY BENEFITS				
Normal Ward	As Charged ^[2]			
Intensive Care Unit (ICU)				
Short-stay Ward				
Examination and Laboratory Tests				
Miscellaneous Hospital Services				
Daily In-Hospital Medical Doctor's Visit				
Surgery				
Surgical Implants / Approved Medical Consumables				
Radiosurgery				
B. ADDITIONAL INPATIENT BENEFITS				
Pregnancy and Childbirth Complications	As Charged ^[2]			
Breast Reconstruction after Mastectomy				
Accidental Dental Treatment				
Stem Cell Transplant				
Organ Transplant				
Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV				
C. PRE AND POST HOSPITALISATION BENEFITS				
Pre-Hospitalisation Treatment (a) within 90 days before Hospitalisation (b) within 180 days before Hospitalisation ^[3]	As Charged ^[2]			
Post-Hospitalisation Treatment (a) within 180 days from Hospital discharge (b) within 365 days from Hospital discharge ^[4]				

^[1] Includes eligible Mobile Inpatient Care at Home ("MIC@Home") stays, where all criteria for a claim under MediShield Life are met.

^[2] "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

^[3] Expenses incurred for Pre-Hospitalisation Treatment will be covered up to 180 days before Hospitalisation if the Hospitalisation is in a Restructured Hospital or in a Private Hospital and is prescribed by a Medical Doctor who is a Panel Provider.

^[4] Expenses incurred for Post-Hospitalisation Treatment will be covered up to 365 days from Hospital discharge if provided in a Restructured Hospital or prescribed by the admitting and/or main treating Specialist Doctor that had ordered the Hospitalisation of the Life Assured. The Specialist Doctor must be a Panel Provider. Such Post-Hospitalisation Treatment must also be provided by a Panel Provider.

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)				
Plan Type	P PLUS	P PRIME	A PLUS	B PLUS
Hospital / Ward Class Entitlement	Private and Restructured Hospitals	Private and Restructured Hospitals	Restructured Hospitals, Class A Wards and lower	Restructured Hospitals, Class B1 Wards and lower
EXPENSE ITEM	BENEFIT LIMIT			
2. OUTPATIENT BENEFITS				
Erythropoietin	As Charged ^[2]			
Immunosuppressants for organ transplant: • Cyclosporin • Tacrolimus • Other Immunosuppressant drugs				
Kidney Dialysis Treatment				
Radiotherapy for cancer • External (Except Hemi-Body) • Brachytherapy • Hemi-Body • Stereotactic				
Outpatient Cancer Drug Treatment on the Cancer Drug List	Life Assured receiving treatment for one primary cancer	5x (MediShield Life's limit for one primary cancer per month) ^[5]		
	Life Assured receiving treatment for Multiple Primary Cancers ^[6]	Sum of the highest cancer drug treatment limit ^[7] among the claimable treatments received for each primary cancer per month ^[5]		
Outpatient Cancer Drug Services	Life Assured receiving treatment for one primary cancer	5x (MediShield Life's limit for one primary cancer per Period of Insurance) ^[8]		
	Life Assured receiving treatment for Multiple Primary Cancers ^[6]	5x (MediShield Life's limit ^[9] for Multiple Primary Cancers per Period of Insurance) ^[8]		
Long-term Parenteral Nutrition	As Charged ^[2]			
Home Ventilation and Respiratory Support Service	\$1,680 per month		\$1,260 per month	
Hyperbaric Oxygen Therapy	\$1,560 per treatment session		\$1,170 per treatment session	
Negative Pressure Wound Therapy	\$240 per day		\$180 per day	
Paediatric Home Care	\$840 per month		\$630 per month	
Pasteurized Donated Human Milk	\$170 per day		\$128 per day	
Repetitive Transcranial Magnetic Stimulation	\$240 per treatment session		\$180 per treatment session	
Outpatient Parenteral Antibiotic Therapy	\$180 per day		\$135 per day	

^[5] For the latest MediShield Life's limit, refer to the Cancer Drug List on the Ministry of Health of Singapore's website under "MediShield Life Claim Limit per month" (go.gov.sg/moh-cancerdruglist). The Ministry of Health of Singapore may update the Cancer Drug List from time to time. The revised list will be applicable to the outpatient cancer drug treatment which is administered on and from the effective date of the revised list.

^[6] Defined as two or more cancers arising from different sites and/or are of a different histology or morphology group. The benefit limits for patients receiving treatment for Multiple Primary Cancers are accorded on an application basis; doctors are to send the application form to Ministry of Health of Singapore and the Company for assessment of MediShield Life and GREAT SupremeHealth coverage respectively.

^[7] This benefit limit is based on 5x MediShield Life's limit for the specific cancer drug treatment.

^[8] For the latest MediShield Life's limit for Cancer Drug Services, refer to "Cancer Drug Services" under the MediShield Life Benefits on the Ministry of Health of Singapore's website (go.gov.sg/mshlbenefits). The Ministry of Health of Singapore may update this from time to time. The revised limit will be applicable to the outpatient cancer drug services which were provided within the Period of Insurance of the revised limit.

^[9] The MediShield Life's limit for Cancer Drug Services for Multiple Primary Cancers will be double that of the MediShield Life's Limit for one primary cancer if the patient had received treatment for Multiple Primary Cancers at any point within the Period of Insurance.

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)					
Plan Type		P PLUS	P PRIME	A PLUS	B PLUS
	Hospital / Ward Class Entitlement	Private and Restructured Hospitals	Private and Restructured Hospitals	Restructured Hospitals, Class A Wards and lower	Restructured Hospitals, Class B1 Wards and lower
	EXPENSE ITEM	BENEFIT LIMIT			
3. ADDITIONAL BENEFITS					
Inpatient Sub-acute Care	• At Restructured Hospital • At government-funded Community Hospital	As Charged ^[2]			
	• At Private Hospital • At private Community Hospital	\$ 1,200 per day			\$ 1,000 per day
Inpatient Rehabilitation Care	• At Restructured Hospital • At government-funded Community Hospital	As Charged ^[2]			
	• At Private Hospital • At private Community Hospital	\$ 1,000 per day			\$ 800 per day
Inpatient Palliative Care		As Charged ^[2]			As Charged ^[2]
Outpatient Autologous Bone Marrow Transplant (for Multiple Myeloma)		\$ 30,000 per Period of Insurance			\$ 20,000 per Period of Insurance
Proton Beam Therapy ^[10]		\$ 80,000 per Period of Insurance			\$ 40,000 per Period of Insurance
Cell, Tissue and Gene Therapy ^[11]	Kymriah	\$ 200,000 per treatment (Limited to one treatment per indication per Lifetime) ^[12]			\$ 150,000 per treatment (Limited to one treatment per indication per Lifetime) ^[12]
	Yescarta	\$ 200,000 per treatment (Limited to one treatment per indication per Lifetime) ^[12]			\$ 150,000 per treatment (Limited to one treatment per indication per Lifetime) ^[12]
Psychiatric Treatment		\$ 5,000 per Period of Insurance			\$ 4,000 per Period of Insurance
Living Donor Organ Transplant (Kidney / Liver / Pancreas)	Life Assured is the Organ Donor – Covers Expenses Incurred by Life Assured	\$ 60,000 per Transplant			\$ 20,000 per Transplant
	Life Assured is the Organ Recipient -Covers Expenses Incurred by the Organ Donor	\$ 60,000 per Transplant			\$ 20,000 per Transplant

^[10] The Company will only cover Proton Beam Therapy if it is administered for a Ministry of Health of Singapore-approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for coverage of Proton Beam Therapy under MediShield Life. The Ministry of Health of Singapore-approved Proton Beam Therapy indications and patient eligibility criteria are specified on Ministry of Health of Singapore's website (go.gov.sg/pbt-approved-indications). The Ministry of Health of Singapore may update this from time to time.

^[11] Expenses for certain consultations, treatments, laboratory and examination tests which are incurred in connection with cell, tissue and gene therapy that is (a) not listed on the Cell, Tissue and Gene Therapy Product List or (b) is listed on the Cell, Tissue and Gene Therapy Product List but not covered under this Policy, will be covered under this expense item up to \$200,000 per Lifetime for Plan Type P PLUS, P PRIME and A PLUS or up to \$150,000 per Lifetime for Plan Type B PLUS.

^[12] This refers to the benefit limit for one treatment. The Life Assured is limited to a maximum of one treatment per clinical indication per Lifetime. The Company will only cover the Cell, Tissue and Gene Therapy if it is listed in Benefit Table and the Cell, Tissue and Gene Therapy Product List, is used according to the Cell, Tissue and Gene Therapy product-indication pairs and fulfills all clinical indication requirements as specified in the Ministry of Health of Singapore's Cell, Tissue and Gene Therapy Product List (go.gov.sg/ctgtp-list). The Ministry of Health of Singapore may update the list from time to time.

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)				
Plan Type	P PLUS	P PRIME	A PLUS	B PLUS
Hospital / Ward Class Entitlement	Private and Restructured Hospitals	Private and Restructured Hospitals	Restructured Hospitals, Class A Wards and lower	Restructured Hospitals, Class B1 Wards and lower
EXPENSE ITEM	BENEFIT LIMIT			

3. ADDITIONAL BENEFITS				
Congenital Abnormalities of the Life Assured		As Charged ^[2]		
Congenital Abnormalities of the Life Assured's Biological Child	Within (and including) 730 days from the date of Birth of the Child	\$ 20,000 per Lifetime ^[13] (\$ 5,000 per child)		\$ 12,000 per Lifetime ^[13] (\$ 3,000 per child)
Emergency Medical Treatment outside Singapore ^[14]		As Charged ^[2] (Limited to Private Hospitals charges)	As Charged ^[2] (Limited to Partnering Medical Institutions charges)	As Charged ^[2] (Limited to Restructured Hospitals, Class B1 ward charges)

Plan Type	P PLUS	P PRIME	A PLUS	B PLUS
FINAL EXPENSES BENEFIT (All Amounts in S\$)	BENEFIT LIMIT			
Final Expenses Benefit	\$ 7,000			\$ 3,600

Plan Type	P PLUS	P PRIME	A PLUS	B PLUS
PRO-RATION FACTORS ^[15]				
Expenses incurred in:				
<ul style="list-style-type: none"> Private Hospital Private Community Hospital Private Inpatient Palliative Care Institution Private medical clinic ^[16] 			35%	25%
Expenses incurred in Class A ward of:				
<ul style="list-style-type: none"> Restructured Hospital Government-funded Community Hospital Government-funded Inpatient Palliative Care Institution ^[17] 		N.A.		70%
Expenses incurred in Restructured Hospital ^[17] for:			N.A.	
<ul style="list-style-type: none"> Non-subsidised Short-stay Ward Day Surgery Outpatient treatment 				70%
Expenses incurred for Specially-Approved Treatments, Medical Services and/or Supplies (excluding cancer drug treatments)	50%			

^[13] The benefit limit refers to per Lifetime of the Life Assured.

^[14] Covers all Expenses incurred if the Life Assured requires treatments, medical services and/or supplies as a result of an Emergency while outside Singapore up to limits stated above.

^[15] In addition, Pro-ration Factors will apply to Singapore permanent residents and Foreigners insured under Plan Type B PLUS for Expenses incurred in a Class B1 ward or lower ward of a Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution or a subsidised Short-stay Ward, day Surgery or outpatient treatment in Restructured Hospital.

^[16] Refers to private sector outpatient clinics in Singapore.

^[17] Does not apply to Expenses incurred by the Life Assured in a Restructured Hospital on an outpatient basis for expense items under "Section 2 - Outpatient Benefits", Cell, Tissue and Gene Therapy and Proton Beam Therapy.

GREAT SupremeHealth Benefits Table (Continued)

Plan Type	P PLUS	P PRIME	A PLUS	B PLUS
DEDUCTIBLE ^[18]				
Per Period of Insurance (Up to and including age 80 years next birthday)				
<ul style="list-style-type: none"> • Private Hospital • Private Community Hospital • Private Inpatient Palliative Care Institution • Private medical clinic ^[16] • Hospital or medical clinic outside Singapore (All ward types and Day Surgery)	Partnering Medical Institution [#] and treated by Panel Provider	\$ 3,500	\$ 5,000	\$ 3,500
	Partnering Medical Institution [#] and treated by Non-Panel Provider		\$ 6,000	
	Non-Partnering Medical Institution ^{&}			
<ul style="list-style-type: none"> • Restructured Hospital • Government-funded Community Hospital • Government-funded Inpatient Palliative Care Institution 	Ward A		\$ 3,500	
	Ward B1/ B2+/B2		\$ 2,500	
	Ward C		\$ 2,000	
	Short-stay Ward / Day Surgery (Non-subsidised)		\$ 2,500	
	Short-stay Ward / Day Surgery (Subsidised)		\$ 2,000	
Per Period of Insurance (Following age 80 years next birthday)				
<ul style="list-style-type: none"> • Private Hospital • Private Community Hospital • Private Inpatient Palliative Care Institution • Private medical clinic ^[16] • Hospital or medical clinic outside Singapore (All ward types and Day Surgery)	Partnering Medical Institution [#] and treated by Panel Provider	\$ 5,250	\$ 7,500	\$ 5,250
	Partnering Medical Institution [#] and treated by Non-Panel Provider		\$ 9,000	
	Non-Partnering Medical Institution ^{&}			
<ul style="list-style-type: none"> • Restructured Hospital • Government-funded Community Hospital • Government-funded Inpatient Palliative Care Institution 	Ward A		\$ 5,250	
	Ward B1/ B2+/B2		\$ 3,750	
	Ward C		\$ 3,000	
	Short-stay Ward / Day Surgery (Non-subsidised)		\$ 3,750	
	Short-stay Ward / Day Surgery (Subsidised)		\$ 3,000	
CO-INSURANCE ^[19]				
<ul style="list-style-type: none"> • Private Hospital • Private Community Hospital • Private Inpatient Palliative Care Institution • Private medical clinic ^[16] • Hospital or medical clinic outside Singapore 	Partnering Medical Institution [#] and treated by Panel Provider	10%	10%	10%
	Partnering Medical Institution [#] and treated by Non-Panel Provider		40%	
	Non-Partnering Medical Institution ^{&}			
<ul style="list-style-type: none"> • Restructured Hospital • Polyclinic • Government-funded Community Hospital • Government-funded Inpatient Palliative Care Institution • General practitioner clinic 			10%	

[#] For the list of Partnering Medical Institutions, refer to the Company's corporate website. The Company may update the list from time to time.

[&] Regardless of whether treated by Panel or Non-Panel Provider.

^[18] Does not apply to Expenses incurred by the Life Assured on an outpatient basis for expense items under "Section 2 – Outpatient Benefits", Cell, Tissue and Gene Therapy and Proton Beam Therapy.

^[19] For Plan Type P PRIME, Co-insurance applicable to the Expenses incurred for Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment will follow the Co-insurance applicable to the related Hospitalisation or Surgery, except where such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment is provided by a Non-Panel Provider (applicable Co-insurance for such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment will be 40%) or in a Restructured Hospital, polyclinic or general practitioner clinic (applicable Co-insurance for such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment will be 10%).

GREAT SupremeHealth Benefits Table (Continued)

Plan Type	P PLUS	P PRIME	A PLUS	B PLUS
Annual Benefit Limit	\$ 1,500,000	\$ 1,500,000/ \$ 2,500,000 ^[20]	\$ 1,200,000	\$ 500,000
Lifetime Benefit Limit	Unlimited			

^[20] The additional Annual Benefit Limit of \$1,000,000 per Period of Insurance, in excess of the base Annual Benefit Limit of \$1,500,000, shall be applicable only to Expenses incurred either at a Restructured Hospital, polyclinic, government-funded Community Hospital, government-funded Inpatient Palliative Care Institution, general practitioner clinic or at a Partnering Medical Institution where the Life Assured was treated by Panel Provider.

GREAT SupremeHealth STANDARD Benefits Table

LIMITS ON EXPENSES (All Amounts in S\$)	
Plan Type	GREAT SupremeHealth STANDARD
Hospital/ Ward Class Entitlement	Restructured Hospitals, Class B1 Wards and lower
EXPENSE ITEM	BENEFIT LIMIT
1. INPATIENT / DAY SURGERY BENEFITS	
Daily Ward and Treatment Charges ^[1]	
- Normal Ward ^[2]	\$2,250 per day ^[3]
- Intensive Care Unit	\$6,850 per day ^[3]
Community Hospital (Sub-acute Care)	\$960 per day
Community Hospital (Rehabilitative Care)	\$760 per day
Inpatient Palliative Care Service (Specialised)	\$760 per day
Inpatient Palliative Care Service (General)	\$560 per day
Psychiatric Treatment ^[4]	\$680 per day
Surgery (as listed in the relevant Surgery Limits Table)	
Table 1A	\$590 per procedure
Table 1B	\$1,050 per procedure
Table 1C	\$1,050 per procedure
Table 2A	\$1,800 per procedure
Table 2B	\$2,300 per procedure
Table 2C	\$2,370 per procedure
Table 3A	\$3,290 per procedure
Table 3B	\$4,240 per procedure
Table 3C	\$4,760 per procedure
Table 4A	\$5,970 per procedure
Table 4B	\$8,220 per procedure
Table 4C	\$8,220 per procedure
Table 5A	\$8,920 per procedure
Table 5B	\$9,750 per procedure
Table 5C	\$11,030 per procedure
Table 6A	\$15,910 per procedure
Table 6B	\$15,910 per procedure
Table 6C	\$17,300 per procedure
Table 7A	\$21,840 per procedure
Table 7B	\$21,840 per procedure
Table 7C	\$21,840 per procedure
Surgical Implants / Approved Medical Consumables	\$9,800 per treatment
Radiosurgery, including Proton Beam Therapy – Category 4 ^[5]	\$31,300 per treatment course
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	\$14,040 per treatment
Serious Pregnancy and Delivery-Related Complications	Subject to the Benefit Limits under Inpatient/ Day Surgery Benefits above

^[1] Treatment Charges include related Miscellaneous Hospital Services, Daily In-Hospital Medical Doctor's Visit and Examinations and Laboratory Tests.

^[2] Includes eligible Mobile Inpatient Care at Home ("MIC@Home") stays where all criteria for a claim under MediShield Life are met.

^[3] Additional \$300 per day for the first 2 days for hospitalisation in Normal Ward and Intensive Care Unit Ward.

^[4] Claimable up to 60 days per Period of Insurance.

^[5] The Company will only cover Proton Beam Therapy if it is administered for a Ministry of Health of Singapore approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for coverage of Proton Beam Therapy under MediShield Life. The Ministry of Health of Singapore-approved-Proton Beam Therapy indications and patient eligibility criteria are specified on Ministry of Health of Singapore's website (go.gov.sg/pbt-approved-indications). The Ministry of Health of Singapore may update this from time to time.

GREAT SupremeHealth STANDARD Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)		
Plan Type		GREAT SupremeHealth STANDARD
Hospital/ Ward Class Entitlement		Restructured Hospitals, Class B1 Wards and lower
EXPENSE ITEM		BENEFIT LIMIT
2. OUTPATIENT BENEFITS		
Kidney Dialysis Treatment		\$3,740 per month
Outpatient Cancer Drug Treatment on the Cancer Drug List	Life Assured receiving treatment for one primary cancer	3x (MediShield Life's limit for one primary cancer per month) ^[7]
	Life Assured receiving treatment for Multiple Primary Cancers ^[6]	Sum of the highest cancer drug treatment limit ^[8] among the claimable treatments received for each primary cancer per month ^[7]
Outpatient Cancer Drug Services	Life Assured receiving treatment for one primary cancer	2x (MediShield Life's limit for one primary cancer per Period of Insurance) ^[9]
	Life Assured receiving treatment for Multiple Primary Cancers ^[6]	2x (MediShield Life's limit for Multiple Primary Cancers ^[10] per Period of Insurance) ^[9]
Radiotherapy for cancer		
- External (Except Hemi-Body)		\$880 per treatment
- Brachytherapy		\$1,100 per treatment
- Hemi-Body		\$2,510 per treatment
- Stereotactic		\$6,210 per treatment
- Proton Beam Therapy		
• Category 1 ^[5]		\$880 per treatment
• Category 2 ^[5]		\$1,100 per treatment
• Category 3 ^[5]		\$6,210 per treatment
Immunosuppressants for Organ Transplant		\$1,480 per month
Erythropoietin for Chronic Kidney Failure		\$450 per month
Long-term Parenteral Nutrition		\$3,980 per month

^[5] The Company will only cover Proton Beam Therapy if it is administered for a Ministry of Health of Singapore-approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for coverage of Proton Beam Therapy under MediShield Life. The Ministry of Health of Singapore-approved Proton Beam Therapy indications and patient eligibility criteria are specified on Ministry of Health of Singapore's website (go.gov.sg/pbt-approved-indications). The Ministry of Health of Singapore may update this from time to time.

^[6] Defined as two or more cancers arising from different sites and/or are of a different histology or morphology group. The benefit limits for patients receiving treatment for Multiple Primary Cancers are accorded on an application basis; doctors are to send the application form to Ministry of Health of Singapore and the Company for assessment of MediShield Life and GREAT SupremeHealth coverage respectively.

^[7] For the latest MediShield Life's limit, refer to the Cancer Drug List on the Ministry of Health of Singapore's website under "MediShield Life Claim Limit per month" (go.gov.sg/moh-cancerdruglist). The Ministry of Health of Singapore may update the Cancer Drug List from time to time. The revised list will be applicable to the outpatient cancer drug treatment which is administered on and from the effective date of the revised list.

^[8] This benefit limit is based on 3x MediShield Life's limit for the specific cancer treatment.

^[9] For the latest MediShield Life's limit for Cancer Drug Services, refer to "Cancer Drug Services" under the MediShield Life Benefits on the Ministry of Health of Singapore's website (go.gov.sg/mshlbenefits). The Ministry of Health of Singapore may update this from time to time. The revised limit will be applicable to the outpatient cancer drug services which were provided within the Period of Insurance of the revised limit.

^[10] The MediShield Life's limit for Cancer Drug Services for Multiple Primary Cancers will be double that of the MediShield Life's Limit for one primary cancer if the patient had received treatment for Multiple Primary Cancers at any point within the Period of Insurance.

GREAT SupremeHealth STANDARD Benefits Table (Continued)

Plan Type	GREAT SupremeHealth STANDARD
Hospital/ Ward Class Entitlement	Restructured Hospitals, Class B1 Wards and lower
PRO-RATION FACTOR ^[11]	
Inpatient charges in Private Hospitals / private Community Hospitals / private Inpatient Palliative Care Institution	50%
Inpatient charges in Restructured Hospitals – Class A ward / Government-funded Community Hospitals – Class A ward / Inpatient Palliative Care Institution – Class A ward	80%
Outpatient charges in Private Hospitals / private medical clinics ^[12]	65%
Day surgery charges in Private Hospitals / private medical clinics ^[12]	65%
DEDUCTIBLE ^[13]	
Per Period of Insurance (Up to and including age 80 years next birthday)	<p><u>Private Hospitals / private Community Hospitals (for inpatient treatment)</u> All ward types: \$2,500</p> <p><u>Restructured Hospitals / government-funded Community Hospitals (for inpatient treatment)</u> Class A - \$2,500 Class B1 - \$2,500 Class B2+/B2 - \$2,000 Class C - \$1,500</p> <p><u>Short-stay Ward</u> subsidised: \$1,500 non-subsidised: \$2,000</p> <p><u>Day surgery</u> subsidised: \$1,500 non-subsidised/ private: \$2,000</p>
Per Period of Insurance (following age 80 years next birthday)	<p><u>Private Hospitals / private Community Hospitals (for Inpatient treatment)</u> All ward types: \$3,000</p> <p><u>Restructured Hospitals / government-funded Community Hospitals (for inpatient treatment)</u> Class A - \$3,000 Class B1 - \$3,000 Class B2+/B2 - \$3,000 Class C - \$2,000</p> <p><u>Short-stay Ward</u> subsidised: \$2,000 non-subsidised: \$3,000</p> <p><u>Day surgery</u> subsidised: \$2,000 non-subsidised/ private: \$3,000</p>

^[11] In addition, pro-ration also applies to Singapore permanent residents and Foreigners for charges incurred in a Class B1 ward of a Restructured Hospital or government-funded Community Hospital.

^[12] Refers to private sector outpatient clinics.

^[13] Does not apply to Expenses incurred by the Life Assured on an outpatient basis: for Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin for Chronic Kidney Failure, Immunosuppressants for Organ Transplant and Long-term Parenteral Nutrition.

GREAT SupremeHealth STANDARD Benefits Table (Continued)

Plan Type	GREAT SupremeHealth STANDARD
Hospital/ Ward Class Entitlement	Restructured Hospitals, Class B1 Wards and lower
CO-INSURANCE	
Co-insurance	10%
LIMITS ON BENEFITS PAYABLE	
Annual Benefit Limit	\$200,000
Lifetime Benefit Limit	Unlimited
Maximum Coverage Age	Lifetime

GREAT TotalCare 2 Benefits Table

Plan Type		P	PRIME	A	B
Hospital / Ward Class Entitlement		Private and Restructured Hospitals	Private and Restructured Hospitals	Restructured Hospitals, Class A Wards and lower	Restructured Hospitals, Class B1 Wards and lower
DEDUCTIBLE COVERAGE					
Deductible incurred under the Life Assured's corresponding GREAT SupremeHealth plan		N.A.	Covers any Deductible in excess of \$3,500 when treatment is provided at a Partnering Medical Institution and treated by a Panel Provider ^[1]	N.A.	N.A.
CO-INSURANCE COVERAGE					
Co-insurance incurred under the Life Assured's corresponding GREAT SupremeHealth plan	At Restructured Hospital ^[2]	Covers 50% of Co-insurance	Covers 50% of Co-insurance	Covers 50% of Co-insurance	
	At Partnering Medical Institution [#] and treated by Panel Provider				
	At Partnering Medical Institution [#] and treated by Non-Panel Provider		N.A.		
	At Non-Partnering Medical Institution ^[3]				
CO-PAYMENT CAP					
Co-payment Cap (per Period of Insurance), applicable to Co-insurance and Co-payment incurred	At Restructured Hospital ^[2]	\$6,000	\$6,000	\$6,000	
	At Partnering Medical Institution [#] and treated by Panel Provider				
	At Non-Partnering Medical Institution and treated by Panel Provider		N.A.		
	At Partnering Medical Institution [#] and treated by Non-Panel Provider				
	At Non-Partnering Medical Institution and treated by Non-Panel Provider				

For the list of Partnering Medical Institutions, refer to the Company's corporate website. The Company may update the list from time to time.

^[1] If the Life Assured is above 80 age next birthday, the base Deductible is \$5,250 instead of \$3,500.

^[2] Also includes polyclinics / government-funded Community Hospital / Inpatient Palliative Care Institution / general practitioner clinic.

^[3] Regardless of whether treated by Panel or Non-Panel Provider.

GREAT TotalCare 2 Benefits Table (Continued)

Plan Type		P	PRIME	A	B
SPECIAL BENEFITS		BENEFIT LIMIT			
Excess Expenses ^[4] -Outpatient Cancer Drug Treatment on the Cancer Drug List (per month)	Life Assured receiving treatment for one primary cancer	15x (MediShield Life's limit for one primary cancer) ^[5]			
	Life Assured receiving treatment for Multiple Primary Cancers ^[6]	Sum of the highest cancer drug treatment limit ^[7] among the claimable treatments received for each primary cancer ^[5]			
Outpatient Cancer Drug Treatment not on the Cancer Drug List for the following Classes ^[8] : • Class A • Class B • Class C • Class D • Class E (per Period of Insurance)		\$ 200,000		\$ 150,000	
		Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Excess Expenses ^[4] -Outpatient Cancer Drug Services (per Period of Insurance)	Life Assured receiving treatment for one primary cancer	15x (MediShield Life's limit for one primary cancer) ^[10]			
	Life Assured receiving treatment for Multiple Primary Cancers ^[6]	15x (MediShield Life's limit for Multiple Primary Cancers) ^[10]			

^[4] For the avoidance of doubt, benefit limit stated for GREAT TotalCare 2 is in addition to benefit limit of the Main Plan. If GREAT TotalCare 2 is attached to GREAT SupremeHealth Plan Type P PLUS, P PRIME, A PLUS or B PLUS and no benefit is payable under the GREAT SupremeHealth plan as the GREAT SupremeHealth plan's benefit limit has been exhausted, the expenses incurred will be subject to Co-payment to be borne by the Policyholder before any benefit is payable under GREAT TotalCare 2.

^[5] For the latest MediShield Life's limit, refer to the Cancer Drug List on the Ministry of Health of Singapore's website under "MediShield Life Claim Limit per month" (go.gov.sg/moh-cancerdruglist). The Ministry of Health of Singapore may update the Cancer Drug List from time to time. The revised list will be applicable to the outpatient cancer drug treatment which is administered on and from the effective date of the revised list.

^[6] Defined as two or more cancers arising from different sites and/or are of a different histology or morphology group. The benefit limits for patients receiving treatment for Multiple Primary Cancers are accorded on an application basis; doctors are to send the application form to Ministry of Health of Singapore and the Company for assessment of MediShield Life and GREAT TotalCare coverage respectively.

^[7] This benefit limit is based on 15x MediShield Life's limit for the specific cancer drug treatment.

^[8] Refer to the "Non-CDL Classification Framework" by Life Insurance Association for the classification of cancer drug treatments that are not on the Cancer Drug List (www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf). The Life Insurance Association may update this from time to time.

^[9] If the Eligible Bills in excess of the Benefit Limits of this Policy are equal to or higher than the Co-payment, the Co-payment shall not be payable. For the avoidance of doubt, Policyholder shall bear the Eligible Bills in excess of the Benefit Limits of this Policy.

^[10] The MediShield Life's limit for cancer drug services for Multiple Primary Cancers will be double that of the MediShield Life'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 MediShield Life's limit for Cancer Drug Services, refer to "Cancer Drug Services" under the MediShield Life Benefits on the Ministry of Health of Singapore's website (go.gov.sg/mshlbenefits). The Ministry of Health of Singapore may update this from time to time. The revised limit will be applicable to the outpatient cancer drug services which were provided within the Period of Insurance of the revised limit.

GREAT TotalCare 2 Benefits Table (Continued)

Plan Type	P	PRIME	A	B
Hospital / Ward Class Entitlement	Private and Restructured Hospitals	Private and Restructured Hospitals	Restructured Hospitals, Class A Wards and lower	Restructured Hospitals, Class B1 Wards and lower
SPECIAL BENEFITS	BENEFIT LIMIT			
Extended Cell, Tissue and Gene Therapy Benefit (per treatment, limited to one treatment per indication per Lifetime) ^[11]	\$100,000		\$50,000	
	Subject to 10% Co-payment to be borne by the Policyholder ^[9]			
Additional Outpatient Cancer Support (per Period of Insurance)	\$ 10,000		\$ 6,000	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Post-Stroke Outpatient Care Support (per Period of Insurance)	\$2,000		\$ 1,000	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Emergency Accidental Outpatient Treatment (per Course of Treatment)	\$ 2,000		\$ 1,000	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Ambulance Services (per Course of Treatment)	\$ 250		\$ 100	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Home Health Care Benefit (up to \$350 per day, within 180 days from Hospital discharge) ^[12] (per Period of Insurance)	\$ 10,000		\$ 6,000	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Post-Hospital Follow-up Traditional Chinese Medicine Treatment ^[13] (within 180 days from Hospital discharge) (per Period of Insurance)	\$ 6,000		\$ 4,000	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Medical Aids (per Period of Insurance)	\$ 3,000		\$ 1,500	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
Companion Accommodation Benefit ^[14] (up to 10 days per Hospitalisation)	\$ 80 per day		\$ 40 per day	
	Subject to 5% Co-payment to be borne by the Policyholder ^[9]			
LIMITS ON BENEFIT PAYABLE				
Annual Benefit Limit	\$ 400,000		\$ 200,000	\$ 150,000
Lifetime Benefit Limit	Unlimited			

^[11] This benefit covers expenses incurred for cell, tissue and gene therapy that is (a) not listed on the Cell, Tissue and Gene Therapy Product List or (b) is listed on the Cell, Tissue and Gene Therapy Product List but not covered under the Main Plan. The benefit limit stated is for one treatment. The Life Assured is limited to a maximum of one treatment per clinical indication per Lifetime.

^[12] Eligible Expenses incurred by the Life Assured for treatments and/or medical services provided within 180 days from the day the Life Assured is discharged from the Hospital, Community Hospital or Inpatient Palliative Care Institution.

^[13] For Post-Hospital Follow-up Traditional Chinese Medicine Treatment provided by a registered TCM Practitioner in an approved TCM clinic outside of a Singapore Hospital or a Community Hospital, the expenses incurred will be subject to a limit of \$60 per visit, up to 1 visit a day.

^[14] A companion refers to the Life Assured's parent, legal guardian, legal spouse, sibling, biological child or legally adopted child who is above 18 years next birthday during the Hospitalisation of the Life Assured. The Expenses incurred will be subject to the daily Benefit Limit up to 10 days per Hospitalisation.

GREAT TotalCare Plus 2 Benefits Table

Benefit Schedule (All amounts in S\$)		
Plan Type	(ESSENTIAL)	
EXPENSE ITEM	BENEFIT LIMIT	
WORLDWIDE COVERAGE		
(A) Overseas Emergency medical or surgical treatment ^{[1][2]}	For ASEAN ^[3] countries Expenses incurred are limited to the Reasonable and Customary Charges in the country where the treatment was provided.	
	For non-ASEAN countries If the Life Assured has resided outside the Country of Issue for:- <ul style="list-style-type: none"> • <u>90 days or less</u> Expenses incurred are limited to the Reasonable and Customary Charges in the country where the treatment was provided. • <u>more than 90 days</u> ^[4] Expenses incurred are limited to the Reasonable and Customary Charges in the Country of Issue ^[5]. 	
(B) Overseas Non-Emergency medical or surgical treatment ^{[1][2]}	Expenses incurred are limited to the lower of the following: <ul style="list-style-type: none"> • Reasonable and Customary Charges in Country of Issue ^[5], or • Reasonable and Customary Charges in the country where the treatment was provided. 	
(C) Emergency Assistance Services	Covered	
LIMITS ON BENEFITS PAYABLE		
Additional Annual Benefit Limit		
1. For a Life Assured who is not covered under GREAT SupremeHealth (As Charged) ^[6] Benefits payable under this Rider for (B) shall be payable according to the Policy insured for the Life Assured, with the following Additional Annual Benefit Limits added to the Policy:		
Additional Annual Benefit Limit	\$25,000	
2. For a Life Assured who is covered under GREAT SupremeHealth (As Charged) ^[6] Benefits under this Rider for (B) shall be payable according to the Policy and GREAT SupremeHealth (As Charged) ^[6] plan insured for the Life Assured, with the following Additional Annual Benefit Limits added to the Policy:		
Additional Annual Benefit Limit	\$50,000	
Lifetime Benefit Limit		
Benefits payable under this Rider for (B) shall be payable up to the following Lifetime Benefit Limits, in accordance with the plan type of the Policy insured for the Life Assured:		
GREAT TotalCare P SIGNATURE GREAT TotalCare P OPTIMUM GREAT TotalCare P PRIME GREAT TotalCare 2 P GREAT TotalCare 2 PRIME	GREAT TotalCare A GREAT TotalCare BASIC A GREAT TotalCare 2 A	GREAT TotalCare B GREAT TotalCare BASIC B GREAT TotalCare 2 B
\$5,000,000	\$3,000,000	\$1,000,000

^[1] All Expenses payable for (A) and (B) are subject to the Deductibles (where applicable), Co-insurance, Benefit Limits and Co-payment as set out in the Main Plan and/or the Policy. If this Rider is attached to GREAT TotalCare P PRIME or GREAT TotalCare 2 PRIME at the time the Expenses are incurred, the applicable Deductible (if applicable) and/or Co-insurance will follow the Deductible and/or Co-insurance applicable for Expenses incurred at a Partnering Medical Institution and treated by a Panel Provider as set out in the Main Plan and/or the Policy.

^[2] If the Life Assured is a Foreigner, the Life Assured must not have resided outside of the Country of Issue for more than 180 days continuously for the Expenses for (A) and (B) to be payable.

^[3] Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam.

^[4] Life Assured has resided outside the Country of Issue for more than 90 days, whether continuously or otherwise during the Period of Insurance.

^[5] If this Rider is attached to GREAT TotalCare P PRIME or GREAT TotalCare 2 PRIME at the time the Expenses are incurred, the Reasonable and Customary Charges in Country of Issue will be based on the Reasonable and Customary Charges applicable at a Partnering Medical Institution.

^[6] GREAT SupremeHealth (As Charged) plan refers to GREAT SupremeHealth P PLUS, A PLUS, B PLUS and P PRIME plans.

GREAT SupremeHealth Premiums Table

For Singaporean Citizens and Permanent Residents of Singapore

Age Next Birthday	MediShield Life Premiums* (S\$) [Fully Payable by MediSave**]	Additional Withdrawal Limits# (AWLs) [S\$]	Additional Private Insurance Coverage									
			P PLUS		P PRIME		A PLUS		B PLUS		STANDARD	
			Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)
1	200	300	344.44	44.44	192.93	0	87.20	0	61.04	0	30.56	0
2	200	300	344.44	44.44	192.93	0	87.20	0	61.04	0	30.56	0
3	200	300	344.44	44.44	192.93	0	87.20	0	61.04	0	30.56	0
4	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
5	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
6	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
7	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
8	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
9	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
10	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
11	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
12	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
13	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
14	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
15	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
16	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
17	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
18	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	30.56	0
19	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	35.65	0
20	200	300	312.83	12.83	174.40	0	85.02	0	61.04	0	35.65	0
21	295	300	391.31	91.31	219.09	0	103.55	0	77.39	0	35.65	0
22	295	300	391.31	91.31	219.09	0	103.55	0	77.39	0	35.65	0
23	295	300	391.31	91.31	219.09	0	103.55	0	77.39	0	35.65	0
24	295	300	391.31	91.31	219.09	0	103.55	0	77.39	0	35.65	0
25	295	300	391.31	91.31	219.09	0	103.55	0	77.39	0	35.65	0
26	295	300	456.71	156.71	255.06	0	103.55	0	77.39	0	35.65	0
27	295	300	456.71	156.71	255.06	0	103.55	0	77.39	0	35.65	0
28	295	300	456.71	156.71	255.06	0	103.55	0	77.39	0	35.65	0
29	295	300	456.71	156.71	255.06	0	103.55	0	77.39	0	35.65	0
30	295	300	456.71	156.71	255.06	0	103.55	0	77.39	0	35.65	0
31	503	300	631.11	331.11	352.07	52.07	134.07	0	92.65	0	53.99	0
32	503	300	631.11	331.11	352.07	52.07	134.07	0	92.65	0	53.99	0
33	503	300	631.11	331.11	352.07	52.07	134.07	0	92.65	0	53.99	0
34	503	300	631.11	331.11	352.07	52.07	134.07	0	92.65	0	53.99	0
35	503	300	631.11	331.11	352.07	52.07	134.07	0	92.65	0	53.99	0
36	503	300	680.16	380.16	379.32	79.32	152.60	0	104.64	0	53.99	0
37	503	300	680.16	380.16	379.32	79.32	152.60	0	104.64	0	53.99	0
38	503	300	680.16	380.16	379.32	79.32	152.60	0	104.64	0	53.99	0
39	503	300	680.16	380.16	379.32	79.32	152.60	0	104.64	0	53.99	0
40	503	300	680.16	380.16	379.32	79.32	152.60	0	104.64	0	53.99	0

GREAT SupremeHealth Premiums Table (Continued)

For Singaporean Citizens and Permanent Residents of Singapore

Age Next Birthday	MediShield Life Premiums* (S\$) [Fully Payable by MediSave**]	Additional Withdrawal Limits# (AWLs) [S\$]	Additional Private Insurance Coverage									
			P PLUS		P PRIME		A PLUS		B PLUS		STANDARD	
			Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)
41	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
42	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
43	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
44	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
45	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
46	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
47	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
48	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
49	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
50	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
51	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
52	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
53	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
54	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
55	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
56	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
57	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
58	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
59	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
60	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
61	1131	600	3,962.15	3,362.15	2,210.52	1,610.52	694.33	94.33	455.62	0	235.32	0
62	1131	600	3,962.15	3,362.15	2,210.52	1,610.52	694.33	94.33	455.62	0	235.32	0
63	1131	600	3,962.15	3,362.15	2,210.52	1,610.52	694.33	94.33	455.62	0	235.32	0
64	1131	600	3,989.40	3,389.40	2,225.78	1,625.78	882.90	282.90	587.51	0	235.32	0
65	1131	600	3,989.40	3,389.40	2,225.78	1,625.78	882.90	282.90	587.51	0	235.32	0
66	1326	600	5,555.73	4,955.73	3,099.96	2,499.96	1,159.76	559.76	758.64	158.64	373.86	0
67	1326	600	5,555.73	4,955.73	3,099.96	2,499.96	1,159.76	559.76	758.64	158.64	373.86	0
68	1326	600	5,555.73	4,955.73	3,099.96	2,499.96	1,159.76	559.76	758.64	158.64	373.86	0
69	1326	600	6,003.72	5,403.72	3,350.66	2,750.66	1,464.96	864.96	989.72	389.72	373.86	0
70	1326	600	6,003.72	5,403.72	3,350.66	2,750.66	1,464.96	864.96	989.72	389.72	373.86	0
71	1643	900	6,754.73	5,854.73	3,769.22	2,869.22	1,660.07	760.07	1,189.19	289.19	597.97	0
72	1643	900	6,754.73	5,854.73	3,769.22	2,869.22	1,660.07	760.07	1,189.19	289.19	597.97	0
73	1643	900	6,754.73	5,854.73	3,769.22	2,869.22	1,660.07	760.07	1,189.19	289.19	597.97	0
74	1816	900	8,373.38	7,473.38	4,672.83	3,772.83	2,097.16	1,197.16	1,400.65	500.65	681.50	0
75	1816	900	8,373.38	7,473.38	4,672.83	3,772.83	2,097.16	1,197.16	1,400.65	500.65	681.50	0
76*	2027	900	9,620.34	8,720.34	5,368.25	4,468.25	2,461.22	1,561.22	1,644.81	744.81	732.44	0
77*	2027	900	9,620.34	8,720.34	5,368.25	4,468.25	2,461.22	1,561.22	1,644.81	744.81	732.44	0
78*	2027	900	9,620.34	8,720.34	5,368.25	4,468.25	2,461.22	1,561.22	1,644.81	744.81	732.44	0
79*	2187	900	11,607.41	10,707.41	6,477.87	5,577.87	2,871.06	1,971.06	1,935.84	1,035.84	782.36	0
80*	2187	900	11,607.41	10,707.41	6,477.87	5,577.87	2,871.06	1,971.06	1,935.84	1,035.84	782.36	0

GREAT SupremeHealth Premiums Table (Continued)

For Singaporean Citizens and Permanent Residents of Singapore

Age Next Birthday	MediShield Life Premiums* (S\$) [Fully Payable by MediSave**]	Additional Withdrawal Limits# (AWLs) [S\$]	Additional Private Insurance Coverage									
			P PLUS		P PRIME		A PLUS		B PLUS		STANDARD	
			Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)
81*	2303	900	12,414.01	11,514.01	6,928.04	6,028.04	2,968.07	2,068.07	2,140.76	1,240.76	818.01	0
82*	2303	900	12,414.01	11,514.01	6,928.04	6,028.04	2,968.07	2,068.07	2,140.76	1,240.76	818.01	0
83*	2303	900	12,414.01	11,514.01	6,928.04	6,028.04	2,968.07	2,068.07	2,140.76	1,240.76	818.01	0
84*	2616	900	13,120.33	12,220.33	7,321.53	6,421.53	3,272.18	2,372.18	2,307.53	1,407.53	1,023.78	123.78
85*	2616	900	13,120.33	12,220.33	7,321.53	6,421.53	3,272.18	2,372.18	2,307.53	1,407.53	1,023.78	123.78
86*	2785	900	13,186.82	12,286.82	7,358.59	6,458.59	3,664.58	2,764.58	2,469.94	1,569.94	1,276.42	376.42
87*	2785	900	13,186.82	12,286.82	7,358.59	6,458.59	3,664.58	2,764.58	2,469.94	1,569.94	1,276.42	376.42
88*	2785	900	13,186.82	12,286.82	7,358.59	6,458.59	3,664.58	2,764.58	2,469.94	1,569.94	1,276.42	376.42
89*	2785	900	13,329.61	12,429.61	7,438.16	6,538.16	3,804.10	2,904.10	2,675.95	1,775.95	1,330.41	430.41
90*	2785	900	13,329.61	12,429.61	7,438.16	6,538.16	3,804.10	2,904.10	2,675.95	1,775.95	1,330.41	430.41
91*	2826	900	13,473.49	12,573.49	7,518.82	6,618.82	4,062.43	3,162.43	2,863.43	1,963.43	1,436.36	536.36
92*	2826	900	13,473.49	12,573.49	7,518.82	6,618.82	4,062.43	3,162.43	2,863.43	1,963.43	1,436.36	536.36
93*	2826	900	13,473.49	12,573.49	7,518.82	6,618.82	4,062.43	3,162.43	2,863.43	1,963.43	1,436.36	536.36
94*	2826	900	13,590.12	12,690.12	7,584.22	6,684.22	4,351.28	3,451.28	3,108.68	2,208.68	1,510.72	610.72
95*	2826	900	13,590.12	12,690.12	7,584.22	6,684.22	4,351.28	3,451.28	3,108.68	2,208.68	1,510.72	610.72
96*	2826	900	13,711.11	12,811.11	7,651.80	6,751.80	4,822.16	3,922.16	3,348.48	2,448.48	1,815.31	915.31
97*	2826	900	13,711.11	12,811.11	7,651.80	6,751.80	4,822.16	3,922.16	3,348.48	2,448.48	1,815.31	915.31
98*	2826	900	13,711.11	12,811.11	7,651.80	6,751.80	4,822.16	3,922.16	3,348.48	2,448.48	1,815.31	915.31
99*	2826	900	13,799.40	12,899.40	7,700.85	6,800.85	5,164.42	4,264.42	3,602.45	2,702.45	1,897.82	997.82
100*	2826	900	13,799.40	12,899.40	7,700.85	6,800.85	5,164.42	4,264.42	3,602.45	2,702.45	1,897.82	997.82
> 100*	2826	900	13,799.40	12,899.40	7,700.85	6,800.85	5,164.42	4,264.42	3,602.45	2,702.45	1,897.82	997.82

Notes:

* Accurate as of 1 October 2025. For the latest MediShield Life premiums, refer to the “Premium & Subsidy Tables” on the Ministry of Health of Singapore’s website (“go.gov.sg/mshlpremiums”). The Ministry of Health of Singapore may revise the MediShield Life premiums from time to time.

** Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The Net MediShield Life Premium Payable after accounting for these is fully payable by MediSave.

If the Life Assured is a foreigner dependant whose plan does not have a MediShield Life portion, you may utilise a MediSave amount equivalent to the MediShield Life premium above plus the Additional Withdrawal Limit to pay for your premiums.

* For GREAT SupremeHealth P PLUS, P PRIME, A PLUS and B PLUS, premium rates from age 76 onwards apply for additional private insurance coverage renewal only.

Subject to the prevailing rule by Ministry of Health.

1. Annual premium rates include the prevailing rate of GST. The prevailing rate of GST is subject to change.
2. Annual premium rates are for standard lives and exclusive of any discounts or subsidies given by MediShield Life.
3. Foreigners are eligible to purchase GREAT SupremeHealth P PLUS, P PRIME and A PLUS only.
4. We will give a 15% child discount on the first policy year’s additional private insurance coverage premiums (before GST) for a child up to and including age 18 next birthday as long as one parent, who is the Policyholder, is insured under GREAT SupremeHealth P PLUS, P PRIME, A PLUS, B PLUS or STANDARD.

GREAT SupremeHealth Premiums Table (P PLUS, P PRIME and A PLUS)

For Foreigners with Eligible Valid Passes

Age Next Birthday	GREAT SupremeHealth Annual Premiums (S\$)		
	P PLUS	P PRIME	A PLUS
1	544.44	392.93	287.20
2	544.44	392.93	287.20
3	544.44	392.93	287.20
4	512.83	374.40	285.02
5	512.83	374.40	285.02
6	512.83	374.40	285.02
7	512.83	374.40	285.02
8	512.83	374.40	285.02
9	512.83	374.40	285.02
10	512.83	374.40	285.02
11	512.83	374.40	285.02
12	512.83	374.40	285.02
13	512.83	374.40	285.02
14	512.83	374.40	285.02
15	512.83	374.40	285.02
16	512.83	374.40	285.02
17	512.83	374.40	285.02
18	512.83	374.40	285.02
19	512.83	374.40	285.02
20	512.83	374.40	285.02
21	686.31	514.09	398.55
22	686.31	514.09	398.55
23	686.31	514.09	398.55
24	686.31	514.09	398.55
25	686.31	514.09	398.55
26	751.71	550.06	398.55
27	751.71	550.06	398.55
28	751.71	550.06	398.55
29	751.71	550.06	398.55
30	751.71	550.06	398.55
31	1,134.11	855.07	637.07
32	1,134.11	855.07	637.07
33	1,134.11	855.07	637.07
34	1,134.11	855.07	637.07
35	1,134.11	855.07	637.07
36	1,183.16	882.32	655.60
37	1,183.16	882.32	655.60
38	1,183.16	882.32	655.60
39	1,183.16	882.32	655.60
40	1,183.16	882.32	655.60
41	1,930.83	1,358.58	895.33
42	1,930.83	1,358.58	895.33
43	1,930.83	1,358.58	895.33
44	1,930.83	1,358.58	895.33
45	1,930.83	1,358.58	895.33
46	1,994.05	1,394.55	917.13
47	1,994.05	1,394.55	917.13
48	1,994.05	1,394.55	917.13
49	1,994.05	1,394.55	917.13
50	1,994.05	1,394.55	917.13
51	3,009.97	2,079.11	1,287.77
52	3,009.97	2,079.11	1,287.77
53	3,009.97	2,079.11	1,287.77
54	3,009.97	2,079.11	1,287.77
55	3,009.97	2,079.11	1,287.77
56	3,601.84	2,409.38	1,439.28
57	3,601.84	2,409.38	1,439.28

GREAT SupremeHealth Premiums Table (P PLUS, P PRIME and A PLUS) (Continued)

For Foreigners with Eligible Valid Passes

Age Next Birthday	GREAT SupremeHealth Annual Premiums (S\$)		
	P PLUS	P PRIME	A PLUS
58	3,601.84	2,409.38	1,439.28
59	3,601.84	2,409.38	1,439.28
60	3,601.84	2,409.38	1,439.28
61	5,093.15	3,341.52	1,825.33
62	5,093.15	3,341.52	1,825.33
63	5,093.15	3,341.52	1,825.33
64	5,120.40	3,356.78	2,013.90
65	5,120.40	3,356.78	2,013.90
66	6,881.73	4,425.96	2,485.76
67	6,881.73	4,425.96	2,485.76
68	6,881.73	4,425.96	2,485.76
69	7,329.72	4,676.66	2,790.96
70	7,329.72	4,676.66	2,790.96
71	8,397.73	5,412.22	3,303.07
72	8,397.73	5,412.22	3,303.07
73	8,397.73	5,412.22	3,303.07
74	10,189.38	6,488.83	3,913.16
75	10,189.38	6,488.83	3,913.16
76*	11,647.34	7,395.25	4,488.22
77*	11,647.34	7,395.25	4,488.22
78*	11,647.34	7,395.25	4,488.22
79*	13,794.41	8,664.87	5,058.06
80*	13,794.41	8,664.87	5,058.06
81*	14,717.01	9,231.04	5,271.07
82*	14,717.01	9,231.04	5,271.07
83*	14,717.01	9,231.04	5,271.07
84*	15,736.33	9,937.53	5,888.18
85*	15,736.33	9,937.53	5,888.18
86*	15,971.82	10,143.59	6,449.58
87*	15,971.82	10,143.59	6,449.58
88*	15,971.82	10,143.59	6,449.58
89*	16,114.61	10,223.16	6,589.10
90*	16,114.61	10,223.16	6,589.10
91*	16,299.49	10,344.82	6,888.43
92*	16,299.49	10,344.82	6,888.43
93*	16,299.49	10,344.82	6,888.43
94*	16,416.12	10,410.22	7,177.28
95*	16,416.12	10,410.22	7,177.28
96*	16,537.11	10,477.80	7,648.16
97*	16,537.11	10,477.80	7,648.16
98*	16,537.11	10,477.80	7,648.16
99*	16,625.40	10,526.85	7,990.42
100*	16,625.40	10,526.85	7,990.42
> 100*	16,625.40	10,526.85	7,990.42

Notes:

If the Life Assured is a Foreigner dependant whose plan does not have a MediShield Life portion, you may utilise a MediSave amount up to the MediSave withdrawal limit for Foreigners, to pay for your premiums.

* Premium rates from age 76 onwards apply for additional private insurance coverage renewal only.

1. Annual premium rates include the prevailing rate of GST. The prevailing rate of GST is subject to change.
2. Annual premium rates are for standard lives.
3. We will give a 15% child discount on the first policy year's additional private insurance coverage premiums (before GST) for a child up to and including age 18 next birthday as long as one parent, who is the Policyholder, is insured under GREAT SupremeHealth P PLUS, P PRIME, A PLUS, B PLUS or STANDARD.

GREAT TotalCare 2 Premium Tables

Age Next Birthday	GREAT TotalCare 2 Annual Premiums (S\$)				GREAT TotalCare Plus 2 Annual Premiums (S\$)
	P	PRIME	A	B	ESSENTIAL
1	977.73	422.92	118.81	75.21	148.24
2	977.73	422.92	118.81	75.21	127.53
3	977.73	422.92	118.81	75.21	110.09
4	842.57	371.69	77.39	75.21	94.83
5	842.57	371.69	77.39	75.21	81.75
6	842.57	371.69	77.39	62.13	75.21
7	842.57	371.69	77.39	62.13	77.39
8	842.57	371.69	77.39	62.13	78.48
9	842.57	371.69	77.39	62.13	80.66
10	842.57	371.69	77.39	62.13	85.02
11	842.57	371.69	77.39	62.13	87.20
12	842.57	371.69	77.39	62.13	89.38
13	842.57	371.69	77.39	62.13	91.56
14	842.57	371.69	77.39	62.13	93.74
15	842.57	371.69	77.39	62.13	97.01
16	842.57	371.69	77.39	62.13	99.19
17	842.57	371.69	77.39	62.13	103.55
18	842.57	371.69	77.39	62.13	105.73
19	842.57	371.69	77.39	62.13	109.00
20	842.57	371.69	77.39	62.13	113.36
21	887.26	357.52	88.29	64.31	115.54
22	887.26	357.52	88.29	64.31	119.90
23	887.26	357.52	88.29	64.31	123.17
24	887.26	357.52	88.29	64.31	126.44
25	887.26	357.52	88.29	64.31	127.53
26	893.80	374.96	88.29	64.31	128.62
27	893.80	374.96	88.29	64.31	128.62
28	893.80	374.96	88.29	64.31	129.71
29	893.80	374.96	88.29	64.31	129.71
30	893.80	374.96	88.29	64.31	130.80
31	935.22	438.18	109.00	75.21	130.80
32	935.22	438.18	109.00	75.21	130.80
33	935.22	438.18	109.00	75.21	131.89
34	935.22	438.18	109.00	75.21	131.89
35	935.22	438.18	109.00	75.21	134.07
36	1,034.41	468.70	128.62	89.38	135.16
37	1,034.41	468.70	128.62	89.38	136.25
38	1,034.41	468.70	128.62	89.38	143.88
39	1,034.41	468.70	128.62	89.38	144.97
40	1,034.41	468.70	128.62	89.38	154.78
41	1,507.47	703.05	167.86	116.63	162.41
42	1,507.47	703.05	167.86	116.63	163.50
43	1,507.47	703.05	167.86	116.63	166.77
44	1,507.47	703.05	167.86	116.63	174.40
45	1,507.47	703.05	167.86	116.63	176.58
46	1,697.13	827.31	210.37	144.97	177.67
47	1,697.13	827.31	210.37	144.97	189.66
48	1,697.13	827.31	210.37	144.97	201.65
49	1,697.13	827.31	210.37	144.97	213.64
50	1,697.13	827.31	210.37	144.97	225.63
51	2,334.78	1,297.10	284.49	196.20	239.80
52	2,334.78	1,297.10	284.49	196.20	255.06
53	2,334.78	1,297.10	284.49	196.20	270.32
54	2,334.78	1,297.10	284.49	196.20	296.48
55	2,334.78	1,297.10	284.49	196.20	310.65
56	3,217.68	1,706.94	393.49	271.41	338.99
57	3,217.68	1,706.94	393.49	271.41	355.34

GREAT TotalCare 2 Premium Tables (Continued)

Age Next Birthday	GREAT TotalCare 2 Annual Premiums (S\$)				GREAT TotalCare Plus 2 Annual Premiums (S\$)
	P	PRIME	A	B	ESSENTIAL
58	3,217.68	1,706.94	393.49	271.41	372.78
59	3,217.68	1,706.94	393.49	271.41	401.12
60	3,217.68	1,706.94	393.49	271.41	432.73
61	4,532.22	2,225.78	490.50	340.08	464.34
62	4,532.22	2,225.78	490.50	340.08	498.13
63	4,532.22	2,225.78	490.50	340.08	534.10
64	4,993.29	2,401.27	573.34	395.67	615.85
65	4,993.29	2,401.27	573.34	395.67	657.27
66	6,035.33	3,009.49	661.63	457.80	703.05
67	6,035.33	3,009.49	661.63	457.80	751.01
68	6,035.33	3,009.49	661.63	457.80	802.24
69	6,530.19	3,321.23	757.55	523.20	862.19
70	6,530.19	3,321.23	757.55	523.20	892.71
71	7,414.18	3,732.16	855.65	590.78	937.40
72	7,414.18	3,732.16	855.65	590.78	982.09
73	7,414.18	3,732.16	855.65	590.78	1,031.14
74	8,288.36	4,385.07	966.83	665.99	1,080.19
75	8,288.36	4,385.07	966.83	665.99	1,132.51
76*	8,769.05	4,963.86	1,066.02	735.75	1,189.19
77*	8,769.05	4,963.86	1,066.02	735.75	1,244.78
78*	8,769.05	4,963.86	1,066.02	735.75	1,305.82
79*	9,268.27	5,749.75	1,171.75	807.69	1,372.31
80*	9,268.27	5,749.75	1,171.75	807.69	1,437.71
81*	9,789.29	6,246.79	1,274.21	879.63	1,507.47
82*	9,789.29	6,246.79	1,274.21	879.63	1,581.59
83*	9,789.29	6,246.79	1,274.21	879.63	1,657.89
84*	10,091.22	6,691.51	1,386.48	952.66	1,739.64
85*	10,091.22	6,691.51	1,386.48	952.66	1,823.57
86*	10,845.50	6,888.80	1,469.32	1,008.25	-
87*	10,845.50	6,888.80	1,469.32	1,008.25	-
88*	10,845.50	6,888.80	1,469.32	1,008.25	-
89*	11,715.32	7,167.84	1,472.59	1,064.93	-
90*	11,715.32	7,167.84	1,472.59	1,064.93	-
91*	11,973.65	7,220.16	1,495.48	1,117.25	-
92*	11,973.65	7,220.16	1,495.48	1,117.25	-
93*	11,973.65	7,220.16	1,495.48	1,117.25	-
94*	12,364.96	7,382.57	1,530.36	1,153.22	-
95*	12,364.96	7,382.57	1,530.36	1,153.22	-
96*	12,695.23	7,494.84	1,561.97	1,177.20	-
97*	12,695.23	7,494.84	1,561.97	1,177.20	-
98*	12,695.23	7,494.84	1,561.97	1,177.20	-
99*	13,135.59	7,589.67	1,567.42	1,188.10	-
100*	13,135.59	7,589.67	1,567.42	1,188.10	-
>100*	13,135.59	7,589.67	1,567.42	1,188.10	-

Notes:

* Premium rates from age 76 onwards apply for renewal only.

1. Premium rates are inclusive of prevailing rate of GST. The prevailing rate of GST is subject to change.
2. Monthly Premiums are calculated by multiplying annual premiums with factor 0.08583 (Actual Premiums charged may be different due to rounding).
3. For GREAT TotalCare 2, foreigners are eligible to purchase GREAT TotalCare 2 P, PRIME and A only. For GREAT TotalCare Plus 2, foreigners are eligible to purchase only if the GREAT TotalCare Plus 2 is to be attached to GREAT TotalCare P SIGNATURE / P PRIME or GREAT TotalCare 2 P/ PRIME.
4. A 10% Child Discount will be given on the first policy year's premium (before GST) for a child up to and including age 18 years next birthday provided one parent who is the Policyholder is insured under a GREAT TotalCare or GREAT TotalCare 2 plan.

Notes and Disclaimers

Maximum entry age for GREAT SupremeHealth P PLUS, P PRIME, A PLUS and B PLUS, GREAT TotalCare 2 and GREAT TotalCare Plus 2 rider is age 75 years next birthday.

All premium rates are inclusive of 9% GST. Premium rates are not guaranteed and may be adjusted based on future experience.

Age stipulated refers to age next birthday.

GREAT TotalCare 2 and GREAT TotalCare Plus 2 are not MediSave-approved Integrated Shield plans and premiums are not payable using MediSave.

GREAT TotalCare 2 is designed to complement the benefits offered under GREAT SupremeHealth. GREAT TotalCare Plus 2 is a rider that can only be attached to GREAT TotalCare 2 to extend medical coverage worldwide.

This advertisement has not been reviewed by the Monetary Authority of Singapore.

The above is for general information only. It is not a contract of insurance. The precise terms and conditions of this insurance plan are specified in the policy contract.

Protected up to specified limits by SDIC.

Information correct as at 1 April 2026.

GSHGTCP/Ver1.0/202604

Reach for Great

The Great Eastern Life Assurance Company Limited
1 Pickering Street
#01-01 Great Eastern Centre
Singapore 048659

Reg No.1908 00011G

greateasternlife.com