

Appendix A.1 - GREAT SupremeHealth P Plus / A Plus / B Plus (As-Charged Plans)

- (a) Hospitalisation expenses will now include expenses under eligible **Mobile Inpatient Care at Home (“MIC@Home”)** stays, where all criteria for a claim under MSHL are met.
- (b) **Outpatient Cancer Drug Treatment (“CDT”) on the Cancer Drug List (“CDL”)** will be enhanced to cover up to the sum of the highest CDT limit^[1] among the claimable treatments received for each primary cancer per month^[2], if the Life Assured is receiving treatment for Multiple Primary Cancers^[3].
- (c) **Outpatient Cancer Drug Services (“CDS”)** will be enhanced to cover up to 5x of MediShield Life’s (“MSHL”) limit for Multiple Primary Cancers per period of insurance^[4] if the Life Assured is receiving treatment for Multiple Primary Cancers^[3].
- (d) **Coverage of Pregnancy and Childbirth Complications** will be enhanced to cover cervical incompetency, gestational diabetes mellitus, medically necessary abortion, postpartum haemorrhage and placental insufficiency & intrauterine growth restriction. Breech delivery will be removed from the list of complications covered. Delivery procedure for childbirth including caesarean delivery will not be covered, except in the event of an emergency caesarean section arising from one of the specified pregnancy or childbirth complications.
- (e) **Expenses for Psychiatric Treatment** will now be covered up to \$5,000/ \$4,500/ \$4,000 (for GSH P PLUS/ A PLUS/ B PLUS respectively) per period of insurance. Coverage for pre-hospitalisation psychiatric treatment expenses will be removed.
- (f) **Expenses for Surgery** will only cover surgical operations that are listed in Table 1 to Table 7 of the "Table of Surgical Procedures" under the MediSave or MediShield Life Scheme operated by the Ministry of Health of Singapore (“MOH”). Minor Surgical Procedures will be removed from the list of surgical operations covered.
- (g) **Expenses for Inpatient Sub-Acute Care** if provided in a restructured hospital^[5] will be enhanced to cover on an “As-charged” basis.
- (h) **Expenses for Inpatient Rehabilitative Care** if provided in a restructured hospital^[5] will be enhanced to cover on an “As-charged” basis and if provided in a Private Hospital^[6] will be enhanced to cover up to \$1,000 / \$900 / \$800 (for GSH P PLUS/ A PLUS/ B PLUS respectively) per day.
- (i) **Expenses for Inpatient Palliative Care benefit limits** will be enhanced to cover on an “As-charged” basis.
- (j) **Pre-Hospitalisation Treatment** will now cover expenses incurred up to:
- 180 days before hospitalisation if the hospitalisation is in a restructured hospital (including hospitalisation under MIC@Home) or private hospital and is prescribed by a medical doctor who is a panel provider; or
 - 90 days before hospitalisation if the hospitalisation is in a private hospital and is prescribed by a medical doctor who is not a panel provider.
- (k) Expenses incurred for consultations, treatments and tests in connection with and prior to **outpatient kidney dialysis treatment, proton beam therapy, cell, tissue and gene therapy, radiotherapy for cancer and cancer drug treatment** will now be covered up to 90 days before such outpatient treatment if the said outpatient treatment is prescribed by a medical doctor who is not a panel provider.
- (l) **Expenses for Proton Beam Therapy (“PBT”)** will now be enhanced to cover up to \$80,000 / \$60,000 / \$40,000 (for GSH P PLUS/ A PLUS/ B PLUS respectively) per period of insurance. However, such expenses will only be covered if PBT is administered for an MOH-approved indication and if the eligibility criteria for PBT under MSHL is met^[7].
- (m) **Living Donor Organ Transplant** when the Life Assured is the Organ Donor will be enhanced to cover expenses incurred by Life Assured for confinement in hospital, surgery to remove organ from the Life Assured and storage and transportation of the organ.
- (n) The increase in **Deductibles** will now be applicable for policyholders following the age of 80 years next birthday on the renewal date.
- (o) **Pro-ration factor** for A PLUS and B PLUS will be revised as follows:

Expenses incurred in / Plan Type	GSH A Plus	GSH B Plus
Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic	35%	25%
Restructured Hospital - Class A ward / government-funded Community Hospital - Class A ward / government-funded Inpatient Palliative Care Institution - Class A ward	N.A.	70%
Non-subsidised Short-stay Ward / day Surgery / outpatient treatment in Restructured Hospital	N.A.	70%

- ^[1] This benefit limit is based on 5x MSHL's limit for the specific CDT.
- ^[2] 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).
- ^[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's website (<https://go.gov.sg/mshlbenefits>).
- ^[5] Includes government-funded community hospital.
- ^[6] Includes private community hospital.
- ^[7] The MOH-approved PBT indications and patient eligibility criteria are specified on MOH's website (<https://go.gov.sg/pbt-approved-indications>).