



GREAT SupremeHealth and GREAT TotalCare

Benefit Schedule and Premium Rates

For new GREAT SupremeHealth P Plus and GREAT TotalCare P policies with cover start date from 28 February 2024 onwards.

For renewing GREAT SupremeHealth P Plus and GREAT TotalCare P policies with cover start date from 1 April 2024 onwards.

For new and renewing GREAT SupremeHealth A Plus, B Plus & Standard, GREAT TotalCare A & B and GREAT TotalCare Plus Essential policies with cover start date from 1 April 2024 onwards.

GREAT SupremeHealth Benefits Table

LIMITS ON EXPENSES (All Amounts in S\$)			
Plan Type	P PLUS	A PLUS	B PLUS
Hospital / Ward Class Entitlement	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower
Expense Item	Benefit Limit	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	P PLUS	A PLUS	B PLUS
Hospital / Ward Class Entitlement	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower
Expense Item	Benefit Limit	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	Life Assured receiving treatment for one primary cancer	5x (MediShield Life's limit for one primary cancer per month) ³	
	Life Assured receiving treatment for Multiple Primary Cancers ⁴	Sum of the highest cancer drug treatment limit ⁵ among the claimable treatments received for each primary cancer per month ³	
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) ⁶	
	Life Assured receiving treatment for Multiple Primary Cancers ⁴	5x (MediShield Life's limit for Multiple Primary Cancers per Period of Insurance) ⁶	
Long-term Parenteral Nutrition	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.

³ 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.

⁴ 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.

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

⁶ 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 (<https://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 SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)					
Plan Type		P PLUS	A PLUS	B PLUS	
Hospital / Ward Class Entitlement		Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower	
Expense Item		Benefit Limit	Benefit Limit	Benefit Limit	
3. ADDITIONAL BENEFITS					
Inpatient Sub-acute Care ^{7a}		\$1,200 per day	\$1,100 per day	\$1,000 per day	
Inpatient Rehabilitation Care ^{7a}		\$800 per day	\$780 per day	\$750 per day	
Inpatient Palliative Care ^{7a}		\$800 per day	\$780 per day	\$750 per day	
Outpatient Autologous Bone Marrow Transplant (for Multiple Myeloma)		\$30,000 per Period of Insurance	\$25,000 per Period of Insurance	\$20,000 per Period of Insurance	
Proton Beam Therapy		\$50,000 per Period of Insurance	\$40,000 per Period of Insurance	\$30,000 per Period of Insurance	
Cell, Tissue and Gene Therapy		\$200,000 per Period of Insurance	\$150,000 per Period of Insurance	\$100,000 per Period of Insurance	
Psychiatric Treatment		\$5,000 per Period of Insurance	\$4,500 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	\$40,000 per Transplant	\$20,000 per Transplant	
	Life Assured is the Organ Recipient – Covers Expenses Incurred by the Organ Donor	\$60,000 per Transplant	\$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	\$20,000 per Lifetime ^{7b} (\$5,000 per child)	\$16,000 per Lifetime ^{7b} (\$4,000 per child)	\$12,000 per Lifetime ^{7b} (\$3,000 per child)	
Emergency Medical Treatment outside Singapore ^{7c}		As Charged ¹ (Limited to Private Hospitals charges)	As Charged ¹ (Limited to Restructured Hospitals, Class A ward charges))	As Charged ¹ (Limited to Restructured Hospitals, Class B1 ward charges)	
4. FINAL EXPENSES BENEFIT					
		\$7,000	\$6,000	\$3,600	

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.

^{7a} Claimable for eligible expenses incurred by the Life Assured during confinement as a bed-paying patient in a standard room of a Hospital, Community Hospital or Inpatient Palliative Care (if applicable)

^{7b} The benefit limit refers to per Lifetime of the Life Assured.

^{7c} 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.

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)			
Plan Type	P PLUS	A PLUS	B PLUS
Hospital / Ward Class Entitlement	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower
Expense Item	Benefit Limit	Benefit Limit	Benefit Limit
PRO-RATION FACTORS			
Expenses incurred in Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic ⁸	N.A. ¹⁰	70%	50% ¹¹
Expenses incurred in Restructured Hospital - Class A ward / government-funded Community Hospital - Class A ward / government-funded Inpatient Palliative Care Institution – Class A ward ⁹	N.A. ¹⁰		80% ¹¹
Expenses incurred in non-subsidised Short-stay Ward / day Surgery / outpatient treatment in Restructured Hospital ⁸	N.A. ¹⁰		80% ¹¹
Expenses incurred for Specially-Approved Medical Treatments, Services and/or Supplies (excluding cancer drug treatments)	50%	50%	50% ¹¹

⁸ Refers to private sector outpatient clinics in Singapore.

⁹ 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.

¹⁰ NA means Not Applicable.

¹¹ 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.

GREAT SupremeHealth Benefits Table (Continued)

Plan Type	P PLUS	A PLUS	B PLUS
DEDUCTIBLE¹²			
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 clinic⁸ / 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 clinic⁸ / 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%	10%
LIMITS ON BENEFITS PAYABLE			
Annual Benefit Limit	\$1,500,000	\$1,000,000	\$500,000
Lifetime Benefit Limit	Unlimited	Unlimited	Unlimited

⁸ Refers to private sector outpatient clinics in Singapore.

¹² 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	Life Assured receiving treatment for one primary cancer	3x (MediShield Life's limit for one primary cancer per month) ⁶
	Life Assured receiving treatment for Multiple Primary Cancers ⁵	Sum of the highest cancer drug treatment limit ⁷ among the claimable treatments received for each primary cancer per month ⁶
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) ⁸
	Life Assured receiving treatment for Multiple Primary Cancers ⁵	2x (MediShield Life's limit for Multiple Primary Cancers per Period of Insurance) ⁸
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 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.

⁶ 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.

⁷ This benefit limit is based on 3x MediShield Life's limit for the specific cancer drug treatment.

⁸ 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 (<https://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 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 FACTOR⁹	
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 ¹⁰	65%
Day surgery charges in Private Hospitals / private medical clinics ¹⁰	65%
DEDUCTIBLE¹¹	
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

⁹ 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. Refer to Clause 3.3.2 on details of the applicable Pro-ration Factor.

¹⁰ Refers to private sector outpatient clinics.

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 for Chronic Kidney Failure, Immunosuppressants for Organ Transplant and Long-term Parenteral Nutrition.

GREAT TotalCare Benefits Table

Plan Type		P SIGNATURE	A	B	P OPTIMUM	BASIC A	BASIC B
Hospital / Ward Class Entitlement		Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower
Deductible incurred under the Life Assured's corresponding GREAT SupremeHealth plan	At Restructured Hospital ¹	Covers 95% of Deductible				N.A.	
	At Panel Provider	Covers 95% of Deductible			N.A.		
	At Non-Panel Provider	N.A.	Covers 95% of Deductible		N.A.		
Co-insurance incurred under the Life Assured's corresponding GREAT SupremeHealth plan		Covers 50% of Co-insurance					
Loss Limit (per Period of Insurance), applicable to amount of Deductible, Co-insurance and co-payment incurred	At Restructured Hospital ¹	\$3,000			\$3,000	\$3,500	
	At Panel Provider				\$6,500		
SPECIAL BENEFITS		BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT
Excess Expenses ² -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) ³					
	Life Assured receiving treatment Multiple Primary Cancers ⁴	Sum of the highest cancer drug treatment limit ⁵ among the claimable treatments received for each primary cancer ³					

¹ Also includes government-funded Community Hospital / Inpatient Palliative Care Institution.

² For the avoidance of doubt, benefit limit stated for GREAT TotalCare is in addition to benefit limit of the Main Plan. If GREAT TotalCare is attached to GREAT SupremeHealth Plan Type P Plus, 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 5% co-payment to be borne by the Policyholder before any benefit is payable under GREAT TotalCare.

³ 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.

⁴ 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.

⁵ This benefit limit is based on 15x MediShield Life's limit for the specific cancer drug treatment.

GREAT TotalCare Benefits Table (Continued)

Plan Type		P SIGNATURE	A	B	P OPTIMUM	BASIC A	BASIC B
Hospital / Ward Class Entitlement		Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower
Outpatient Cancer Drug Treatment not on the Cancer Drug List for Drug Classes ⁶ : • Class A • Class B • Class C • Class D • Class E (per Period of Insurance)		\$200,000	\$175,000	\$150,000	\$200,000	\$175,000	\$150,000
Subject to Co-payment to be borne by the Policyholder ⁷							
Excess Expenses ² -Outpatient Cancer Drug Services (per Period of Insurance)	Life Assured is treated for one primary cancer	15x (MediShield Life's limit for one primary cancer) ⁸					
	Life Assured is treated for Multiple Primary Cancers ⁴	15x (MediShield Life's limit for Multiple Primary Cancers) ⁸					
Additional Cancer Support (per Period of Insurance)		\$10,000 Subject to Co-payment to be borne by the Policyholder ⁷					
Emergency Accidental Outpatient Treatment (per Course of Treatment)		\$2,000	\$1,500	\$1,000	\$2,000	\$1,500	\$1,000
Subject to Co-payment to be borne by the Policyholder ⁷							
Ambulance Services (per Course of Treatment)		\$250	\$150	\$100	\$250	\$150	\$100
Subject to Co-payment to be borne by the Policyholder ⁷							
Home Health Care Benefit (within 180 days from Hospital discharge) ⁹ (per Period of Insurance)		\$10,000 (\$200 per day)	\$8,000 (\$200 per day)	\$6,000 (\$200 per day)	\$10,000 (\$200 per day)	\$8,000 (\$200 per day)	\$6,000 (\$200 per day)
Subject to Co-payment to be borne by the Policyholder ⁷							

² For the avoidance of doubt, benefit limit stated for GREAT TotalCare is in addition to benefit limit of the Main Plan. If GREAT TotalCare is attached to GREAT SupremeHealth Plan Type P Plus, 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 5% co-payment to be borne by the Policyholder before any benefit is payable under GREAT TotalCare.

⁴ 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.

⁶ 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.

⁷ 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.

⁸ 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 (<https://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 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	P SIGNATURE	A	B	P OPTIMUM	BASIC A	BASIC B
Hospital / Ward Class Entitlement	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower
Post-Hospital Follow-up Traditional Chinese Medicine Treatment ¹⁰ (within 180 days from Hospital discharge) (per Period of Insurance)	\$6,000	\$5,000	\$4,000	\$6,000	\$5,000	\$4,000
Subject to Co-payment to be borne by the Policyholder ⁷						
Medical Aids (per Period of Insurance)	\$3,000	\$2,000	\$1,500	\$3,000	\$2,000	\$1,500
Subject to Co-payment to be borne by the Policyholder ⁷						
Companion Accommodation Benefit ¹¹ (up to 10 days per Hospitalisation)	\$80 per day	\$60 per day	\$40 per day	\$80 per day	\$60 per day	\$40 per day
Subject to Co-payment to be borne by the Policyholder ⁷						
LIMITS ON BENEFIT PAYABLE						
Annual Benefit Limit	\$400,000	\$200,000	\$150,000	\$400,000	\$200,000	\$150,000
Lifetime Benefit Limit	Unlimited					

⁷ 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 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.

¹¹ 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 Benefits Table

Benefit Schedule (All amounts in S\$)		
Plan Type	(ESSENTIAL)	
Expense Item	Benefit Limit	
(A) Overseas Emergency medical or surgical treatment ¹	For ASEAN ² countries Expenses incurred are limited to the Reasonable and Customary Charges in the country where the treatment was provided.	
	For non-ASEAN countries <i>If the Life Assured has resided outside the Country of Issue for:</i> <ul style="list-style-type: none"> • <i>90 days or less</i> Expenses incurred are limited to the Reasonable and Customary Charges in the country where the treatment was provided. • <i>more than 90 days</i>³ Expenses incurred are limited to the Reasonable and Customary Charges in the Country of Issue. 	
(B) Overseas Non-Emergency medical or surgical treatment ¹	Expenses incurred are limited to the lower of the following: <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)⁴ Benefits payable under this Rider for (B) shall be payable according to GREAT TotalCare plan insured for the Life Assured, with the following Additional Annual Benefit Limits added to GREAT TotalCare plan:		
Additional Annual Benefit Limit	\$25,000	
2. For a Life Assured who is covered under GREAT SupremeHealth (As Charged)⁴ Benefits under this Rider for (B) shall be payable according to GREAT TotalCare plan and GREAT SupremeHealth (As Charged) ⁴ plan insured for the Life Assured, with the following Additional Annual Benefit Limits added to GREAT TotalCare plan:		
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 GREAT TotalCare plan insured for the Life Assured:		
GREAT TotalCare P SIGNATURE GREAT TotalCare P OPTIMUM GREAT TotalCare P GREAT TotalCare P SELECT	GREAT TotalCare A GREAT TotalCare BASIC A	GREAT TotalCare B GREAT TotalCare BASIC 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 GREAT TotalCare plan 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.

⁴ GREAT SupremeHealth (As Charged) plan refers to GREAT SupremeHealth P PLUS, A PLUS or B PLUS plans.

GREAT SupremeHealth Premiums Table

For Singapore Citizens and Permanent Residents of Singapore

Age Next Birthday	MediShield Life Premiums (S\$) [Fully Payable by MediSave ^a]	Additional Withdrawal Limits [#] (AWLs) [S\$]	Additional Private Insurance Coverage							
			P Plus		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\$)
1	147.71	300	214.95	0	75.38	0	50.94	0	30.56	0
2	147.71	300	211.89	0	75.38	0	50.94	0	30.56	0
3	147.71	300	207.81	0	75.38	0	50.94	0	30.56	0
4	147.71	300	204.76	0	74.36	0	49.91	0	30.56	0
5	147.71	300	201.70	0	74.36	0	49.91	0	30.56	0
6	147.71	300	197.63	0	73.35	0	49.91	0	30.56	0
7	147.71	300	194.57	0	73.35	0	49.91	0	30.56	0
8	147.71	300	191.51	0	73.35	0	48.90	0	30.56	0
9	147.71	300	188.46	0	71.31	0	48.90	0	30.56	0
10	147.71	300	180.31	0	71.31	0	48.90	0	30.56	0
11	147.71	300	180.31	0	71.31	0	48.90	0	30.56	0
12	147.71	300	180.31	0	71.31	0	49.91	0	30.56	0
13	147.71	300	180.31	0	73.35	0	50.94	0	30.56	0
14	147.71	300	180.31	0	73.35	0	51.95	0	30.56	0
15	147.71	300	180.31	0	74.36	0	52.97	0	30.56	0
16	147.71	300	180.31	0	75.38	0	53.99	0	30.56	0
17	147.71	300	180.31	0	75.38	0	55.01	0	30.56	0
18	147.71	300	180.31	0	76.40	0	56.03	0	30.56	0
19	147.71	300	209.85	0	84.55	0	57.05	0	35.65	0
20	147.71	300	209.85	0	84.55	0	58.06	0	35.65	0
21	254.67	300	207.81	0	84.55	0	59.09	0	35.65	0
22	254.67	300	207.81	0	84.55	0	60.10	0	35.65	0
23	254.67	300	207.81	0	84.55	0	60.10	0	35.65	0
24	254.67	300	207.81	0	85.57	0	60.10	0	35.65	0
25	254.67	300	207.81	0	85.57	0	60.10	0	35.65	0
26	254.67	300	244.49	0	88.63	0	60.10	0	35.65	0
27	254.67	300	244.49	0	92.70	0	62.14	0	35.65	0
28	254.67	300	244.49	0	95.76	0	76.40	0	35.65	0
29	254.67	300	244.49	0	99.83	0	76.40	0	35.65	0
30	254.67	300	244.49	0	103.91	0	77.42	0	35.65	0
31	397.29	300	328.01	28.01	107.99	0	78.44	0	53.99	0
32	397.29	300	328.01	28.01	112.05	0	79.46	0	53.99	0
33	397.29	300	328.01	28.01	116.13	0	80.47	0	53.99	0
34	397.29	300	328.01	28.01	122.24	0	81.50	0	53.99	0
35	397.29	300	328.01	28.01	125.30	0	81.50	0	53.99	0
36	397.29	300	328.01	28.01	128.36	0	82.51	0	53.99	0
37	397.29	300	328.01	28.01	130.40	0	86.59	0	53.99	0
38	397.29	300	328.01	28.01	133.45	0	91.68	0	53.99	0

GREAT SupremeHealth Premiums Table (Continued)

For Singapore Citizens and Permanent Residents of Singapore

Age Next Birthday	MediShield Life Premiums (S\$) [Fully Payable by MediSave ^a]	Additional Withdrawal Limits [#] (AWLs) [S\$]	Additional Private Insurance Coverage							
			P Plus		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\$)
39	397.29	300	328.01	28.01	135.49	0	95.76	0	53.99	0
40	397.29	300	328.01	28.01	137.53	0	100.85	0	53.99	0
41	534.81	600	661.13	61.13	198.64	0	142.62	0	85.57	0
42	534.81	600	661.13	61.13	214.95	0	143.64	0	85.57	0
43	534.81	600	661.13	61.13	232.26	0	143.64	0	85.57	0
44	534.81	600	661.13	61.13	235.32	0	143.64	0	85.57	0
45	534.81	600	661.13	61.13	237.36	0	144.65	0	85.57	0
46	534.81	600	661.13	61.13	239.4	0	146.69	0	85.57	0
47	534.81	600	661.13	61.13	242.45	0	148.73	0	85.57	0
48	534.81	600	661.13	61.13	243.46	0	149.74	0	85.57	0
49	534.81	600	661.13	61.13	244.49	0	155.86	0	85.57	0
50	534.81	600	661.13	61.13	246.53	0	158.91	0	85.57	0
51	814.95	600	1,066.57	466.57	292.36	0	229.21	0	115.11	0
52	814.95	600	1,082.87	482.87	310.7	0	246.53	0	115.11	0
53	814.95	600	1,131.77	531.77	331.08	0	252.64	0	115.11	0
54	814.95	600	1,179.64	579.64	353.49	0	258.74	0	115.11	0
55	814.95	600	1,229.56	629.56	375.9	0	264.86	0	115.11	0
56	814.95	600	1,314.11	714.11	401.36	0	283.19	0	115.11	0
57	814.95	600	1,463.86	863.86	429.89	0	291.35	0	115.11	0
58	814.95	600	1,463.86	863.86	460.45	0	296.44	0	115.11	0
59	814.95	600	1,463.86	863.86	493.05	0	301.54	0	115.11	0
60	814.95	600	1,463.86	863.86	527.68	0	317.83	0	115.11	0
61	1,039.07	600	1,929.40	1,329.40	565.37	0	352.46	0	235.32	0
62	1,039.07	600	1,942.64	1,342.64	607.14	7.14	392.19	0	235.32	0
63	1,039.07	600	1,942.64	1,342.64	655.01	55.01	434.99	0	235.32	0
64	1,039.07	600	1,942.64	1,342.64	730.4	130.40	484.9	0	235.32	0
65	1,039.07	600	1,942.64	1,342.64	813.94	213.94	536.85	0	235.32	0
66	1,120.56	600	2,705.64	2,105.64	907.65	307.65	595.94	0	373.86	0
67	1,120.56	600	2,898.18	2,298.18	1,012.58	412.58	662.15	62.15	373.86	0
68	1,120.56	600	2,923.64	2,323.64	1,120.56	520.56	735.5	135.50	373.86	0
69	1,120.56	600	2,923.64	2,323.64	1,224.46	624.46	816.99	216.99	373.86	0
70	1,120.56	600	2,923.64	2,323.64	1,337.54	737.54	905.62	305.62	373.86	0
71	1,217.34	900	3,618.40	2,718.40	1,461.82	561.82	967.76	67.76	597.97	0
72	1,217.34	900	3,795.64	2,895.64	1,557.58	657.58	1,033.97	133.97	597.97	0
73	1,217.34	900	3,808.89	2,908.89	1,660.46	760.46	1,104.26	204.26	597.97	0
74	1,344.67	900	4,037.08	3,137.08	1,769.46	869.46	1,180.67	280.67	681.50	0
75	1,344.67	900	4,437.42	3,537.42	1,886.62	986.62	1,261.14	361.14	681.50	0
76*	1,558.60	900	4,638.10	3,738.10	2,010.90	1,110.90	1,347.73	447.73	732.44	0

GREAT SupremeHealth Premiums Table (Continued)

For Singapore 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		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\$)
77*	1,558.60	900	5,040.49	4,140.49	2,142.31	1,242.31	1,439.41	539.41	732.44	0
78*	1,558.60	900	5,334.89	4,434.89	2,283.91	1,383.91	1,537.21	637.21	732.44	0
79*	1,619.72	900	5,572.24	4,672.24	2,435.69	1,535.69	1,643.15	743.15	782.36	0
80*	1,619.72	900	6,062.23	5,162.23	2,601.74	1,701.74	1,759.28	859.28	782.36	0
81*	1,706.31	900	6,455.45	5,555.45	2,692.40	1,792.40	1,812.26	912.26	818.01	0
82*	1,706.31	900	6,944.42	6,044.42	2,787.14	1,887.14	1,867.26	967.26	818.01	0
83*	1,706.31	900	7,534.24	6,634.24	2,883.91	1,983.91	1,923.29	1,023.29	818.01	0
84*	1,971.17	900	7,889.77	6,989.77	2,983.74	2,083.74	1,980.33	1,080.33	1,023.78	123.78
85*	1,971.17	900	7,908.10	7,008.10	3,087.65	2,187.65	2,040.44	1,140.44	1,023.78	123.78
86*	2,062.85	900	7,986.54	7,086.54	3,195.64	2,295.64	2,101.56	1,201.56	1,276.42	376.42
87*	2,062.85	900	7,986.54	7,086.54	3,307.69	2,407.69	2,164.72	1,264.72	1,276.42	376.42
88*	2,062.85	900	7,986.54	7,086.54	3,422.81	2,522.81	2,229.91	1,329.91	1,276.42	376.42
89*	2,062.85	900	8,067.01	7,167.01	3,541.99	2,641.99	2,297.15	1,397.15	1,330.41	430.41
90*	2,062.85	900	8,067.01	7,167.01	3,665.26	2,765.26	2,365.40	1,465.40	1,330.41	430.41
91*	2,093.41	900	8,470.42	7,570.42	3,793.60	2,893.60	2,436.71	1,536.71	1,436.36	536.36
92*	2,093.41	900	8,470.42	7,570.42	3,926.04	3,026.04	2,510.05	1,610.05	1,436.36	536.36
93*	2,093.41	900	8,470.42	7,570.42	4,062.54	3,162.54	2,585.44	1,685.44	1,436.36	536.36
94*	2,093.41	900	8,895.22	7,995.22	4,204.14	3,304.14	2,662.86	1,762.86	1,510.72	610.72
95*	2,093.41	900	8,895.22	7,995.22	4,350.83	3,450.83	2,743.33	1,843.33	1,510.72	610.72
96*	2,093.41	900	9,516.62	8,616.62	4,502.62	3,602.62	2,825.85	1,925.85	1,815.31	915.31
97*	2,093.41	900	9,516.62	8,616.62	4,660.51	3,760.51	2,910.40	2,010.40	1,815.31	915.31
98*	2,093.41	900	9,516.62	8,616.62	4,822.49	3,922.49	2,998.01	2,098.01	1,815.31	915.31
99*	2,093.41	900	9,613.40	8,713.40	4,990.57	4,090.57	3,084.60	2,184.60	1,897.82	997.82
100*	2,093.41	900	9,613.40	8,713.40	5,164.77	4,264.77	3,181.37	2,281.37	1,897.82	997.82
> 100*	2,093.41	900	9,613.40	8,713.40	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. Foreigners are eligible to purchase GREAT SupremeHealth P PLUS 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, A PLUS, B PLUS or STANDARD.

GREAT SupremeHealth Premiums Table (P Plus and A Plus)

For Foreigners with Eligible Valid Passes

Age Next Birthday	P Plus (S\$) Annual Premium	A Plus (S\$) Annual Premium	Age Next Birthday	P Plus (S\$) Annual Premium	A Plus (S\$) Annual Premium
1	362.66	223.09	52	1,897.82	1,125.65
2	359.60	223.09	53	1,946.72	1,146.03
3	355.52	223.09	54	1,994.59	1,168.44
4	352.47	222.07	55	2,044.51	1,190.85
5	349.41	222.07	56	2,129.06	1,216.31
6	345.34	221.06	57	2,278.81	1,244.84
7	342.28	221.06	58	2,278.81	1,275.40
8	339.22	221.06	59	2,278.81	1,308.00
9	336.17	219.02	60	2,278.81	1,342.63
10	328.02	219.02	61	2,968.47	1,604.44
11	328.02	219.02	62	2,981.71	1,646.21
12	328.02	219.02	63	2,981.71	1,694.08
13	328.02	221.06	64	2,981.71	1,769.47
14	328.02	221.06	65	2,981.71	1,853.01
15	328.02	222.07	66	3,826.20	2,028.21
16	328.02	223.09	67	4,018.74	2,133.14
17	328.02	223.09	68	4,044.20	2,241.12
18	328.02	224.11	69	4,044.20	2,345.02
19	357.56	232.26	70	4,044.20	2,458.10
20	357.56	232.26	71	4,835.74	2,679.16
21	462.48	339.22	72	5,012.98	2,774.92
22	462.48	339.22	73	5,026.23	2,877.80
23	462.48	339.22	74	5,381.75	3,114.13
24	462.48	340.24	75	5,782.09	3,231.29
25	462.48	340.24	76*	6,196.70	3,569.50
26	499.16	343.30	77*	6,599.09	3,700.91
27	499.16	347.37	78*	6,893.49	3,842.51
28	499.16	350.43	79*	7,191.96	4,055.41
29	499.16	354.50	80*	7,681.95	4,221.46
30	499.16	358.58	81*	8,161.76	4,398.71
31	725.30	505.28	82*	8,650.73	4,493.45
32	725.30	509.34	83*	9,240.55	4,590.22
33	725.30	513.42	84*	9,860.94	4,954.91
34	725.30	519.53	85*	9,879.27	5,058.82
35	725.30	522.59	86*	10,049.39	5,258.49
36	725.30	525.65	87*	10,049.39	5,370.54
37	725.30	527.69	88*	10,049.39	5,485.66
38	725.30	530.74	89*	10,129.86	5,604.84
39	725.30	532.78	90*	10,129.86	5,728.11
40	725.30	534.82	91*	10,563.83	5,887.01
41	1,195.94	733.45	92*	10,563.83	6,019.45
42	1,195.94	749.76	93*	10,563.83	6,155.95
43	1,195.94	767.07	94*	10,988.63	6,297.55
44	1,195.94	770.13	95*	10,988.63	6,444.24
45	1,195.94	772.17	96*	11,610.03	6,596.03
46	1,195.94	774.21	97*	11,610.03	6,753.92
47	1,195.94	777.26	98*	11,610.03	6,915.90
48	1,195.94	778.27	99*	11,706.81	7,083.98
49	1,195.94	779.30	100*	11,706.81	7,258.18
50	1,195.94	781.34	> 100*	11,706.81	7,258.18
51	1,881.52	1,107.31			

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 plus the Additional Withdrawal Limit to pay for your premiums, subjected to the MediSave withdrawal limit for Foreigners.

* 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, A PLUS, B PLUS or STANDARD.

GREAT TotalCare Premiums Table

Age Next Birthday	GREAT TotalCare Annual Premiums (S\$)						GREAT TotalCare Plus Annual Premiums (S\$)
	P SIGNATURE	A	B	P OPTIMUM	BASIC A	BASIC B	Essential
1	1,256.82	214.95	147.71	381.59	59.09	48.90	129.37
2	1,256.82	214.95	147.71	376.45	59.09	48.90	111.04
3	1,244.31	214.95	147.71	371.31	59.09	48.90	95.76
4	1,244.31	151.78	126.32	368.37	58.06	48.90	82.51
5	1,203.19	150.77	124.28	362.56	58.06	46.86	71.31
6	1,195.36	149.74	123.26	356.83	57.05	46.86	65.19
7	1,187.53	147.71	101.87	351.21	57.05	46.86	67.23
8	1,147.80	146.69	100.85	330.05	56.03	46.86	68.26
9	1,102.42	144.65	99.83	324.94	56.03	45.85	70.29
10	1,060.82	143.64	99.83	323.65	55.01	45.85	74.36
11	1,009.78	142.62	98.81	306.29	55.01	45.85	75.38
12	1,015.43	141.60	97.79	306.29	53.99	44.82	77.42
13	1,017.32	139.56	97.79	306.29	53.99	44.82	79.46
14	1,017.32	139.56	97.79	306.29	53.99	44.82	81.50
15	1,017.32	140.58	97.79	306.29	53.99	44.82	84.55
16	1,024.88	140.58	97.79	306.29	53.99	44.82	86.59
17	1,024.88	140.58	97.79	308.31	53.99	44.82	89.64
18	1,024.88	142.62	98.81	312.14	55.01	45.85	91.68
19	1,024.88	143.64	99.83	314.70	56.03	45.85	94.74
20	1,024.88	144.65	100.85	318.54	56.03	46.86	98.81
21	1,130.79	146.69	101.87	321.10	57.05	46.86	100.85
22	1,132.67	147.71	101.87	321.10	57.05	46.86	103.91
23	1,136.46	148.73	102.89	321.10	57.05	48.90	106.96
24	1,136.46	149.74	103.91	322.38	58.06	48.90	110.01
25	1,136.46	150.77	103.91	322.38	58.06	48.90	111.04
26	1,136.46	154.85	106.96	327.49	59.09	48.90	112.05
27	1,140.65	159.94	110.01	336.44	60.10	50.94	112.05
28	1,142.10	165.03	114.09	345.41	63.15	52.97	113.08
29	1,143.55	171.14	117.15	355.63	65.19	53.99	113.08
30	1,151.96	176.23	122.24	362.03	67.23	56.03	114.09
31	1,160.35	182.35	125.30	370.69	70.29	58.06	114.09
32	1,177.57	188.46	130.40	379.34	73.35	60.10	114.09
33	1,193.06	196.60	135.49	389.13	75.38	62.14	115.11
34	1,210.27	206.79	141.60	400.14	78.44	65.19	115.11
35	1,225.78	214.95	147.71	409.92	82.51	68.26	116.13
36	1,290.80	224.11	154.85	430.42	86.59	71.31	117.15
37	1,306.89	234.30	161.97	448.61	89.64	74.36	118.17
38	1,324.76	235.32	161.97	466.80	90.67	74.36	125.30

GREAT TotalCare Premiums Table (Continued)

Age Next Birthday	GREAT TotalCare Annual Premiums (S\$)						GREAT TotalCare Plus Annual Premiums (S\$)
	P SIGNATURE	A	B	P OPTIMUM	BASIC A	BASIC B	Essential
39	1,342.64	236.33	162.99	476.00	90.67	75.38	126.32
40	1,358.73	238.37	164.01	494.35	91.68	75.38	134.46
41	1,793.16	280.14	193.55	510.27	107.99	88.63	141.60
42	1,818.20	292.36	201.70	532.28	112.05	92.70	142.62
43	1,995.19	305.60	210.87	556.76	117.15	97.79	144.65
44	2,023.80	318.85	220.04	580.01	122.24	100.85	151.78
45	2,052.40	332.09	229.21	606.93	127.33	104.92	153.82
46	2,170.81	347.37	239.40	694.46	133.45	110.01	154.85
47	2,170.81	364.69	251.62	713.10	139.56	115.11	165.03
48	2,170.81	383.03	263.85	731.75	146.69	122.24	175.22
49	2,170.81	402.38	278.10	766.28	153.82	127.33	185.40
50	2,170.81	405.44	280.14	768.84	154.85	128.36	196.60
51	2,849.65	445.17	306.63	844.31	171.14	140.58	208.83
52	2,866.68	469.62	323.95	890.38	179.29	148.73	222.08
53	2,930.98	501.19	345.33	944.10	191.51	157.90	235.32
54	3,152.20	533.79	368.77	999.12	203.74	169.10	257.73
55	3,229.74	569.45	392.19	1,059.24	218.00	179.29	269.95
56	3,916.15	607.14	418.68	1,121.93	232.26	191.51	294.40
57	3,942.64	646.87	446.19	1,188.45	246.53	203.74	308.67
58	3,955.86	691.69	475.73	1,262.63	263.85	218.00	323.95
59	4,364.31	736.51	509.35	1,338.13	281.15	232.26	348.40
60	4,528.82	787.45	541.95	1,420.00	300.51	247.54	375.90
61	5,559.37	839.40	578.62	1,506.97	320.89	264.86	403.40
62	5,812.76	894.41	616.31	1,597.81	341.26	282.18	432.95
63	6,066.16	950.44	655.01	1,689.93	362.65	299.50	464.53
64	6,319.54	1011.56	696.78	1,785.87	386.09	318.85	535.83
65	6,459.45	1074.72	740.59	1,889.48	410.54	338.21	571.49
66	7,279.31	1139.91	785.41	1,994.38	434.99	358.58	611.22
67	7,772.20	1207.15	831.26	2,103.12	460.45	379.97	652.99
68	8,265.11	1275.40	879.13	2,210.57	486.94	401.36	697.81
69	8,325.83	1345.69	927.01	2,319.32	513.42	424.79	749.76
70	8,388.35	1414.96	974.89	2,431.90	539.91	445.17	776.24
71	9,152.71	1487.29	1024.81	2,545.75	567.41	468.60	814.95
72	9,542.30	1564.71	1078.79	2,667.28	596.95	493.05	853.67
73	9,939.82	1642.13	1131.77	2,791.37	626.50	517.50	896.45
74	10,426.08	1721.59	1185.76	2,912.91	656.04	541.95	939.23
75	10,860.60	1799.01	1239.74	3,036.99	686.60	566.40	985.08
76*	10,995.45	1872.36	1290.68	3,178.99	714.10	589.82	1,033.97

GREAT TotalCare Premiums Table (Continued)

Age Next Birthday	GREAT TotalCare Annual Premiums (S\$)						GREAT TotalCare Plus Annual Premiums (S\$)
	P SIGNATURE	A	B	P OPTIMUM	BASIC A	BASIC B	Essential
77*	11,130.32	1948.76	1342.64	3,324.83	742.63	613.26	1,082.87
78*	11,543.53	2026.18	1395.60	3,475.78	772.17	637.70	1,135.85
79*	11,717.60	2102.58	1448.58	3,625.46	801.71	662.15	1,192.89
80*	12,098.53	2177.96	1500.54	3,773.85	830.23	685.58	1,249.94
81*	12,348.21	2253.35	1552.49	3,920.97	858.76	709.01	1,311.05
82*	12,597.89	2334.85	1608.51	4,080.88	890.33	734.47	1,375.23
83*	12,700.43	2409.21	1659.45	4,226.71	918.86	757.91	1,441.45
84*	12,804.66	2481.54	1709.36	4,372.56	946.36	780.32	1,512.76
85*	13,280.32	2550.81	1757.24	4,461.63	972.85	802.73	1,586.10
86*	13,757.67	2614.99	1801.05	4,550.70	997.30	823.10	-
87*	14,233.37	2680.18	1846.89	4,677.41	1021.74	843.47	-
88*	14,581.31	2743.33	1887.64	4,800.37	1046.19	862.83	-
89*	14,929.23	2803.44	1931.44	4,917.06	1068.60	882.19	-
90*	15,048.56	2856.41	1968.11	5,022.45	1088.99	898.49	-
91*	15,164.56	2905.31	2001.73	5,115.29	1107.32	913.77	-
92*	15,280.52	2949.11	2031.27	5,201.87	1124.64	928.03	-
93*	15,512.48	2989.86	2059.79	5,279.67	1139.91	940.26	-
94*	15,741.08	3027.55	2085.26	5,351.17	1154.18	952.47	-
95*	15,899.08	3059.13	2105.64	5,410.15	1166.40	962.67	-
96*	16,057.08	3085.62	2126.01	5,457.82	1176.59	970.81	-
97*	16,215.08	3108.03	2140.27	5,497.97	1184.74	977.95	-
98*	16,453.77	3123.31	2152.50	5,524.32	1190.85	983.04	-
99*	16,687.39	3134.51	2159.63	5,540.62	1194.92	986.09	-
100*	16,924.40	3134.51	2159.63	5,642.86	1194.92	986.09	-
>100*	16,924.40	3134.51	2159.63	5,642.86	1194.92	986.09	-

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, foreigners are eligible to purchase GREAT TotalCare P Signature, P Optimum, A and Basic A only. For GREAT TotalCare Plus, foreigners are eligible to purchase only if the GREAT TotalCare Plus is to be attached to GREAT TotalCare P Signature or P Optimum.
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 plan.
5. A 20% first year premium discount will be given to new GREAT TotalCare P Signature policy issued under 'Standard Life' basis.

Notes and Disclaimers

Maximum entry age for GREAT SupremeHealth P Plus, A Plus and B Plus, GREAT TotalCare and GREAT TotalCare Plus 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 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 1 April 2024.

Reach for Great

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