



Benefit Schedule & Premium Rates

GREAT SupremeHealth A Plus, B Plus and Standard
GREAT TotalCare A, B, Basic A and Basic B

GREAT SupremeHealth Benefits Table

| LIMITS ON EXPENSES (All Amounts in S\$) | | |
|--|---|--|
| Plan Type | A PLUS | B PLUS |
| Hospital / Ward Class Entitlement | Restructured Hospitals, Class A Wards & lower | Restructured Hospitals, Class B1 Wards & lower |
| Expense Item | Benefit Limit | Benefit Limit |
| 1. INPATIENT/ DAY SURGERY BENEFITS | | |
| A. HOSPITALISATION AND SURGERY BENEFITS | | |
| Normal Ward | As Charged ¹ | |
| 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 ¹ | |
| 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 & POST HOSPITALISATION BENEFITS | | |
| Pre-Hospital Specialist's Consultation (within 120 days before Hospitalisation) | As Charged ¹ | |
| Post-Hospitalisation Treatment (i) within 180 days from Hospital discharge (ii) within 365 days from Hospital discharge ² | As Charged ¹ | |

¹ "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.

² Post-Hospitalisation Treatment provided after 180 days must be provided in a Restructured Hospital or prescribed by a Specialist Doctor who is a Main Panel Provider or Extended Panel Provider, that had ordered the Planned Hospitalisation of the Life Assured.

GREAT SupremeHealth Benefits Table (Continued)

| LIMITS ON EXPENSES (All Amounts in S\$) | | |
|--|--|--|
| Plan Type | A PLUS | B PLUS |
| Hospital / Ward Class Entitlement | Restructured Hospitals, Class A Wards & lower | Restructured Hospitals, Class B1 Wards & lower |
| Expense Item | Benefit Limit | Benefit Limit |
| 2. OUTPATIENT BENEFITS | | |
| Erythropoietin | As Charged ¹ | |
| Immunosuppressants for organ transplant: (a) Cyclosporin (b) Tacrolimus (c) Other Immunosuppressant drugs | | |
| Kidney Dialysis Treatment | | |
| Radiotherapy for cancer (a) External (Except Hemi-Body) (b) Brachytherapy (c) Hemi-Body (d) Stereotactic | | |
| Outpatient Cancer Drug Treatment on the Cancer Drug List | 5x of MediShield Life limit per month ³ | |
| Outpatient Cancer Drug Services | 5x of MediShield Life limit per Period of Insurance ⁴ | |
| Long-term Parenteral Nutrition | As Charged ¹ | |
| 3. ADDITIONAL BENEFITS | | |
| Inpatient Sub-acute Care | \$ 1,100 per day | \$ 1,000 per day |
| Inpatient Rehabilitation Care | \$ 780 per day | \$ 750 per day |
| Inpatient Palliative Care | \$ 780 per day | \$ 750 per day |
| Outpatient Autologous Bone Marrow Transplant (for Multiple Myeloma) | \$ 25,000 per Period of Insurance | \$ 20,000 per Period of Insurance |
| Proton Beam Therapy | \$ 40,000 per Period of Insurance | \$ 30,000 per Period of Insurance |
| Cell, Tissue and Gene Therapy | \$ 150,000 per Period of Insurance | \$ 100,000 per Period of Insurance |
| Psychiatric Treatment (including Pre & Post Hospitalisation Benefits) | \$ 22,000 per Period of Insurance | \$ 20,000 per Period of Insurance |

¹ “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 The benefit limit for outpatient cancer drug treatment varies in accordance with the MediShield Life limit per month (pursuant to the Cancer Drug List found on the Ministry of Health’s website (go.gov.sg/moh-cancerdruglist)). The Ministry of Health may update this from time to time. For the purposes of assessing the MediShield Life limit, “per month” shall mean the particular calendar month in which the outpatient cancer drug treatment was administered and/or received.

⁴ The benefit limit for Cancer Drug Services varies in accordance with the MediShield Life limit per Period of Insurance (found on the Ministry of Health’s website(<https://go.gov.sg/mshlbenefits>)). The Ministry of Health may update this from time to time.

GREAT SupremeHealth Benefits Table (Continued)

| LIMITS ON EXPENSES (All Amounts in S\$) | | | |
|---|---|---|--|
| Plan Type | | A PLUS | B PLUS |
| Hospital / Ward Class Entitlement | | Restructured Hospitals, Class A Wards & lower | Restructured Hospitals, Class B1 Wards & lower |
| Expense Item | | Benefit Limit | Benefit Limit |
| Living Donor Organ Transplant (Kidney / Liver / Pancreas) | Life Assured is the Organ Donor – Covers Expenses Incurred by Life Assured | \$ 40,000 per Transplant | \$ 20,000 per Transplant |
| | Life Assured is the Organ Recipient – Covers Expenses Incurred by the Organ Donor | \$ 40,000 per Transplant | \$ 20,000 per Transplant |
| Congenital Abnormalities of the Life Assured | | As Charged ¹ | |
| Congenital Abnormalities of the Life Assured's Biological Child | Within (and including) 730 days from the date of Birth of the Child | \$ 16,000 per Lifetime ⁵ (\$ 4,000 per child) | \$ 12,000 per Lifetime ⁵ (\$ 3,000 per child) |
| Emergency Medical Treatment outside Singapore ⁶ | | As Charge ¹ (Limited to Restructured Hospitals, Class A ward charges) | As Charge ¹ (Limited to Restructured Hospitals, Class B1 ward charges) |
| 4. FINAL EXPENSES BENEFIT | | | |
| | | \$ 6,000 | \$ 3,600 |
| PRO-RATION FACTORS | | | |
| Expenses incurred in Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic ⁷ | | 70% | 50% ¹⁰ |
| Expenses incurred in Restructured Hospital - Class A ward / government-funded Community Hospital - Class A ward / government-funded Inpatient Palliative Care Institution – Class A ward ⁸ | | N.A. ⁹ | 80% ¹⁰ |
| Expenses incurred in non-subsidised Short-stay Ward / day Surgery / outpatient treatment in Restructured Hospital ⁸ | | N.A. ⁹ | 80% ¹⁰ |
| Expenses incurred for Specially-Approved Medical Treatments, Services and/or Supplies (excluding cancer drug treatments) | | 50% | 50% ¹⁰ |

¹ “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.

⁵ The benefit limit refers to per Lifetime of the Life Assured.

⁶ 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.

⁷ Refers to private sector outpatient clinics in Singapore.

⁸ Does not apply to Expenses incurred by the Life Assured in a Restructured Hospital 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, Immunosuppressants for organ transplant, Long-term Parenteral Nutrition and Proton Beam Therapy.

⁹ N.A. means Not Applicable.

¹⁰ 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. Refer to Clause 3.3.3 on details of the applicable Pro-ration Factor.

GREAT SupremeHealth Benefits Table (Continued)

| Plan Type | A PLUS | B PLUS |
|---|--|-----------|
| DEDUCTIBLE¹¹ | | |
| Per Period of Insurance (up to and including age 85 years next birthday on the Renewal Date) | Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic⁷ / Hospital or medical clinic outside Singapore: All ward types & day Surgery : \$3,500 | |
| | Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution: Ward A : \$3,500 Ward B1 : \$2,500 Ward B2+/B2 : \$2,000 Ward C : \$1,500 Short-stay Ward (non-subsidised) : \$2,000 Short-stay Ward (subsidised) : \$1,500 Day Surgery (non-subsidised) : \$2,500 Day Surgery (subsidised) : \$2,000 | |
| Per Period of Insurance (following age 85 years next birthday on the Renewal Date) | Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic⁷ / Hospital or medical clinic outside Singapore: All ward types & Day Surgery : \$ 5,250 | |
| | Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution: Ward A : \$5,250 Ward B1 : \$3,750 Ward B2+/B2 : \$3,000 Ward C : \$2,250 Short-stay Ward (non-subsidised) : \$3,000 Short-stay Ward (subsidised) : \$2,250 Day Surgery (non-subsidised) : \$3,750 Day Surgery (subsidised) : \$3,000 | |
| CO-INSURANCE | | |
| | 10% | 10% |
| LIMITS ON BENEFITS PAYABLE | | |
| Annual Benefit Limit | \$1,000,000 | \$500,000 |
| Lifetime Benefit Limit | Unlimited | Unlimited |

⁷ Refers to private sector outpatient clinics in Singapore.

¹¹ 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, Immunosuppressants for organ transplant and Long-term Parenteral Nutrition and Proton Beam Therapy.

GREAT SupremeHealth Standard Benefits Table

| LIMITS ON EXPENSES (All Amounts in S\$) | | |
|--|--|--|
| Plan Type | GREAT SupremeHealth STANDARD | |
| Hospital/ Ward Class Entitlement up to Benefit Limit Reimbursement | Restructured Hospitals, Class B1 Wards | |
| Expense Item | Benefit Limit | |
| 1. INPATIENT / DAY SURGERY BENEFITS | | |
| Daily Ward and Treatment Charges ¹ | | |
| – Normal Ward | \$2,250 per day ² | |
| – Intensive Care Unit | \$6,850 per day ² | |
| 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 ³ | \$680 per day | |
| Surgery (as listed in the relevant Surgery Limits Table) | Surgery | Claim Limit (Per procedure) |
| | Table 1A | \$590 |
| | Table 1B | \$1,050 |
| | Table 1C | \$1,050 |
| | Table 2A | \$1,800 |
| | Table 2B | \$2,300 |
| | Table 2C | \$2,370 |
| | Table 3A | \$3,290 |
| | Table 3B | \$4,240 |
| | Table 3C | \$4,760 |
| | Table 4A | \$5,970 |
| | Table 4B | \$8,220 |
| | Table 4C | \$8,220 |
| | Table 5A | \$8,920 |
| | Table 5B | \$9,750 |
| | Table 5C | \$11,030 |
| | Table 6A | \$15,910 |
| | Table 6B | \$15,910 |
| | Table 6C | \$17,300 |
| | Table 7A | \$21,840 |
| Table 7B | \$21,840 | |
| Table 7C | \$21,840 | |
| Surgical Implants / Approved Medical Consumables | \$9,800 per treatment | |
| Radiosurgery, including Proton Beam Therapy – Category 4 ⁴ | \$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 Additional \$300 per day for the first 2 days for hospitalisation in Normal Ward and Intensive Care Unit Ward.

³ Claimable up to 60 days per Period of Insurance.

⁴ The Company will only cover Proton Beam Therapy if it is administered for a Ministry of Health approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for Proton Beam Therapy under MediShield Life. The Ministry of Health-approved-Proton Beam Therapy indications and patient eligibility criteria are specified on Ministry of Health's website (<https://go.gov.sg/pbt-approved-indications>). The Ministry of Health 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 up to Benefit Limit Reimbursement | Restructured Hospitals, Class B1 Wards |
| Expense Item | Benefit Limit |
| 2. OUTPATIENT BENEFITS | |
| Kidney Dialysis Treatment | \$3,740 per month |
| Outpatient Cancer Drug Treatment on the Cancer Drug List | 3x of MediShield Life limit per month ⁵ |
| Outpatient Cancer Drug Services | 2x of MediShield Life limit per Period of Insurance ⁶ |
| 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 ⁴ | \$880 per treatment |
| • Category 2 ⁴ | \$1,100 per treatment |
| • Category 3 ⁴ | \$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 |

⁴ The Company will only cover Proton Beam Therapy if it is administered for a Ministry of Health-approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for Proton Beam Therapy under MediShield Life. The Ministry of Health-approved Proton Beam Therapy indications and patient eligibility criteria are specified on Ministry of Health's website (<https://go.gov.sg/pbt-approved-indications>). The Ministry of Health may update this from time to time.

⁵ The benefit limit for outpatient cancer drug treatment varies in accordance with the MediShield Life limit per month (pursuant to the Cancer Drug List found on the Ministry of Health's website (go.gov.sg/moh-cancerdruglist)). The Ministry of Health may update this from time to time. For the purposes of assessing the MediShield Life limit, "per month" shall mean the particular calendar month in which the outpatient cancer drug treatment was administered and/or received.

⁶ The benefit limit for Cancer Drug Services varies in accordance with the MediShield Life limit per Period of Insurance (found on the Ministry of Health's website (<https://go.gov.sg/mshlbenefits>)). The Ministry of Health may update this from time to time.

GREAT SupremeHealth Standard Benefits Table (Continued)

| Plan Type | GREAT SupremeHealth STANDARD |
|--|---|
| Hospital/ Ward Class Entitlement up to Benefit Limit Reimbursement | Restructured Hospitals, Class B1 Wards |
| PRO-RATION FACTOR⁷ | |
| 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 ⁸ | 65% |
| Day surgery charges in Private Hospitals / private medical clinics ⁸ | 65% |
| DEDUCTIBLE⁹ | |
| Per Period of Insurance (Up to and including age 80 years next birthday on Renewal Date) | Private Hospitals / private Community Hospitals (for inpatient treatment) All ward types : \$2,500 |
| | Restructured Hospitals / government-funded Community Hospitals (for inpatient treatment) Class A : \$2,500 Class B1 : \$2,500 Class B2+/B2 : \$2,000 Class C : \$1,500 |
| | Short-stay Ward and day surgery subsidised : \$1,500 non-subsidised : \$2,000 |
| Per Period of Insurance (following age 80 years next birthday on the Renewal Date) | Private Hospitals / private Community Hospitals (for Inpatient treatment) All ward types : \$3,000 |
| | Restructured Hospitals / government-funded Community Hospitals (for inpatient treatment) Class A : \$3,000 Class B1 : \$3,000 Class B2+/B2 : 3,000 Class C : \$2,000 |
| | Short-stay Ward and day surgery subsidised : \$2,000 non-subsidised : \$3,000 |
| CO-INSURANCE | |
| Co-insurance | 10% |
| LIMITS ON BENEFITS PAYABLE | |
| Annual Benefit Limit | \$200,000 |
| Lifetime Benefit Limit | Unlimited |
| Maximum Coverage Age | Lifetime |

⁷ 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.

⁸ Refers to private sector outpatient clinics.

⁹ 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 TotalCare Benefits Table

| Plan Type | A | B | BASIC A | BASIC B |
|--|---|---|--|---|
| Hospital / Ward Class Entitlement | Restructured Hospitals, Class A Wards & lower | Restructured Hospitals, Class B1 Wards & lower | Restructured Hospitals, Class A Wards & lower | Restructured Hospitals, Class B1 Wards & lower |
| Deductible and Co-insurance incurred under the Life Assured's corresponding GREAT SupremeHealth plan | Covered, subject to Co-payment to be borne by the Policyholder | | | |
| SPECIAL BENEFITS | BENEFIT LIMIT | BENEFIT LIMIT | BENEFIT LIMIT | BENEFIT LIMIT |
| Excess Expenses ¹ – Outpatient Cancer Drug Treatment on the Cancer Drug List (per month) | 18X of MediShield Life limit ² | | | |
| | Subject to Co-payment to be borne by the Policyholder | | | |
| Outpatient Cancer Drug Treatment not on the Cancer Drug List for Drug Classes ³ : • Class A • Class B • Class C • Class D • Class E (per Period of Insurance) | \$200,000 | \$150,000 | \$200,000 | \$150,000 |
| | Subject to Co-payment to be borne by the Policyholder | | | |
| Excess Expenses– Outpatient Cancer Drug Services (per Period of Insurance) | As Charged ⁴ , subject to Co-payment to be borne by the Policyholder | | | |
| Additional Cancer Support (per Period of Insurance) | \$10,000 | | | |
| | Subject to Co-payment to be borne by the Policyholder | | | |
| Emergency Accidental Outpatient Treatment (per Course of Treatment) | \$1,500 | \$1,000 | \$1,500 | \$1,000 |
| | Subject to Co-payment to be borne by the Policyholder | | | |
| Ambulance Services (per Course of Treatment) | \$150 | \$100 | \$150 | \$100 |
| Home Health Care Benefit (within 180 days from Hospital discharge) ⁵ (per Period of Insurance) | \$8,000 (\$200 per day) | \$6,000 (\$200 per day) | \$8,000 (\$200 per day) | \$6,000 (\$200 per day) |

¹ For the avoidance of doubt, limit stated for GREAT TotalCare is in addition to limit of the Main Plan for Outpatient Cancer Drug Treatment on the Cancer Drug List.

² The benefit limit for outpatient cancer drug treatment varies in accordance with the MediShield Life limit per month (pursuant to the Cancer Drug List found on the Ministry of Health's website (go.gov.sg/moh-cancerdruglist)). The Ministry of Health may update this from time to time. For the purposes of assessing the MediShield Life limit, "per month" shall mean the particular calendar month in which the outpatient cancer drug treatment was administered and/or received.

³ 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 (<https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>). The Life Insurance Association may update this from time to time.

⁴ "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.

⁵ 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.

GREAT TotalCare Benefits Table (Continued)

| Plan Type | A | B | BASIC A | BASIC B |
|---|---|--|---|--|
| Hospital / Ward Class Entitlement | Restructured Hospitals, Class A Wards & lower | Restructured Hospitals, Class B1 Wards & lower | Restructured Hospitals, Class A Wards & lower | Restructured Hospitals, Class B1 Wards & lower |
| Post-Hospital Follow-up Traditional Chinese Medicine Treatment ⁶ (within 180 days from Hospital discharge) (per Period of Insurance) | \$5,000 | \$4,000 | \$5,000 | \$4,000 |
| Medical Aids (per Period of Insurance) | \$2,000 | \$1,500 | \$2,000 | \$1,500 |
| Companion Accommodation Benefit ⁷ (up to 10 days per Hospitalisation) | \$60 per day | \$40 per day | \$60 per day | \$40 per day |
| LIMITS ON BENEFIT PAYABLE | | | | |
| Annual Benefit Limit | \$200,000 | \$150,000 | \$200,000 | \$150,000 |
| Lifetime Benefit Limit | Unlimited | | | |

| Plan Type | Co-Payment ⁸ To Be Borne By The Policyholder (per Period of Insurance) | | | | Maximum Co-payment (per Period of Insurance) |
|--|---|---|---|---------|--|
| Plan Type | A | B | BASIC A | BASIC B | Maximum Co-payment (per Period of Insurance) |
| For Eligible Bills⁸ excluding Outpatient Cancer Drug Treatment not on the Cancer Drug List | | | | | |
| Incurred under Panel Provider or at Restructured Hospital ⁹ | 5% of the total Eligible Bills incurred under Panel Provider or at Restructured Hospital ⁹ | | 5% of the total Eligible Bills incurred under (i) Panel Provider or at Restructured Hospital ⁹ ; or (ii) the Deductible incurred under the Main Plan (where applicable), whichever is higher | | \$3,000 |
| Incurred under Non-Panel Provider | 5% of total Eligible Bills incurred under Non-Panel Provider | | 5% of the total Eligible Bills incurred under Non-Panel Provider or the Deductible incurred under the Main Plan (where applicable), whichever is higher | | N.A. |
| Eligible Bills for Outpatient Cancer Drug Treatment not on the Cancer Drug List (Drug Class A, B, C, D & E) | | | | | |
| Incurred under Panel Provider, Non-Panel Provider or at Restructured Hospital ⁹ | 5% of total Eligible Bills incurred under Panel Provider, Non-Panel Provider or at Restructured Hospital ⁹ | | | | N.A. |

⁶ 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.

⁷ 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.

⁸ If the Eligible Bills, excluding Eligible Bills for Outpatient Cancer Drug Treatment on the Cancer Drug List and Outpatient Cancer Drug Services, in excess of the Benefit Limits of this Policy and the Main Plan, respectively 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 and the Main Plan, respectively.

⁹ Also includes government-funded Community Hospital / Inpatient Palliative Care Institution.

GREAT TotalCare Plus

| Benefit Schedule (All amounts in S\$) | |
|---|---|
| Plan Type | (ESSENTIAL) |
| Expense Item | Benefit Limit |
| (A) Overseas Emergency medical or surgical treatment ¹ | <p><u>For ASEAN² countries</u> Expenses incurred are limited to the Reasonable and Customary Charges in the country where the treatment was provided.</p> |
| | <p><u>For non-ASEAN countries</u> <i>If the Life Assured has resided outside the Country of Issue for:</i></p> <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 days³</u> Expenses incurred are limited to the Reasonable and Customary Charges in the Country of Issue. |
| (B) Overseas Non-Emergency medical or surgical treatment ¹ | <p>Expenses incurred are limited to the lower of the following:</p> <ul style="list-style-type: none"> • Reasonable and Customary Charges in Country of Issue, 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) | |
| 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) | |
| Benefits under this Rider for (B) shall be payable according to the Policy and GREAT SupremeHealth (As Charged) 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 A GREAT TotalCare BASIC A | GREAT TotalCare B GREAT TotalCare BASIC B |
| \$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 Policy and/or GREAT SupremeHealth (As Charged) plan.

² Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam.

³ Life Assured has resided outside the Country of Issue for more than 90 days, whether continuously or otherwise during the Period of Insurance.

GREAT SupremeHealth Premiums Table

| Age Next Birthday | MediShield Life Premiums (S\$) [Fully Payable by MediSave^] | Additional Withdrawal Limits# (AWLs) [S\$] | Additional Private Insurance Coverage | | | | | |
|-------------------|--|--|---------------------------------------|-------------------|----------------|-------------------|----------------|-------------------|
| | | | A Plus | | B Plus | | Standard | |
| | | | Premiums (S\$) | Cash Outlay (S\$) | Premiums (S\$) | Cash Outlay (S\$) | Premiums (S\$) | Cash Outlay (S\$) |
| 1 | 147.71 | 300 | 75.38 | 0 | 50.94 | 0 | 30.56 | 0 |
| 2 | 147.71 | 300 | 75.38 | 0 | 50.94 | 0 | 30.56 | 0 |
| 3 | 147.71 | 300 | 75.38 | 0 | 50.94 | 0 | 30.56 | 0 |
| 4 | 147.71 | 300 | 74.36 | 0 | 49.91 | 0 | 30.56 | 0 |
| 5 | 147.71 | 300 | 74.36 | 0 | 49.91 | 0 | 30.56 | 0 |
| 6 | 147.71 | 300 | 73.35 | 0 | 49.91 | 0 | 30.56 | 0 |
| 7 | 147.71 | 300 | 73.35 | 0 | 49.91 | 0 | 30.56 | 0 |
| 8 | 147.71 | 300 | 73.35 | 0 | 48.90 | 0 | 30.56 | 0 |
| 9 | 147.71 | 300 | 71.31 | 0 | 48.90 | 0 | 30.56 | 0 |
| 10 | 147.71 | 300 | 71.31 | 0 | 48.90 | 0 | 30.56 | 0 |
| 11 | 147.71 | 300 | 71.31 | 0 | 48.90 | 0 | 30.56 | 0 |
| 12 | 147.71 | 300 | 71.31 | 0 | 49.91 | 0 | 30.56 | 0 |
| 13 | 147.71 | 300 | 73.35 | 0 | 50.94 | 0 | 30.56 | 0 |
| 14 | 147.71 | 300 | 73.35 | 0 | 51.95 | 0 | 30.56 | 0 |
| 15 | 147.71 | 300 | 74.36 | 0 | 52.97 | 0 | 30.56 | 0 |
| 16 | 147.71 | 300 | 75.38 | 0 | 53.99 | 0 | 30.56 | 0 |
| 17 | 147.71 | 300 | 75.38 | 0 | 55.01 | 0 | 30.56 | 0 |
| 18 | 147.71 | 300 | 76.40 | 0 | 56.03 | 0 | 30.56 | 0 |
| 19 | 147.71 | 300 | 84.55 | 0 | 57.05 | 0 | 35.65 | 0 |
| 20 | 147.71 | 300 | 84.55 | 0 | 58.06 | 0 | 35.65 | 0 |
| 21 | 254.67 | 300 | 84.55 | 0 | 59.09 | 0 | 35.65 | 0 |
| 22 | 254.67 | 300 | 84.55 | 0 | 60.10 | 0 | 35.65 | 0 |
| 23 | 254.67 | 300 | 84.55 | 0 | 60.10 | 0 | 35.65 | 0 |
| 24 | 254.67 | 300 | 85.57 | 0 | 60.10 | 0 | 35.65 | 0 |
| 25 | 254.67 | 300 | 85.57 | 0 | 60.10 | 0 | 35.65 | 0 |
| 26 | 254.67 | 300 | 88.63 | 0 | 60.10 | 0 | 35.65 | 0 |
| 27 | 254.67 | 300 | 92.70 | 0 | 62.14 | 0 | 35.65 | 0 |
| 28 | 254.67 | 300 | 95.76 | 0 | 76.40 | 0 | 35.65 | 0 |
| 29 | 254.67 | 300 | 99.83 | 0 | 76.40 | 0 | 35.65 | 0 |
| 30 | 254.67 | 300 | 103.91 | 0 | 77.42 | 0 | 35.65 | 0 |
| 31 | 397.29 | 300 | 107.99 | 0 | 78.44 | 0 | 53.99 | 0 |
| 32 | 397.29 | 300 | 112.05 | 0 | 79.46 | 0 | 53.99 | 0 |
| 33 | 397.29 | 300 | 116.13 | 0 | 80.47 | 0 | 53.99 | 0 |
| 34 | 397.29 | 300 | 122.24 | 0 | 81.50 | 0 | 53.99 | 0 |
| 35 | 397.29 | 300 | 125.30 | 0 | 81.50 | 0 | 53.99 | 0 |
| 36 | 397.29 | 300 | 128.36 | 0 | 82.51 | 0 | 53.99 | 0 |
| 37 | 397.29 | 300 | 130.40 | 0 | 86.59 | 0 | 53.99 | 0 |
| 38 | 397.29 | 300 | 133.45 | 0 | 91.68 | 0 | 53.99 | 0 |

GREAT SupremeHealth Premiums Table (Continued)

| Age Next Birthday | MediShield Life Premiums (S\$) [Fully Payable by MediSave^] | Additional Withdrawal Limits# (AWLs) [S\$] | Additional Private Insurance Coverage | | | | | |
|-------------------|--|--|---------------------------------------|-------------------|----------------|-------------------|----------------|-------------------|
| | | | A Plus | | B Plus | | Standard | |
| | | | Premiums (S\$) | Cash Outlay (S\$) | Premiums (S\$) | Cash Outlay (S\$) | Premiums (S\$) | Cash Outlay (S\$) |
| 39 | 397.29 | 300 | 135.49 | 0 | 95.76 | 0 | 53.99 | 0 |
| 40 | 397.29 | 300 | 137.53 | 0 | 100.85 | 0 | 53.99 | 0 |
| 41 | 534.81 | 600 | 198.64 | 0 | 142.62 | 0 | 85.57 | 0 |
| 42 | 534.81 | 600 | 214.95 | 0 | 143.64 | 0 | 85.57 | 0 |
| 43 | 534.81 | 600 | 232.26 | 0 | 143.64 | 0 | 85.57 | 0 |
| 44 | 534.81 | 600 | 235.32 | 0 | 143.64 | 0 | 85.57 | 0 |
| 45 | 534.81 | 600 | 237.36 | 0 | 144.65 | 0 | 85.57 | 0 |
| 46 | 534.81 | 600 | 239.4 | 0 | 146.69 | 0 | 85.57 | 0 |
| 47 | 534.81 | 600 | 242.45 | 0 | 148.73 | 0 | 85.57 | 0 |
| 48 | 534.81 | 600 | 243.46 | 0 | 149.74 | 0 | 85.57 | 0 |
| 49 | 534.81 | 600 | 244.49 | 0 | 155.86 | 0 | 85.57 | 0 |
| 50 | 534.81 | 600 | 246.53 | 0 | 158.91 | 0 | 85.57 | 0 |
| 51 | 814.95 | 600 | 292.36 | 0 | 229.21 | 0 | 115.11 | 0 |
| 52 | 814.95 | 600 | 310.7 | 0 | 246.53 | 0 | 115.11 | 0 |
| 53 | 814.95 | 600 | 331.08 | 0 | 252.64 | 0 | 115.11 | 0 |
| 54 | 814.95 | 600 | 353.49 | 0 | 258.74 | 0 | 115.11 | 0 |
| 55 | 814.95 | 600 | 375.9 | 0 | 264.86 | 0 | 115.11 | 0 |
| 56 | 814.95 | 600 | 401.36 | 0 | 283.19 | 0 | 115.11 | 0 |
| 57 | 814.95 | 600 | 429.89 | 0 | 291.35 | 0 | 115.11 | 0 |
| 58 | 814.95 | 600 | 460.45 | 0 | 296.44 | 0 | 115.11 | 0 |
| 59 | 814.95 | 600 | 493.05 | 0 | 301.54 | 0 | 115.11 | 0 |
| 60 | 814.95 | 600 | 527.68 | 0 | 317.83 | 0 | 115.11 | 0 |
| 61 | 1,039.07 | 600 | 565.37 | 0 | 352.46 | 0 | 235.32 | 0 |
| 62 | 1,039.07 | 600 | 607.14 | 7.14 | 392.19 | 0 | 235.32 | 0 |
| 63 | 1,039.07 | 600 | 655.01 | 55.01 | 434.99 | 0 | 235.32 | 0 |
| 64 | 1,039.07 | 600 | 730.4 | 130.40 | 484.9 | 0 | 235.32 | 0 |
| 65 | 1,039.07 | 600 | 813.94 | 213.94 | 536.85 | 0 | 235.32 | 0 |
| 66 | 1,120.56 | 600 | 907.65 | 307.65 | 595.94 | 0 | 373.86 | 0 |
| 67 | 1,120.56 | 600 | 1,012.58 | 412.58 | 662.15 | 62.15 | 373.86 | 0 |
| 68 | 1,120.56 | 600 | 1,120.56 | 520.56 | 735.5 | 135.50 | 373.86 | 0 |
| 69 | 1,120.56 | 600 | 1,224.46 | 624.46 | 816.99 | 216.99 | 373.86 | 0 |
| 70 | 1,120.56 | 600 | 1,337.54 | 737.54 | 905.62 | 305.62 | 373.86 | 0 |
| 71 | 1,217.34 | 900 | 1,461.82 | 561.82 | 967.76 | 67.76 | 597.97 | 0 |
| 72 | 1,217.34 | 900 | 1,557.58 | 657.58 | 1,033.97 | 133.97 | 597.97 | 0 |
| 73 | 1,217.34 | 900 | 1,660.46 | 760.46 | 1,104.26 | 204.26 | 597.97 | 0 |
| 74 | 1,344.67 | 900 | 1,769.46 | 869.46 | 1,180.67 | 280.67 | 681.50 | 0 |
| 75 | 1,344.67 | 900 | 1,886.62 | 986.62 | 1,261.14 | 361.14 | 681.50 | 0 |

GREAT SupremeHealth Premiums Table (Continued)

| Age Next Birthday | MediShield Life Premiums (S\$) [Fully Payable by MediSave [^]] | Additional Withdrawal Limits [#] (AWLs) [S\$] | Additional Private Insurance Coverage | | | | | |
|-------------------|---|---|---------------------------------------|-------------------|----------------|-------------------|----------------|-------------------|
| | | | A Plus | | B Plus | | Standard | |
| | | | Premiums (S\$) | Cash Outlay (S\$) | Premiums (S\$) | Cash Outlay (S\$) | Premiums (S\$) | Cash Outlay (S\$) |
| 76* | 1,558.60 | 900 | 2,010.90 | 1,110.90 | 1,347.73 | 447.73 | 732.44 | 0 |
| 77* | 1,558.60 | 900 | 2,142.31 | 1,242.31 | 1,439.41 | 539.41 | 732.44 | 0 |
| 78* | 1,558.60 | 900 | 2,283.91 | 1,383.91 | 1,537.21 | 637.21 | 732.44 | 0 |
| 79* | 1,619.72 | 900 | 2,435.69 | 1,535.69 | 1,643.15 | 743.15 | 782.36 | 0 |
| 80* | 1,619.72 | 900 | 2,601.74 | 1,701.74 | 1,759.28 | 859.28 | 782.36 | 0 |
| 81* | 1,706.31 | 900 | 2,692.40 | 1,792.40 | 1,812.26 | 912.26 | 818.01 | 0 |
| 82* | 1,706.31 | 900 | 2,787.14 | 1,887.14 | 1,867.26 | 967.26 | 818.01 | 0 |
| 83* | 1,706.31 | 900 | 2,883.91 | 1,983.91 | 1,923.29 | 1,023.29 | 818.01 | 0 |
| 84* | 1,971.17 | 900 | 2,983.74 | 2,083.74 | 1,980.33 | 1,080.33 | 1,023.78 | 123.78 |
| 85* | 1,971.17 | 900 | 3,087.65 | 2,187.65 | 2,040.44 | 1,140.44 | 1,023.78 | 123.78 |
| 86* | 2,062.85 | 900 | 3,195.64 | 2,295.64 | 2,101.56 | 1,201.56 | 1,276.42 | 376.42 |
| 87* | 2,062.85 | 900 | 3,307.69 | 2,407.69 | 2,164.72 | 1,264.72 | 1,276.42 | 376.42 |
| 88* | 2,062.85 | 900 | 3,422.81 | 2,522.81 | 2,229.91 | 1,329.91 | 1,276.42 | 376.42 |
| 89* | 2,062.85 | 900 | 3,541.99 | 2,641.99 | 2,297.15 | 1,397.15 | 1,330.41 | 430.41 |
| 90* | 2,062.85 | 900 | 3,665.26 | 2,765.26 | 2,365.40 | 1,465.40 | 1,330.41 | 430.41 |
| 91* | 2,093.41 | 900 | 3,793.60 | 2,893.60 | 2,436.71 | 1,536.71 | 1,436.36 | 536.36 |
| 92* | 2,093.41 | 900 | 3,926.04 | 3,026.04 | 2,510.05 | 1,610.05 | 1,436.36 | 536.36 |
| 93* | 2,093.41 | 900 | 4,062.54 | 3,162.54 | 2,585.44 | 1,685.44 | 1,436.36 | 536.36 |
| 94* | 2,093.41 | 900 | 4,204.14 | 3,304.14 | 2,662.86 | 1,762.86 | 1,510.72 | 610.72 |
| 95* | 2,093.41 | 900 | 4,350.83 | 3,450.83 | 2,743.33 | 1,843.33 | 1,510.72 | 610.72 |
| 96* | 2,093.41 | 900 | 4,502.62 | 3,602.62 | 2,825.85 | 1,925.85 | 1,815.31 | 915.31 |
| 97* | 2,093.41 | 900 | 4,660.51 | 3,760.51 | 2,910.40 | 2,010.40 | 1,815.31 | 915.31 |
| 98* | 2,093.41 | 900 | 4,822.49 | 3,922.49 | 2,998.01 | 2,098.01 | 1,815.31 | 915.31 |
| 99* | 2,093.41 | 900 | 4,990.57 | 4,090.57 | 3,084.60 | 2,184.60 | 1,897.82 | 997.82 |
| 100* | 2,093.41 | 900 | 5,164.77 | 4,264.77 | 3,181.37 | 2,281.37 | 1,897.82 | 997.82 |
| > 100* | 2,093.41 | 900 | 5,164.77 | 4,264.77 | 3,181.37 | 2,281.37 | 1,897.82 | 997.82 |

Notes:

[^] 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 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.

* 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. GREAT SupremeHealth A PLUS, B PLUS and STANDARD are available for Singaporeans and Singapore Permanent Residents 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 A PLUS, B PLUS or STANDARD.

GREAT TotalCare Premiums Table

| Age Next Birthday | GREAT TotalCare Annual Premiums (S\$) | | | | GREAT TotalCare Plus Annual Premiums (S\$) |
|-------------------|---------------------------------------|--------|---------|---------|--|
| | A | B | BASIC A | BASIC B | Essential |
| 1 | 214.95 | 147.71 | 59.09 | 48.90 | 129.37 |
| 2 | 214.95 | 147.71 | 59.09 | 48.90 | 111.04 |
| 3 | 214.95 | 147.71 | 59.09 | 48.90 | 95.76 |
| 4 | 151.78 | 126.32 | 58.06 | 48.90 | 82.51 |
| 5 | 150.77 | 124.28 | 58.06 | 46.86 | 71.31 |
| 6 | 149.74 | 123.26 | 57.05 | 46.86 | 65.19 |
| 7 | 147.71 | 101.87 | 57.05 | 46.86 | 67.23 |
| 8 | 146.69 | 100.85 | 56.03 | 46.86 | 68.26 |
| 9 | 144.65 | 99.83 | 56.03 | 45.85 | 70.29 |
| 10 | 143.64 | 99.83 | 55.01 | 45.85 | 74.36 |
| 11 | 142.62 | 98.81 | 55.01 | 45.85 | 75.38 |
| 12 | 141.60 | 97.79 | 53.99 | 44.82 | 77.42 |
| 13 | 139.56 | 97.79 | 53.99 | 44.82 | 79.46 |
| 14 | 139.56 | 97.79 | 53.99 | 44.82 | 81.50 |
| 15 | 140.58 | 97.79 | 53.99 | 44.82 | 84.55 |
| 16 | 140.58 | 97.79 | 53.99 | 44.82 | 86.59 |
| 17 | 140.58 | 97.79 | 53.99 | 44.82 | 89.64 |
| 18 | 142.62 | 98.81 | 55.01 | 45.85 | 91.68 |
| 19 | 143.64 | 99.83 | 56.03 | 45.85 | 94.74 |
| 20 | 144.65 | 100.85 | 56.03 | 46.86 | 98.81 |
| 21 | 146.69 | 101.87 | 57.05 | 46.86 | 100.85 |
| 22 | 147.71 | 101.87 | 57.05 | 46.86 | 103.91 |
| 23 | 148.73 | 102.89 | 57.05 | 48.90 | 106.96 |
| 24 | 149.74 | 103.91 | 58.06 | 48.90 | 110.01 |
| 25 | 150.77 | 103.91 | 58.06 | 48.90 | 111.04 |
| 26 | 154.85 | 106.96 | 59.09 | 48.90 | 112.05 |
| 27 | 159.94 | 110.01 | 60.10 | 50.94 | 112.05 |
| 28 | 165.03 | 114.09 | 63.15 | 52.97 | 113.08 |
| 29 | 171.14 | 117.15 | 65.19 | 53.99 | 113.08 |
| 30 | 176.23 | 122.24 | 67.23 | 56.03 | 114.09 |
| 31 | 182.35 | 125.30 | 70.29 | 58.06 | 114.09 |
| 32 | 188.46 | 130.40 | 73.35 | 60.10 | 114.09 |
| 33 | 196.60 | 135.49 | 75.38 | 62.14 | 115.11 |
| 34 | 206.79 | 141.60 | 78.44 | 65.19 | 115.11 |
| 35 | 214.95 | 147.71 | 82.51 | 68.26 | 116.13 |
| 36 | 224.11 | 154.85 | 86.59 | 71.31 | 117.15 |
| 37 | 234.30 | 161.97 | 89.64 | 74.36 | 118.17 |

GREAT TotalCare Premiums Table (Continued)

| Age Next Birthday | GREAT TotalCare Annual Premiums (S\$) | | | | GREAT TotalCare Plus Annual Premiums (S\$) |
|-------------------|---------------------------------------|---------|---------|---------|--|
| | A | B | BASIC A | BASIC B | Essential |
| 38 | 235.32 | 161.97 | 90.67 | 74.36 | 125.30 |
| 39 | 236.33 | 162.99 | 90.67 | 75.38 | 126.32 |
| 40 | 238.37 | 164.01 | 91.68 | 75.38 | 134.46 |
| 41 | 280.14 | 193.55 | 107.99 | 88.63 | 141.60 |
| 42 | 292.36 | 201.70 | 112.05 | 92.70 | 142.62 |
| 43 | 305.60 | 210.87 | 117.15 | 97.79 | 144.65 |
| 44 | 318.85 | 220.04 | 122.24 | 100.85 | 151.78 |
| 45 | 332.09 | 229.21 | 127.33 | 104.92 | 153.82 |
| 46 | 347.37 | 239.40 | 133.45 | 110.01 | 154.85 |
| 47 | 364.69 | 251.62 | 139.56 | 115.11 | 165.03 |
| 48 | 383.03 | 263.85 | 146.69 | 122.24 | 175.22 |
| 49 | 402.38 | 278.10 | 153.82 | 127.33 | 185.40 |
| 50 | 405.44 | 280.14 | 154.85 | 128.36 | 196.60 |
| 51 | 445.17 | 306.63 | 171.14 | 140.58 | 208.83 |
| 52 | 469.62 | 323.95 | 179.29 | 148.73 | 222.08 |
| 53 | 501.19 | 345.33 | 191.51 | 157.90 | 235.32 |
| 54 | 533.79 | 368.77 | 203.74 | 169.10 | 257.73 |
| 55 | 569.45 | 392.19 | 218.00 | 179.29 | 269.95 |
| 56 | 607.14 | 418.68 | 232.26 | 191.51 | 294.40 |
| 57 | 646.87 | 446.19 | 246.53 | 203.74 | 308.67 |
| 58 | 691.69 | 475.73 | 263.85 | 218.00 | 323.95 |
| 59 | 736.51 | 509.35 | 281.15 | 232.26 | 348.40 |
| 60 | 787.45 | 541.95 | 300.51 | 247.54 | 375.90 |
| 61 | 839.40 | 578.62 | 320.89 | 264.86 | 403.40 |
| 62 | 894.41 | 616.31 | 341.26 | 282.18 | 432.95 |
| 63 | 950.44 | 655.01 | 362.65 | 299.50 | 464.53 |
| 64 | 1011.56 | 696.78 | 386.09 | 318.85 | 535.83 |
| 65 | 1074.72 | 740.59 | 410.54 | 338.21 | 571.49 |
| 66 | 1139.91 | 785.41 | 434.99 | 358.58 | 611.22 |
| 67 | 1207.15 | 831.26 | 460.45 | 379.97 | 652.99 |
| 68 | 1275.40 | 879.13 | 486.94 | 401.36 | 697.81 |
| 69 | 1345.69 | 927.01 | 513.42 | 424.79 | 749.76 |
| 70 | 1414.96 | 974.89 | 539.91 | 445.17 | 776.24 |
| 71 | 1487.29 | 1024.81 | 567.41 | 468.60 | 814.95 |
| 72 | 1564.71 | 1078.79 | 596.95 | 493.05 | 853.67 |
| 73 | 1642.13 | 1131.77 | 626.50 | 517.50 | 896.45 |
| 74 | 1721.59 | 1185.76 | 656.04 | 541.95 | 939.23 |
| 75 | 1799.01 | 1239.74 | 686.60 | 566.40 | 985.08 |

GREAT TotalCare Premiums Table (Continued)

| Age Next Birthday | GREAT TotalCare Annual Premiums (S\$) | | | | GREAT TotalCare Plus Annual Premiums (S\$) |
|-------------------|---------------------------------------|---------|---------|---------|--|
| | A | B | BASIC A | BASIC B | Essential |
| 76* | 1872.36 | 1290.68 | 714.10 | 589.82 | 1,033.97 |
| 77* | 1948.76 | 1342.64 | 742.63 | 613.26 | 1,082.87 |
| 78* | 2026.18 | 1395.60 | 772.17 | 637.70 | 1,135.85 |
| 79* | 2102.58 | 1448.58 | 801.71 | 662.15 | 1,192.89 |
| 80* | 2177.96 | 1500.54 | 830.23 | 685.58 | 1,249.94 |
| 81* | 2253.35 | 1552.49 | 858.76 | 709.01 | 1,311.05 |
| 82* | 2334.85 | 1608.51 | 890.33 | 734.47 | 1,375.23 |
| 83* | 2409.21 | 1659.45 | 918.86 | 757.91 | 1,441.45 |
| 84* | 2481.54 | 1709.36 | 946.36 | 780.32 | 1,512.76 |
| 85* | 2550.81 | 1757.24 | 972.85 | 802.73 | 1,586.10 |
| 86* | 2614.99 | 1801.05 | 997.30 | 823.10 | - |
| 87* | 2680.18 | 1846.89 | 1021.74 | 843.47 | - |
| 88* | 2743.33 | 1887.64 | 1046.19 | 862.83 | - |
| 89* | 2803.44 | 1931.44 | 1068.60 | 882.19 | - |
| 90* | 2856.41 | 1968.11 | 1088.99 | 898.49 | - |
| 91* | 2905.31 | 2001.73 | 1107.32 | 913.77 | - |
| 92* | 2949.11 | 2031.27 | 1124.64 | 928.03 | - |
| 93* | 2989.86 | 2059.79 | 1139.91 | 940.26 | - |
| 94* | 3027.55 | 2085.26 | 1154.18 | 952.47 | - |
| 95* | 3059.13 | 2105.64 | 1166.40 | 962.67 | - |
| 96* | 3085.62 | 2126.01 | 1176.59 | 970.81 | - |
| 97* | 3108.03 | 2140.27 | 1184.74 | 977.95 | - |
| 98* | 3123.31 | 2152.50 | 1190.85 | 983.04 | - |
| 99* | 3134.51 | 2159.63 | 1194.92 | 986.09 | - |
| 100* | 3134.51 | 2159.63 | 1194.92 | 986.09 | - |
| >100* | 3134.51 | 2159.63 | 1194.92 | 986.09 | - |

Notes:

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

Premium rates are inclusive of prevailing rate of GST. The prevailing rate of GST is subject to change.

The above plans are available for Singaporeans and Singapore Permanent Residents only.

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 plan.

Notes and Disclaimers

Maximum entry age for GREAT SupremeHealth (B PLUS and A PLUS), GREAT TotalCare and GREAT TotalCare Plus rider is age 75years 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 and GREAT TotalCare Plus are not MediSave-approved Integrated Shield plans and premiums are not payable using MediSave.

GREAT TotalCare is designed to complement the benefits offered under GREAT SupremeHealth. GREAT TotalCare Plus is a rider that can only be attached to GREAT TotalCare 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 14 February 2024.

Reach for Great

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