



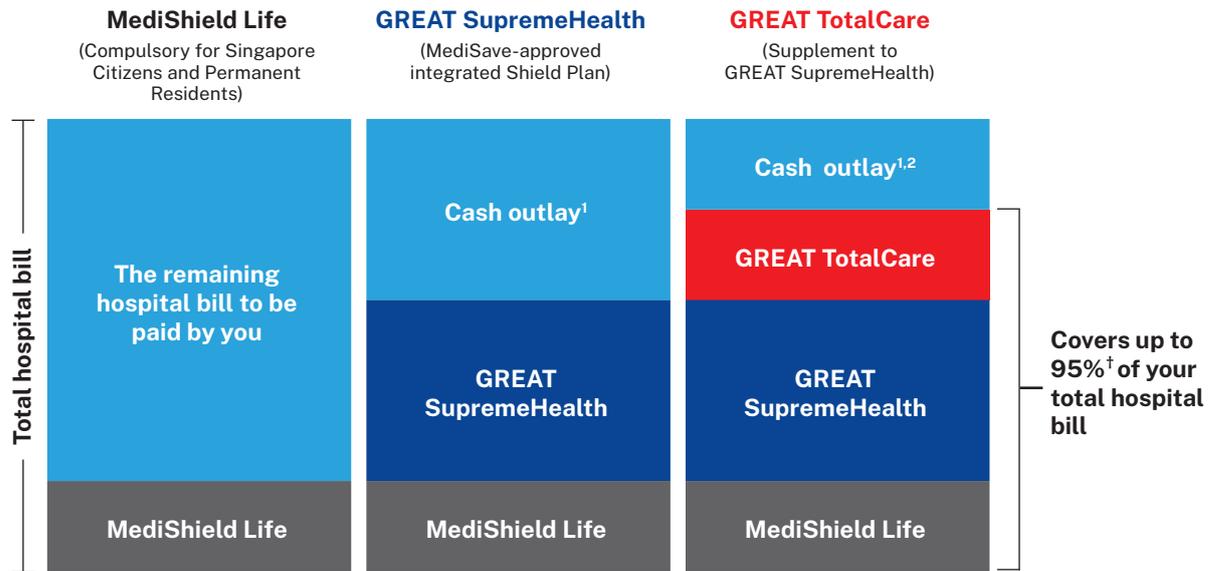
GREAT SupremeHealth and GREAT TotalCare

Benefit Schedule and Premium Rates

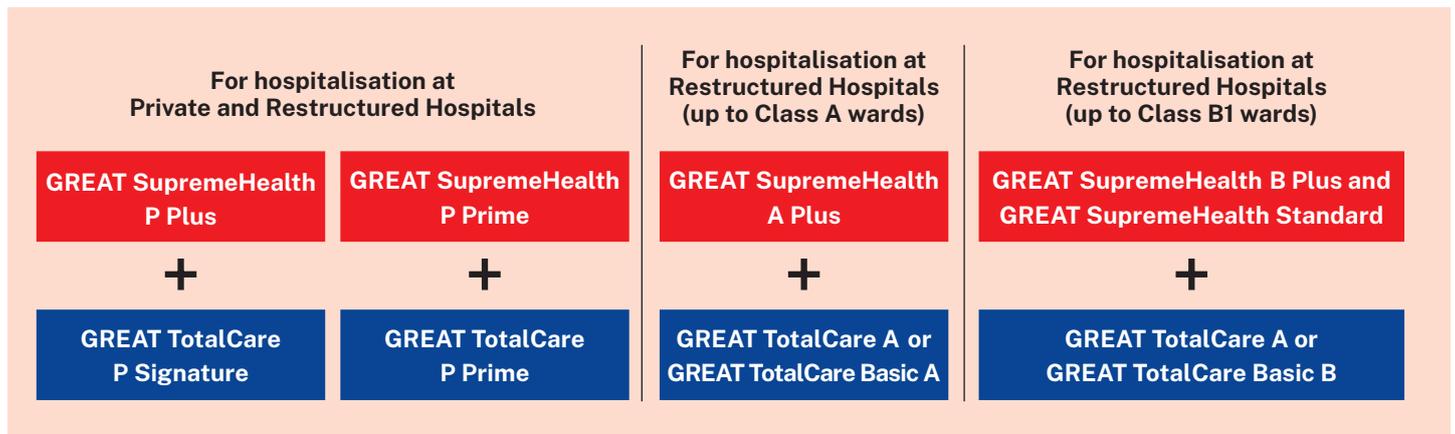
**For new and renewing GREAT SupremeHealth and GREAT TotalCare policies
with cover start date from 1 November 2025 onwards**

Enjoy optimal healthcare coverage with GREAT SupremeHealth + GREAT TotalCare

Our range of Integrated Shield Plans and supplementary plans is designed to complement MediShield Life, providing you with optimal coverage. By supplementing GREAT SupremeHealth, a MediSave-approved Integrated Shield Plan, with GREAT TotalCare, you can be covered for up to 95%[†] of your total hospitalisation bill due to an illness or injury, keeping out-of-pocket expenses to a minimum.



Our hospitalisation plans, tailored to your needs



Comprehensive 24/7 worldwide medical protection

Gain access to comprehensive medical coverage worldwide by adding the GREAT TotalCare Plus rider³ to your GREAT TotalCare supplementary plan. Additionally, if you suffer a serious injury or medical condition outside of Singapore, the GREAT TotalCare Plus rider also covers Emergency Assistance Services, including Emergency Medical Evacuation and Emergency Medical Repatriation.

[†] Applicable when the GREAT SupremeHealth is attached with either: a) GREAT TotalCare A or GREAT TotalCare B and for bills incurred at Restructured Hospitals of the respective ward class entitlement; b) GREAT TotalCare P Signature and for bills incurred at Panel Providers and/or at Restructured Hospitals; or c) GREAT TotalCare P Prime and for bills incurred at Restructured Hospitals.

¹ Cash outlay includes Deductibles, Co-Insurance and any amounts in excess of applicable Benefit Limits. Deductible is the amount which must be borne by the policyholder before any benefit becomes payable under GREAT SupremeHealth. Co-Insurance is the proportion of the expenses that needs to be borne by the policyholder after the deduction of the Deductible (where applicable).

² Up to 95% of the deductible is covered under selected GREAT TotalCare plan types. Please refer to the Benefit Table in the policy contract for more information on coverage of the deductible under the different GREAT TotalCare plans.

³ GREAT TotalCare Plus is a rider that can only be attached to GREAT TotalCare to extend medical coverage worldwide.

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. HOSPITALISATION¹ AND SURGERY BENEFITS			
Normal Ward	As Charged ²		
Intensive Care Unit (ICU)			
Short-stay Ward			
Examination and Laboratory Tests			
Miscellaneous Hospital Services			
Daily In-Hospital Medical Doctor's Visit			
Surgery			
Surgical Implants / Approved Medical Consumables			
Radiosurgery			
B. ADDITIONAL INPATIENT BENEFITS			
Pregnancy and Childbirth Complications	As Charged ²		
Breast Reconstruction after Mastectomy			
Accidental Dental Treatment			
Stem Cell Transplant			
Organ Transplant			
Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV			
C. PRE & POST HOSPITALISATION BENEFITS			
Pre-Hospitalisation Treatment (i) within 90 days before Hospitalisation (ii) within 180 days before Hospitalisation ³	As Charged ²		
Post-Hospitalisation Treatment (i) within 180 days from Hospital discharge (ii) within 365 days from Hospital discharge ⁴	As Charged ²		

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

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

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

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

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)			
Plan Type	P PLUS	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 ²		
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) ⁵	
	Life Assured receiving treatment for Multiple Primary Cancers ⁶	Sum of the highest cancer drug treatment limit ⁷ among the claimable treatments received for each primary cancer per month ⁵	
Outpatient Cancer Drug Services	Life Assured receiving treatment for one primary cancer	5x (MediShield Life's limit for one primary cancer per Period of Insurance) ⁸	
	Life Assured receiving treatment for Multiple Primary Cancers ⁶	5x (MediShield Life's limit ⁹ for Multiple Primary Cancers per Period of Insurance) ⁸	
Long-term Parenteral Nutrition	As Charged ²		
Home Ventilation and Respiratory Support Service	\$1,680 per month	\$1,260 per month	
Hyperbaric Oxygen Therapy	\$1,560 per treatment session	\$1,170 per treatment session	
Negative Pressure Wound Therapy	\$240 per day	\$180 per day	
Paediatric Home Care	\$840 per month	\$630 per month	
Pasteurized Donated Human Milk	\$170 per day	\$128 per day	
Repetitive Transcranial Magnetic Stimulation	\$240 per treatment session	\$180 per treatment session	
Outpatient Parenteral Antibiotic Therapy	\$180 per day	\$135 per day	

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

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

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

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

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

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

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)				
Plan Type		P PLUS	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	Provided in a Restructured Hospital / government-funded Community Hospital	As Charged ²		
	Provided in a Private Hospital / private Community Hospital	\$1,200 per day		\$1,000 per day
Inpatient Rehabilitation Care	Provided in a Restructured Hospital / government-funded Community Hospital	As Charged ²		
	Provided in a Private Hospital / private Community Hospital	\$1,000 per day		\$800 per day
Inpatient Palliative Care		As Charged ²		
Outpatient Autologous Bone Marrow Transplant (for Multiple Myeloma)		\$30,000 per Period of Insurance		\$20,000 per Period of Insurance
Proton Beam Therapy ¹⁰		\$80,000 per Period of Insurance		\$40,000 per Period of Insurance
Cell, Tissue and Gene Therapy ¹¹	Kymriah	\$200,000 per treatment (Limited to one treatment per indication per Lifetime) ¹²		\$150,000 per treatment (Limited to one treatment per indication per Lifetime) ¹²
	Yescarta	\$200,000 per treatment (Limited to one treatment per indication per Lifetime) ¹²		\$150,000 per treatment (Limited to one treatment per indication per Lifetime) ¹²
Psychiatric Treatment		\$5,000 per Period of Insurance		\$4,000 per Period of Insurance
Living Donor Organ Transplant (Kidney / Liver / Pancreas)	Life Assured is the Organ Donor – Covers Expenses Incurred by Life Assured	\$60,000 per Transplant		\$20,000 per Transplant
	Life Assured is the Organ Recipient – Covers Expenses Incurred by the Organ Donor	\$60,000 per Transplant		\$20,000 per Transplant
Congenital Abnormalities of the Life Assured		As Charged ²		
Congenital Abnormalities of the Life Assured's Biological Child	Within (and including) 730 days from the date of Birth of the Child	\$20,000 per Lifetime ¹³ (\$5,000 per child)		\$12,000 per Lifetime ¹³ (\$3,000 per child)
Emergency Medical Treatment outside Singapore ¹⁴		As Charged ² (Limited to Private Hospitals charges)	As Charged ² (Limited to Restructured Hospitals, Class A ward charges))	As Charged ² (Limited to Restructured Hospitals, Class B1 ward charges)

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

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

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

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

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

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

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)			
Plan Type	P PLUS	A PLUS	B PLUS
FINAL EXPENSES BENEFIT 3(All Amounts in S\$)	Benefit Limit	Benefit Limit	Benefit Limit
	\$7,000		\$3,600
PRO-RATION FACTORS ¹⁵			
Expenses incurred in Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic ¹⁶	N.A.	35%	25%
Expenses incurred in Restructured Hospital - Class A ward / government-funded Community Hospital - Class A ward / government-funded Inpatient Palliative Care Institution - Class A ward ¹⁷	N.A.		70%
Expenses incurred in non-subsidised Short-stay Ward / day Surgery / outpatient treatment in Restructured Hospital ¹⁷			
Expenses incurred for Specially-Approved Medical Treatments, Services and/or Supplies (excluding cancer drug treatments)	50%		

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

¹⁶ Refers to private sector outpatient clinics in Singapore.

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

GREAT SupremeHealth Benefits Table (Continued)

Plan Type	P PLUS	A PLUS	B PLUS
DEDUCTIBLE¹⁸			
Per Period of Insurance (up to and including age 80 years next birthday)	Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic¹⁶ / 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/ B2+/B2 : \$2,500 Ward C : \$2,000 Short-stay Ward (non-subsidised) : \$2,500 Short-stay Ward (subsidised) : \$2,000 Day Surgery (non-subsidised) : \$2,500 Day Surgery (subsidised) : \$2,000		
Per Period of Insurance (following age 80 years next birthday)	Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic¹⁶ / 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/ B2+/B2 : \$3,750 Ward C : \$3,000 Short-stay Ward (non-subsidised) : \$3,750 Short-stay Ward (subsidised) : \$3,000 Day Surgery (non-subsidised) : \$3,750 Day Surgery (subsidised) : \$3,000		
CO-INSURANCE			
		10%	
LIMITS ON BENEFITS PAYABLE			
Annual Benefit Limit	\$1,500,000	\$1,200,000	\$500,000
Lifetime Benefit Limit	Unlimited		

¹⁶ Refers to private sector outpatient clinics in Singapore.

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

GREAT SupremeHealth P PRIME Benefits Table

LIMITS ON EXPENSES (All Amounts in S\$)	
Plan Type	GREAT SupremeHealth P PRIME
Hospital / Ward Class Entitlement	Private & Restructured Hospitals
Expense Item	Benefit Limit
1. INPATIENT / DAY SURGERY BENEFITS	
A. HOSPITALISATION¹ AND SURGERY BENEFITS	
Normal Ward	As Charged ²
Intensive Care Unit (ICU)	
Short-stay Ward	
Examination and Laboratory Tests	
Miscellaneous Hospital Services	
Daily In-Hospital Medical Doctor's Visit	
Surgery	
Surgical Implants / Approved Medical Consumables	
Radiosurgery	
B. ADDITIONAL INPATIENT BENEFITS	
Pregnancy and Childbirth Complications	As Charged ²
Breast Reconstruction after Mastectomy	
Accidental Dental Treatment	
Stem Cell Transplant	
Organ Transplant	
Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV	
C. PRE & POST HOSPITALISATION BENEFITS	
Pre-Hospitalisation Treatment (i) within 90 days before Hospitalisation (ii) within 180 days before Hospitalisation ³	As Charged ²
Post-Hospitalisation Treatment (i) within 180 days from Hospital discharge (ii) within 365 days from Hospital discharge ⁴	

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

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

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

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

GREAT SupremeHealth P PRIME Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)		
Plan Type	GREAT SupremeHealth P PRIME	
Hospital / Ward Class Entitlement	Private & Restructured Hospitals	
Expense Item	Benefit Limit	
2. OUTPATIENT BENEFITS		
Erythropoietin	As Charged ²	
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) ⁵
	Life Assured receiving treatment for Multiple Primary Cancers ⁶	Sum of the highest cancer drug treatment limit ⁷ among the claimable treatments received for each primary cancer per month ⁵
Outpatient Cancer Drug Services	Life Assured receiving treatment for one primary cancer	5x (MediShield Life's limit for one primary cancer per Period of Insurance) ⁸
	Life Assured receiving treatment for Multiple Primary Cancers ⁶	5x (MediShield Life's limit ⁹ for Multiple Primary Cancers per Period of Insurance) ⁸
Long-term Parenteral Nutrition	As Charged ²	
Home Ventilation and Respiratory Support Service	\$1,680 per month	
Hyperbaric Oxygen Therapy	\$1,560 per treatment session	
Negative Pressure Wound Therapy	\$240 per day	
Paediatric Home Care	\$840 per month	
Pasteurized Donated Human Milk	\$170 per day	
Repetitive Transcranial Magnetic Stimulation	\$240 per treatment session	
Outpatient Parenteral Antibiotic Therapy	\$180 per day	

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

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

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

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

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

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

GREAT SupremeHealth P PRIME Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)		
Plan Type	GREAT SupremeHealth P PRIME	
Hospital / Ward Class Entitlement	Private & Restructured Hospitals	
Expense Item	Benefit Limit	
3. ADDITIONAL BENEFITS		
Inpatient Sub-acute Care	Provided in a Restructured Hospital / government-funded Community Hospital	As Charged ²
	Provided in a Private Hospital / private Community Hospital	\$1,200 per day
Inpatient Rehabilitation Care	Provided in a Restructured Hospital / government-funded Community Hospital	As Charged ²
	Provided in a Private Hospital / private Community Hospital	\$1,000 per day
Inpatient Palliative Care		As Charged ²
Outpatient Autologous Bone Marrow Transplant (for Multiple Myeloma)		\$30,000 per Period of Insurance
Proton Beam Therapy ¹⁰		\$80,000 per Period of Insurance
Cell, Tissue and Gene Therapy ¹¹	Kymriah	\$ 200,000 per treatment (Limited to one treatment per indication per Lifetime) ¹²
	Yescarta	\$ 200,000 per treatment (Limited to one treatment per indication per Lifetime) ¹²
Psychiatric Treatment		\$5,000 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
	Life Assured is the Organ Recipient – Covers Expenses Incurred by the Organ Donor	
Congenital Abnormalities of the Life Assured		As Charged ²
Congenital Abnormalities of the Life Assured's Biological Child	Within (and including) 730 days from the date of Birth of the Child	\$20,000 per Lifetime ¹³ (\$5,000 per child)
Emergency Medical Treatment outside Singapore ¹⁴		As Charged ² (Limited to Partnering Medical Institution charges)
FINAL EXPENSES BENEFIT		
		\$ 7,000
PRO-RATION FACTORS		
Expenses incurred for Specially-Approved Treatments, Medical Services and/or Supplies (excluding cancer drug treatments)		50%

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

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

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

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

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

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

GREAT SupremeHealth P PRIME Benefits Table (Continued)

Plan Type		GREAT SupremeHealth P PRIME	
DEDUCTIBLE¹⁵			
Per Period of Insurance		Up to and including age 80 years next birthday	Following age 80 years next birthday
Partnering Medical Institution [#] (All ward types & Day Surgery)	Treated by Panel Provider	\$5,000	\$7,500
	Treated by Non-Panel Provider	\$6,000	\$9,000
Non-Partnering Medical Institution (All ward types & Day Surgery)	Treated by Panel Provider	\$6,000	\$9,000
	Treated by Non-Panel Provider		
Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution	Ward A	\$3,500	\$5,250
	Ward B1/ B2+/B2	\$2,500	\$3,750
	Ward C	\$2,000	\$3,000
	Short-stay Ward / Day Surgery (Non-subsidised)	\$2,500	\$3,750
	Short-stay Ward / Day Surgery (Subsidised)	\$2,500	\$3,000
CO-INSURANCE¹⁶			
Partnering Medical Institution [#]	Treated by Panel Provider	10%	
	Treated by Non-Panel Provider	40%	
Non-Partnering Medical Institution	Treated by Panel Provider	40%	
	Treated by Non-Panel Provider		
Restructured Hospital / polyclinic / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution / general practitioner clinic		10%	
LIMITS ON BENEFITS PAYABLE			
Annual Benefit Limit		(i) \$ 1,500,000 (ii) \$ 2,500,000 ¹⁷	
Lifetime Benefit Limit		Unlimited	

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

¹⁵ Does not apply to Expenses incurred by the Life Assured on an outpatient basis for expense items under "Section 2 – Outpatient Benefits", Cell, Tissue and Gene Therapy and Proton Beam Therapy.

¹⁶ Co-insurance applicable to the Expenses incurred for Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment will follow the Co-insurance applicable to the related Hospitalisation or Surgery, except where such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment is provided by a Non-Panel Provider (applicable Co-insurance for such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment will be 40%) or in a Restructured Hospital, polyclinic or general practitioner clinic (applicable Co-insurance for such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment will be 10%).

¹⁷ The additional Annual Benefit Limit of \$1,000,000 per Period of Insurance, in excess of the base Annual Benefit Limit of \$1,500,000, shall be applicable only to Expenses incurred either at a Restructured Hospital, polyclinic, government-funded Community Hospital, government-funded Inpatient Palliative Care Institution, general practitioner clinic or at a Partnering Medical Institution where the Life Assured was treated by Panel Provider.

GREAT SupremeHealth STANDARD Benefits Table

LIMITS ON EXPENSES (All Amounts in S\$)		
Plan Type	GREAT SupremeHealth STANDARD	
Hospital / Ward Class Entitlement	Restructured Hospitals, Class B1 Wards & lower	
Expense Item	Benefit Limit	
1. INPATIENT / DAY SURGERY BENEFITS		
Daily Ward and Treatment Charges ¹		
– Normal Ward ²	\$2,250 per day ³	
– Intensive Care Unit	\$6,850 per day ³	
Community Hospital (Sub-acute Care)	\$960 per day	
Community Hospital (Rehabilitative Care)	\$760 per day	
Inpatient Palliative Care Service (Specialised)	\$760 per day	
Inpatient Palliative Care Service (General)	\$560 per day	
Psychiatric Treatment ⁴	\$680 per day	
Surgery (as listed in the relevant Surgery Limits Table)	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 ⁵	\$31,300 per treatment course	
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	\$14,040 per treatment	
Serious Pregnancy and Delivery-Related Complications	Subject to the Benefit Limits under Inpatient/ Day Surgery Benefits above	

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

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

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

⁴ Claimable up to 60 days per Period of Insurance.

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

GREAT SupremeHealth STANDARD Benefits Table (Continued)

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

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

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

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

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

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

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

GREAT SupremeHealth STANDARD Benefits Table (Continued)

Plan Type	GREAT SupremeHealth STANDARD
Hospital/ Ward Class Entitlement	Restructured Hospitals, Class B1 Wards & lower
PRO-RATION FACTOR¹¹	
Inpatient charges in Private Hospitals / private Community Hospitals / private Inpatient Palliative Care Institution	50%
Inpatient charges in Restructured Hospitals – Class A ward / Government-funded Community Hospitals – Class A ward / Inpatient Palliative Care Institution – Class A ward	80%
Outpatient charges in Private Hospitals / private medical clinics ¹²	65%
Day surgery charges in Private Hospitals / private medical clinics ¹²	65%
DEDUCTIBLE¹³	
Per Period of Insurance (Up to and including age 80 years next birthday)	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 subsidised: \$1,500 non-subsidised: \$2,000
	Day surgery subsidised: \$1,500 non-subsidised/ private: \$2,000
Per Period of Insurance (following age 80 years next birthday)	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 subsidised: \$2,000 non-subsidised: \$3,000
	Day surgery subsidised: \$2,000 non-subsidised/ private: \$3,000
CO-INSURANCE	
Co-insurance	10%
LIMITS ON BENEFITS PAYABLE	
Annual Benefit Limit	\$200,000
Lifetime Benefit Limit	Unlimited
Maximum Coverage Age	Lifetime

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

¹² Refers to private sector outpatient clinics.

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

GREAT TotalCare Benefits Table

Plan Type		P SIGNATURE	A	B	BASIC A	BASIC B
Hospital / Ward Class Entitlement		Private & Restructured Hospitals	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 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			\$3,500	
	At Panel Provider					
	At Non-Panel Provider	N.A.				
SPECIAL BENEFITS		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 for Multiple Primary Cancers ⁴	Sum of the highest cancer drug treatment limit ⁵ among the claimable treatments received for each primary cancer ³				
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	\$150,000	\$200,000	\$150,000	
		Subject to 5% 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				

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 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.

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 (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.

GREAT TotalCare Benefits Table (Continued)

Plan Type	P SIGNATURE	A	B	BASIC A	BASIC B
Hospital / Ward Class Entitlement	Private & Restructured Hospitals	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower	Restructured Hospitals, Class A Wards & lower	Restructured Hospitals, Class B1 Wards & lower
SPECIAL BENEFITS	BENEFIT LIMIT				
Extended Cell, Tissue and Gene Therapy Benefit (per treatment, limited to one treatment per indication per Lifetime) ⁹	\$100,000	\$50,000	\$100,000	\$50,000	\$50,000
	Subject to 10% Co-payment to be borne by the Policyholder ⁷				
Additional Outpatient Cancer Support (per Period of Insurance)	\$10,000	\$6,000	\$10,000	\$6,000	\$6,000
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
Post-Stroke Outpatient Care Support (per Period of Insurance)	\$2,000	\$1,000	\$2,000	\$1,000	\$1,000
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
Emergency Accidental Outpatient Treatment (per Course of Treatment)	\$2,000	\$1,000	\$2,000	\$1,000	\$1,000
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
Ambulance Services (per Course of Treatment)	\$250	\$100	\$250	\$100	\$100
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
Home Health Care Benefit (up to \$350 per day, within 180 days from Hospital discharge) ¹⁰ (per Period of Insurance)	\$10,000	\$6,000	\$10,000	\$6,000	\$6,000
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
Post-Hospital Follow-up Traditional Chinese Medicine Treatment ¹¹ (within 180 days from Hospital discharge) (per Period of Insurance)	\$6,000	\$4,000	\$6,000	\$4,000	\$4,000
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
Medical Aids (per Period of Insurance)	\$3,000	\$1,500	\$3,000	\$1,500	\$1,500
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
Companion Accommodation Benefit ¹¹ (up to 10 days per Hospitalisation)	\$80 per day	\$40 per day	\$80 per day	\$40 per day	\$40 per day
	Subject to 5% Co-payment to be borne by the Policyholder ⁷				
LIMITS ON BENEFIT PAYABLE					
Annual Benefit Limit	\$400,000	\$200,000	\$150,000	\$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.

⁹ This benefit covers expenses incurred for cell, tissue and gene therapy that is (a) not listed on the Cell, Tissue and Gene Therapy Product List or (b) is listed on the Cell, Tissue and Gene Therapy Product List but not covered under the Main Plan. The benefit limit stated is for one treatment. The Life Assured is limited to a maximum of one treatment per clinical indication per Lifetime.

¹⁰ 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.

¹¹ 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.

¹² 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 P PRIME Benefits Table

Plan Type		GREAT TotalCare P PRIME
Hospital / Ward Class Entitlement		Private & Restructured Hospitals
Deductible incurred under the Life Assured's corresponding GREAT SupremeHealth plan	At Restructured Hospital ¹	Covers 95% of Deductible
	At Partnering Medical Institution [#] and treated by Panel Provider	Covers 30% of Deductible
	At Partnering Medical Institution [#] and treated by Non-Panel Provider	N.A.
	At Non-Partnering Medical Institution ²	
Co-insurance incurred under the Life Assured's corresponding GREAT SupremeHealth plan	At Restructured Hospital ³	Covers 50% of Co-insurance
	At Partnering Medical Institution [#] and treated by Panel Provider	
	At Partnering Medical Institution [#] and treated by Non-Panel Provider	N.A.
	At Non-Partnering Medical Institution ²	
Loss Limit (per Period of Insurance), applicable to amount of Deductible, Co-insurance and Co-payment incurred	At Restructured Hospital ³	\$3,000
	At Partnering Medical Institution [#] and treated by Panel Provider	\$6,500
	At Partnering Medical Institution [#] and treated by Non-Panel Provider	N.A.
	At Non-Partnering Medical Institution ²	
SPECIAL BENEFITS		BENEFIT LIMIT
Excess Expenses ⁴ - Outpatient Cancer Drug Treatment on the Cancer Drug List (per month)	Life Assured receiving treatment for one primary cancer	15x (MediShield Life's limit for one primary cancer) ⁵
	Life Assured receiving treatment for Multiple Primary Cancers ⁶	Sum of the highest cancer drug treatment limit ⁷ among the claimable treatments received for each primary cancer ⁵
Outpatient Cancer Drug Treatment not on the Cancer Drug List for Drug Classes ⁸ :		\$200,000
<ul style="list-style-type: none"> • Class A • Class B • Class C • Class D • Class E (per Period of Insurance)		Subject to 5% Co-payment to be borne by the Policyholder ⁹

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

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

² Regardless of whether treated by Panel or Non-Panel Provider.

³ Also includes polyclinics / government-funded Community Hospital / Inpatient Palliative Care Institution / general practitioner clinic.

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

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

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

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

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

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

GREAT TotalCare P PRIME Benefits Table (Continued)

Plan Type		GREAT TotalCare P PRIME
Hospital / Ward Class Entitlement		Private & Restructured Hospitals
SPECIAL BENEFITS		BENEFIT LIMIT
Excess Expenses ⁴ - Outpatient Cancer Drug Services (per Period of Insurance)	Life Assured receiving treatment for one primary	15x (MediShield Life's limit for one primary cancer) ¹⁰
	Life Assured receiving treatment for Multiple Primary Cancers ⁶	15x (MediShield Life's limit for Multiple Primary Cancers) ¹⁰
Extended Cell, Tissue and Gene Therapy Benefit (per treatment, limited to one treatment per indication per Lifetime) ¹¹		\$100,000 Subject to 10% Co-payment to be borne by the Policyholder ⁹
Additional Outpatient Cancer Support (per Period of Insurance)		\$10,000 Subject to 5% Co-payment to be borne by the Policyholder ⁹
Post-Stroke Outpatient Care Support (per Period of Insurance)		\$2,000 Subject to 5% Co-payment to be borne by the Policyholder ⁹
Emergency Accidental Outpatient Treatment (per Course of Treatment)		\$2,000 Subject to 5% Co-payment to be borne by the Policyholder ⁹
Ambulance Services (per Course of Treatment)		\$250 Subject to 5% Co-payment to be borne by the Policyholder ⁹
Home Health Care Benefit (up to \$350 per day, within 180 days from Hospital discharge) ¹² (per Period of Insurance)		\$10,000 Subject to 5% Co-payment to be borne by the Policyholder ⁹
Post-Hospital Follow-up Traditional Chinese Medicine Treatment ¹³ (within 180 days from Hospital discharge) (per Period of Insurance)		\$6,000 Subject to 5% Co-payment to be borne by the Policyholder ⁹
Medical Aids (per Period of Insurance)		\$3,000 Subject to 5% Co-payment to be borne by the Policyholder ⁹
Companion Accommodation Benefit ¹⁴ (up to 10 days per Hospitalisation)		\$80 per day Subject to 5% Co-payment to be borne by the Policyholder ⁹
LIMITS ON BENEFIT PAYABLE		
Annual Benefit Limit		\$400,000
Lifetime Benefit Limit		Unlimited

¹⁰ The MediShield Life's limit for cancer drug services for Multiple Primary Cancers will be double that of the MediShield Life's Limit for one primary cancer, if the patient had received treatment for Multiple Primary Cancers at any point within the Period of Insurance. For the latest MediShield Life's limit for Cancer Drug Services, refer to "Cancer Drug Services" under the MediShield Life Benefits on the Ministry of Health of Singapore's website (go.gov.sg/mshlbenefits). The Ministry of Health of Singapore may update this from time to time. The revised limit will be applicable to the outpatient cancer drug services which were provided within the Period of Insurance of the revised limit.

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

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

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

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

GREAT TotalCare Plus Benefits Table

Benefit Schedule (All amounts in S\$)		
Plan Type	(ESSENTIAL)	
Expense Item	Benefit Limit	
WORLDWIDE COVERAGE		
(A) Overseas Emergency medical or surgical treatment¹	<u>For ASEAN² countries</u> Expenses incurred are limited to the Reasonable and Customary Charges in the country where the treatment was provided.	
	<u>For non-ASEAN countries</u> <i>If the Life Assured has resided outside the Country of Issue for:</i> <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 treatment¹	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 ⁴	
LIMITS ON BENEFITS PAYABLE		
Additional Annual Benefit Limit		
1. For a Life Assured who is not covered under GREAT SupremeHealth (As Charged)⁵ 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)⁵ Benefits under this Rider for (B) shall be payable according to the Policy and GREAT SupremeHealth (As Charged) ⁵ plan insured for the Life Assured, with the following Additional Annual Benefit Limits added to the Policy:		
Additional Annual Benefit Limit	\$50,000	
Lifetime Benefit Limit		
Benefits payable under this Rider for (B) shall be payable up to the following Lifetime Benefit Limits, in accordance with the plan type of the Policy insured for the Life Assured:		
GREAT TotalCare P SIGNATURE GREAT TotalCare P OPTIMUM GREAT TotalCare P PRIME	GREAT TotalCare 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 the Policy and/or GREAT SupremeHealth (As Charged) plan. The Life Assured must not have resided outside of the Country of Issue for more than 180 days continuously for the Expenses for (A) and (B) to be payable.

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 The Life Assured must not have resided outside of the Country of Issue for more than 365 days continuously for the Expenses for (C) to be payable.

⁵ GREAT SupremeHealth (As Charged) plan refers to GREAT SupremeHealth P PLUS, A PLUS, B PLUS and P PRIME plans.

GREAT SupremeHealth Premiums Table

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

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		P PRIME		A PLUS		B PLUS		STANDARD	
			Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)
40	503	300	680.16	380.16	379.32	79.32	152.60	0	104.64	0	53.99	0
41	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
42	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
43	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
44	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
45	637	600	1,293.83	693.83	721.58	121.58	258.33	0	165.68	0	85.57	0
46	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
47	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
48	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
49	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
50	637	600	1,357.05	757.05	757.55	157.55	280.13	0	175.49	0	85.57	0
51	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
52	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
53	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
54	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
55	903	600	2,106.97	1,506.97	1,176.11	576.11	384.77	0	289.94	0	115.11	0
56	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
57	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
58	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
59	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
60	903	600	2,698.84	2,098.84	1,506.38	906.38	536.28	0	344.44	0	115.11	0
61	1,131	600	3,962.15	3,362.15	2,210.52	1,610.52	694.33	94.33	455.62	0	235.32	0
62	1,131	600	3,962.15	3,362.15	2,210.52	1,610.52	694.33	94.33	455.62	0	235.32	0
63	1,131	600	3,962.15	3,362.15	2,210.52	1,610.52	694.33	94.33	455.62	0	235.32	0
64	1,131	600	3,989.40	3,389.40	2,225.78	1,625.78	882.90	282.90	587.51	0	235.32	0
65	1,131	600	3,989.40	3,389.40	2,225.78	1,625.78	882.90	282.90	587.51	0	235.32	0
66	1,326	600	5,555.73	4,955.73	3,099.96	2,499.96	1,159.76	559.76	758.64	158.64	373.86	0
67	1,326	600	5,555.73	4,955.73	3,099.96	2,499.96	1,159.76	559.76	758.64	158.64	373.86	0
68	1,326	600	5,555.73	4,955.73	3,099.96	2,499.96	1,159.76	559.76	758.64	158.64	373.86	0
69	1,326	600	6,003.72	5,403.72	3,350.66	2,750.66	1,464.96	864.96	989.72	389.72	373.86	0
70	1,326	600	6,003.72	5,403.72	3,350.66	2,750.66	1,464.96	864.96	989.72	389.72	373.86	0
71	1,643	900	6,754.73	5,854.73	3,769.22	2,869.22	1,660.07	760.07	1,189.19	289.19	597.97	0
72	1,643	900	6,754.73	5,854.73	3,769.22	2,869.22	1,660.07	760.07	1,189.19	289.19	597.97	0
73	1,643	900	6,754.73	5,854.73	3,769.22	2,869.22	1,660.07	760.07	1,189.19	289.19	597.97	0
74	1,816	900	8,373.38	7,473.38	4,672.83	3,772.83	2,097.16	1,197.16	1,400.65	500.65	681.50	0
75	1,816	900	8,373.38	7,473.38	4,672.83	3,772.83	2,097.16	1,197.16	1,400.65	500.65	681.50	0
76*	2,027	900	9,620.34	8,720.34	5,368.25	4,468.25	2,461.22	1,561.22	1,644.81	744.81	732.44	0
77*	2,027	900	9,620.34	8,720.34	5,368.25	4,468.25	2,461.22	1,561.22	1,644.81	744.81	732.44	0
78*	2,027	900	9,620.34	8,720.34	5,368.25	4,468.25	2,461.22	1,561.22	1,644.81	744.81	732.44	0

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		P PRIME		A PLUS		B PLUS		STANDARD	
			Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)	Premiums (S\$)	Cash Outlay (S\$)
79*	2,187	900	11,607.41	10,707.41	6,477.87	5,577.87	2,871.06	1,971.06	1,935.84	1,035.84	782.36	0
80*	2,187	900	11,607.41	10,707.41	6,477.87	5,577.87	2,871.06	1,971.06	1,935.84	1,035.84	782.36	0
81*	2,303	900	12,414.01	11,514.01	6,928.04	6,028.04	2,968.07	2,068.07	2,140.76	1,240.76	818.01	0
82*	2,303	900	12,414.01	11,514.01	6,928.04	6,028.04	2,968.07	2,068.07	2,140.76	1,240.76	818.01	0
83*	2,303	900	12,414.01	11,514.01	6,928.04	6,028.04	2,968.07	2,068.07	2,140.76	1,240.76	818.01	0
84*	2,616	900	13,120.33	12,220.33	7,321.53	6,421.53	3,272.18	2,372.18	2,307.53	1,407.53	1,023.78	123.78
85*	2,616	900	13,120.33	12,220.33	7,321.53	6,421.53	3,272.18	2,372.18	2,307.53	1,407.53	1,023.78	123.78
86*	2,785	900	13,186.82	12,286.82	7,358.59	6,458.59	3,664.58	2,764.58	2,469.94	1,569.94	1,276.42	376.42
87*	2,785	900	13,186.82	12,286.82	7,358.59	6,458.59	3,664.58	2,764.58	2,469.94	1,569.94	1,276.42	376.42
88*	2,785	900	13,186.82	12,286.82	7,358.59	6,458.59	3,664.58	2,764.58	2,469.94	1,569.94	1,276.42	376.42
89*	2,785	900	13,329.61	12,429.61	7,438.16	6,538.16	3,804.10	2,904.10	2,675.95	1,775.95	1,330.41	430.41
90*	2,785	900	13,329.61	12,429.61	7,438.16	6,538.16	3,804.10	2,904.10	2,675.95	1,775.95	1,330.41	430.41
91*	2,826	900	13,473.49	12,573.49	7,518.82	6,618.82	4,062.43	3,162.43	2,863.43	1,963.43	1,436.36	536.36
92*	2,826	900	13,473.49	12,573.49	7,518.82	6,618.82	4,062.43	3,162.43	2,863.43	1,963.43	1,436.36	536.36
93*	2,826	900	13,473.49	12,573.49	7,518.82	6,618.82	4,062.43	3,162.43	2,863.43	1,963.43	1,436.36	536.36
94*	2,826	900	13,590.12	12,690.12	7,584.22	6,684.22	4,351.28	3,451.28	3,108.68	2,208.68	1,510.72	610.72
95*	2,826	900	13,590.12	12,690.12	7,584.22	6,684.22	4,351.28	3,451.28	3,108.68	2,208.68	1,510.72	610.72
96*	2,826	900	13,711.11	12,811.11	7,651.80	6,751.80	4,822.16	3,922.16	3,348.48	2,448.48	1,815.31	915.31
97*	2,826	900	13,711.11	12,811.11	7,651.80	6,751.80	4,822.16	3,922.16	3,348.48	2,448.48	1,815.31	915.31
98*	2,826	900	13,711.11	12,811.11	7,651.80	6,751.80	4,822.16	3,922.16	3,348.48	2,448.48	1,815.31	915.31
99*	2,826	900	13,799.40	12,899.40	7,700.85	6,800.85	5,164.42	4,264.42	3,602.45	2,702.45	1,897.82	997.82
100*	2,826	900	13,799.40	12,899.40	7,700.85	6,800.85	5,164.42	4,264.42	3,602.45	2,702.45	1,897.82	997.82
> 100*	2,826	900	13,799.40	12,899.40	7,700.85	6,800.85	5,164.42	4,264.42	3,602.45	2,702.45	1,897.82	997.82

- Notes:**
- [^] Accurate as of 1 October 2025. For the latest MediShield Life premiums, refer to the “Premium & Subsidy Tables” on the Ministry of Health of Singapore’s website (“go.gov.sg/mshlpremiums”). The Ministry of Health of Singapore may revise the MediShield Life premiums from time to time.
 - ^{^^} Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The Net MediShield Life Premium Payable after accounting for these is fully payable by MediSave.
 - If the Life Assured is a Foreigner dependant whose plan does not have a MediShield Life portion, you may utilise a MediSave amount equivalent to the MediShield Life premium above plus the Additional Withdrawal Limit to pay for your premiums.
 - * For GREAT SupremeHealth P PLUS, P PRIME, A PLUS and B PLUS, premium rates from age 76 onwards apply for additional private insurance coverage renewal only.
 - # Subject to the prevailing rule by Ministry of Health of Singapore.
1. Annual premium rates include the prevailing rate of GST. The prevailing rate of GST is subject to change.
 2. Annual premium rates are for standard lives and exclusive of any discounts or subsidies given by MediShield Life.
 3. Foreigners are eligible to purchase GREAT SupremeHealth P PLUS, P PRIME and A PLUS only.
 4. We will give a 15% child discount on the first policy year’s additional private insurance coverage premiums (before GST) for a child up to and including age 18 next birthday as long as one parent, who is the Policyholder, is insured under GREAT SupremeHealth P PLUS, P PRIME, A PLUS, B PLUS or STANDARD.

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

For Foreigners with Eligible Valid Passes

Age Next Birthday	P PLUS (S\$) Annual Premium	P PRIME (S\$) Annual Premium	A PLUS (S\$) Annual Premium	Age Next Birthday	P PLUS (S\$) Annual Premium	P PRIME (S\$) Annual Premium	A PLUS (S\$) Annual Premium
1	544.44	392.93	287.20	52	3,009.97	2,079.11	1,287.77
2	544.44	392.93	287.20	53	3,009.97	2,079.11	1,287.77
3	544.44	392.93	287.20	54	3,009.97	2,079.11	1,287.77
4	512.83	374.40	285.02	55	3,009.97	2,079.11	1,287.77
5	512.83	374.40	285.02	56	3,601.84	2,409.38	1,439.28
6	512.83	374.40	285.02	57	3,601.84	2,409.38	1,439.28
7	512.83	374.40	285.02	58	3,601.84	2,409.38	1,439.28
8	512.83	374.40	285.02	59	3,601.84	2,409.38	1,439.28
9	512.83	374.40	285.02	60	3,601.84	2,409.38	1,439.28
10	512.83	374.40	285.02	61	5,093.15	3,341.52	1,825.33
11	512.83	374.40	285.02	62	5,093.15	3,341.52	1,825.33
12	512.83	374.40	285.02	63	5,093.15	3,341.52	1,825.33
13	512.83	374.40	285.02	64	5,120.40	3,356.78	2,013.90
14	512.83	374.40	285.02	65	5,120.40	3,356.78	2,013.90
15	512.83	374.40	285.02	66	6,881.73	4,425.96	2,485.76
16	512.83	374.40	285.02	67	6,881.73	4,425.96	2,485.76
17	512.83	374.40	285.02	68	6,881.73	4,425.96	2,485.76
18	512.83	374.40	285.02	69	7,329.72	4,676.66	2,790.96
19	512.83	374.40	285.02	70	7,329.72	4,676.66	2,790.96
20	512.83	374.40	285.02	71	8,397.73	5,412.22	3,303.07
21	686.31	514.09	398.55	72	8,397.73	5,412.22	3,303.07
22	686.31	514.09	398.55	73	8,397.73	5,412.22	3,303.07
23	686.31	514.09	398.55	74	10,189.38	6,488.83	3,913.16
24	686.31	514.09	398.55	75	10,189.38	6,488.83	3,913.16
25	686.31	514.09	398.55	76*	11,647.34	7,395.25	4,488.22
26	751.71	550.06	398.55	77*	11,647.34	7,395.25	4,488.22
27	751.71	550.06	398.55	78*	11,647.34	7,395.25	4,488.22
28	751.71	550.06	398.55	79*	13,794.41	8,664.87	5,058.06
29	751.71	550.06	398.55	80*	13,794.41	8,664.87	5,058.06
30	751.71	550.06	398.55	81*	14,717.01	9,231.04	5,271.07
31	1,134.11	855.07	637.07	82*	14,717.01	9,231.04	5,271.07
32	1,134.11	855.07	637.07	83*	14,717.01	9,231.04	5,271.07
33	1,134.11	855.07	637.07	84*	15,736.33	9,937.53	5,888.18
34	1,134.11	855.07	637.07	85*	15,736.33	9,937.53	5,888.18
35	1,134.11	855.07	637.07	86*	15,971.82	10,143.59	6,449.58
36	1,183.16	882.32	655.60	87*	15,971.82	10,143.59	6,449.58
37	1,183.16	882.32	655.60	88*	15,971.82	10,143.59	6,449.58
38	1,183.16	882.32	655.60	89*	16,114.61	10,223.16	6,589.10
39	1,183.16	882.32	655.60	90*	16,114.61	10,223.16	6,589.10
40	1,183.16	882.32	655.60	91*	16,299.49	10,344.82	6,888.43
41	1,930.83	1,358.58	895.33	92*	16,299.49	10,344.82	6,888.43
42	1,930.83	1,358.58	895.33	93*	16,299.49	10,344.82	6,888.43
43	1,930.83	1,358.58	895.33	94*	16,416.12	10,410.22	7,177.28
44	1,930.83	1,358.58	895.33	95*	16,416.12	10,410.22	7,177.28
45	1,930.83	1,358.58	895.33	96*	16,537.11	10,477.80	7,648.16
46	1,994.05	1,394.55	917.13	97*	16,537.11	10,477.80	7,648.16
47	1,994.05	1,394.55	917.13	98*	16,537.11	10,477.80	7,648.16
48	1,994.05	1,394.55	917.13	99*	16,625.40	10,526.85	7,990.42
49	1,994.05	1,394.55	917.13	100*	16,625.40	10,526.85	7,990.42
50	1,994.05	1,394.55	917.13	> 100*	16,625.40	10,526.85	7,990.42
51	3,009.97	2,079.11	1,287.77				

Notes:

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

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

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

GREAT TotalCare Premiums Table

Age Next Birthday	GREAT TotalCare Annual Premiums (S\$)						GREAT TotalCare Plus Annual Premiums (S\$)
	P SIGNATURE	A	B	P PRIME	BASIC A	BASIC B	ESSENTIAL
1	1,686.23	236.53	150.42	503.58	59.09	48.90	129.37
2	1,686.23	236.53	150.42	503.58	59.09	48.90	111.04
3	1,686.23	236.53	150.42	503.58	59.09	48.90	95.76
4	1,452.97	153.69	150.42	464.34	58.06	48.90	82.51
5	1,452.97	153.69	150.42	464.34	58.06	46.86	71.31
6	1,452.97	153.69	123.17	464.34	57.05	46.86	65.19
7	1,452.97	153.69	123.17	464.34	57.05	46.86	67.23
8	1,452.97	153.69	123.17	464.34	56.03	46.86	68.26
9	1,452.97	153.69	123.17	464.34	56.03	45.85	70.29
10	1,452.97	153.69	123.17	464.34	55.01	45.85	74.36
11	1,452.97	153.69	123.17	464.34	55.01	45.85	75.38
12	1,452.97	153.69	123.17	464.34	53.99	44.82	77.42
13	1,452.97	153.69	123.17	464.34	53.99	44.82	79.46
14	1,452.97	153.69	123.17	464.34	53.99	44.82	81.50
15	1,452.97	153.69	123.17	464.34	53.99	44.82	84.55
16	1,452.97	153.69	123.17	464.34	53.99	44.82	86.59
17	1,452.97	153.69	123.17	464.34	53.99	44.82	89.64
18	1,452.97	153.69	123.17	464.34	55.01	45.85	91.68
19	1,452.97	153.69	123.17	464.34	56.03	45.85	94.74
20	1,452.97	153.69	123.17	464.34	56.03	46.86	98.81
21	1,529.27	176.58	128.62	446.90	57.05	46.86	100.85
22	1,529.27	176.58	128.62	446.90	57.05	46.86	103.91
23	1,529.27	176.58	128.62	446.90	57.05	48.90	106.96
24	1,529.27	176.58	128.62	446.90	58.06	48.90	110.01
25	1,529.27	176.58	128.62	446.90	58.06	48.90	111.04
26	1,541.26	176.58	128.62	468.70	59.09	48.90	112.05
27	1,541.26	176.58	128.62	468.70	60.10	50.94	112.05
28	1,541.26	176.58	128.62	468.70	63.15	52.97	113.08
29	1,541.26	176.58	128.62	468.70	65.19	53.99	113.08
30	1,541.26	176.58	128.62	468.70	67.23	56.03	114.09
31	1,612.11	218.00	149.33	547.18	70.29	58.06	114.09
32	1,612.11	218.00	149.33	547.18	73.35	60.10	114.09
33	1,612.11	218.00	149.33	547.18	75.38	62.14	115.11
34	1,612.11	218.00	149.33	547.18	78.44	65.19	115.11
35	1,612.11	218.00	149.33	547.18	82.51	68.26	116.13
36	1,784.33	256.15	177.67	586.42	86.59	71.31	117.15
37	1,784.33	256.15	177.67	586.42	89.64	74.36	118.17
38	1,784.33	256.15	177.67	586.42	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 PRIME	BASIC A	BASIC B	ESSENTIAL
39	1,784.33	256.15	177.67	586.42	90.67	75.38	126.32
40	1,784.33	256.15	177.67	586.42	91.68	75.38	134.46
41	2,599.65	335.72	232.17	878.54	107.99	88.63	141.60
42	2,599.65	335.72	232.17	878.54	112.05	92.70	142.62
43	2,599.65	335.72	232.17	878.54	117.15	97.79	144.65
44	2,599.65	335.72	232.17	878.54	122.24	100.85	151.78
45	2,599.65	335.72	232.17	878.54	127.33	104.92	153.82
46	2,925.56	419.65	289.94	1,034.41	133.45	110.01	154.85
47	2,925.56	419.65	289.94	1,034.41	139.56	115.11	165.03
48	2,925.56	419.65	289.94	1,034.41	146.69	122.24	175.22
49	2,925.56	419.65	289.94	1,034.41	153.82	127.33	185.40
50	2,925.56	419.65	289.94	1,034.41	154.85	128.36	196.60
51	4,025.37	568.98	392.40	1,621.92	171.14	140.58	208.83
52	4,025.37	568.98	392.40	1,621.92	179.29	148.73	222.08
53	4,025.37	568.98	392.40	1,621.92	191.51	157.90	235.32
54	4,025.37	568.98	392.40	1,621.92	203.74	169.10	257.73
55	4,025.37	568.98	392.40	1,621.92	218.00	179.29	269.95
56	5,548.10	786.98	541.73	2,133.13	232.26	191.51	294.40
57	5,548.10	786.98	541.73	2,133.13	246.53	203.74	308.67
58	5,548.10	786.98	541.73	2,133.13	263.85	218.00	323.95
59	5,548.10	786.98	541.73	2,133.13	281.15	232.26	348.40
60	5,548.10	786.98	541.73	2,133.13	300.51	247.54	375.90
61	7,814.21	981.00	680.16	2,782.77	320.89	264.86	403.40
62	7,814.21	981.00	680.16	2,782.77	341.26	282.18	432.95
63	7,814.21	981.00	680.16	2,782.77	362.65	299.50	464.53
64	8,608.82	1,145.59	791.34	3,001.86	386.09	318.85	535.83
65	8,608.82	1,145.59	791.34	3,001.86	410.54	338.21	571.49
66	10,405.14	1,323.26	914.51	3,761.59	434.99	358.58	611.22
67	10,405.14	1,323.26	914.51	3,761.59	460.45	379.97	652.99
68	10,405.14	1,323.26	914.51	3,761.59	486.94	401.36	697.81
69	11,259.70	1,515.10	1,046.40	4,151.81	513.42	424.79	749.76
70	11,259.70	1,515.10	1,046.40	4,151.81	539.91	445.17	776.24
71	12,782.43	1,710.21	1,180.47	4,665.20	567.41	468.60	814.95
72	12,782.43	1,710.21	1,180.47	4,665.20	596.95	493.05	853.67
73	12,782.43	1,710.21	1,180.47	4,665.20	626.50	517.50	896.45
74	14,290.99	1,933.66	1,331.98	5,481.61	656.04	541.95	939.23
75	14,290.99	1,933.66	1,331.98	5,481.61	686.60	566.40	985.08
76*	15,118.30	2,130.95	1,470.41	6,204.28	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 PRIME	BASIC A	BASIC B	ESSENTIAL
77*	15,118.30	2,130.95	1,470.41	6,204.28	742.63	613.26	1,082.87
78*	15,118.30	2,130.95	1,470.41	6,204.28	772.17	637.70	1,135.85
79*	15,979.40	2,342.41	1,615.38	7,187.46	801.71	662.15	1,192.89
80*	15,979.40	2,342.41	1,615.38	7,187.46	830.23	685.58	1,249.94
81*	16,877.56	2,547.33	1,759.26	7,808.76	858.76	709.01	1,311.05
82*	16,877.56	2,547.33	1,759.26	7,808.76	890.33	734.47	1,375.23
83*	16,877.56	2,547.33	1,759.26	7,808.76	918.86	757.91	1,441.45
84*	17,398.58	2,772.96	1,905.32	8,364.66	946.36	780.32	1,512.76
85*	17,398.58	2,772.96	1,905.32	8,364.66	972.85	802.73	1,586.10
86*	18,700.04	2,938.64	2,016.50	8,611.00	997.30	823.10	-
87*	18,700.04	2,938.64	2,016.50	8,611.00	1,021.74	843.47	-
88*	18,700.04	2,938.64	2,016.50	8,611.00	1,046.19	862.83	-
89*	20,198.79	2,944.09	2,129.86	8,959.80	1,068.60	882.19	-
90*	20,198.79	2,944.09	2,129.86	8,959.80	1,088.99	898.49	-
91*	20,644.60	2,989.87	2,234.50	9,209.41	1,107.32	913.77	-
92*	20,644.60	2,989.87	2,234.50	9,209.41	1,124.64	928.03	-
93*	20,644.60	2,989.87	2,234.50	9,209.41	1,139.91	940.26	-
94*	21,319.31	3,059.63	2,305.35	9,416.51	1,154.18	952.47	-
95*	21,319.31	3,059.63	2,305.35	9,416.51	1,166.40	962.67	-
96*	21,888.29	3,122.85	2,353.31	9,560.39	1,176.59	970.81	-
97*	21,888.29	3,122.85	2,353.31	9,560.39	1,184.74	977.95	-
98*	21,888.29	3,122.85	2,353.31	9,560.39	1,190.85	983.04	-
99*	22,648.02	3,134.84	2,375.11	9,680.29	1,194.92	986.09	-
100*	22,648.02	3,134.84	2,375.11	9,680.29	1,194.92	986.09	-
>100*	22,648.02	3,134.84	2,375.11	9,680.29	1,194.92	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 PRIME, 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.
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, P PRIME, 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 November 2025.

GSHGTCP/Ver3.0/202511

Reach for Great

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

Reg No.1908 00011G

greateasternlife.com