



GREAT SupremeHealth + GREAT TotalCare

Benefit Schedule & Premium Rates

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			
Outpatient Cancer Drug Services	5x of MediShield Life limit per Period of Insurance ⁴		
Long-term Parenteral Nutrition	As Charged ¹		
3. ADDITIONAL BENEFITS			
Inpatient Sub-acute Care	\$ 1,200 per day	\$ 1,100 per day	\$ 1,000 per day
Inpatient Rehabilitation Care	\$ 800 per day	\$ 780 per day	\$ 750 per day
Inpatient Palliative Care	\$ 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 (including Pre & Post Hospitalisation Benefits)	\$ 25,000 per Period of Insurance	\$ 22,000 per Period of Insurance	\$ 20,000 per Period of Insurance

¹ “As Charged” means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured’s entitlement under the Plan Type insured.

³ The benefit limit for outpatient cancer drug treatment varies in accordance with the MediShield Life limit per month (pursuant to the Cancer Drug List found on the Ministry of Health’s website (go.gov.sg/moh-cancerdruglist)). The Ministry of Health may update this from time to time. For the purposes of assessing the MediShield Life limit, “per month” shall mean the particular calendar month in which the outpatient cancer drug treatment was administered and/or received.

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

GREAT SupremeHealth Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)				
Plan Type		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
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 ⁵ (\$ 5,000 per child)	\$ 16,000 per Lifetime ⁵ (\$ 4,000 per child)	\$ 12,000 per Lifetime ⁵ (\$ 3,000 per child)
Emergency Medical Treatment outside Singapore ⁶		As Charge ¹ (Limited to Private Hospitals charges)	As Charge ¹ (Limited to Restructured Hospitals, Class A ward charges))	As Charge ¹ (Limited to Restructured Hospitals, Class B1 ward charges)
4. FINAL EXPENSES BENEFIT				
		\$ 7,000	\$ 6,000	\$ 3,600
PRO-RATION FACTORS				
Expenses incurred in Private Hospital / private Community Hospital / private Inpatient Palliative Care Institution / private medical clinic ⁷		N.A. ⁹	70%	50% ¹⁰
Expenses incurred in Restructured Hospital - Class A ward / government-funded Community Hospital - Class A ward / government-funded Inpatient Palliative Care Institution – Class A ward ⁸		N.A. ⁹		80% ¹⁰
Expenses incurred in non-subsidised Short-stay Ward / day Surgery / outpatient treatment in Restructured Hospital ⁸		N.A. ⁹		80% ¹⁰
Expenses incurred for Specially-Approved Medical Treatments, Services and/or Supplies (excluding cancer drug treatments)		50%	50%	50% ¹⁰

¹ “As Charged” means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured’s entitlement under the Plan Type insured.

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

⁶ Covers all Expenses incurred if the Life Assured requires treatments, medical services and/or supplies as a result of an Emergency while outside Singapore up to limits stated above.

⁷ Refers to private sector outpatient clinics in Singapore.

⁸ Does not apply to Expenses incurred by the Life Assured in a Restructured Hospital on an outpatient basis for Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin, Immunosuppressants for organ transplant, Long-term Parenteral Nutrition and Proton Beam Therapy.

⁹ N.A. means Not Applicable.

¹⁰ In addition, Pro-ration Factors will apply to Singapore permanent residents and Foreigners insured under Plan Type B PLUS for Expenses incurred in a Class B1 ward or lower ward of a Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution or a subsidised Short-stay Ward, day Surgery or outpatient treatment in Restructured Hospital. Refer to Clause 3.3.3 on details of the applicable Pro-ration Factor.

GREAT SupremeHealth Benefits Table (Continued)

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

⁷ Refers to private sector outpatient clinics in Singapore.

¹¹ Does not apply to Expenses incurred by the Life Assured on an outpatient basis for Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin, Immunosuppressants for organ transplant and Long-term Parenteral Nutrition and Proton Beam Therapy.

GREAT SupremeHealth Standard Benefits Table

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

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

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

³ Claimable up to 60 days per Period of Insurance.

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

GREAT SupremeHealth Standard Benefits Table (Continued)

LIMITS ON EXPENSES (All Amounts in S\$)	
Plan Type	GREAT SupremeHealth STANDARD
Hospital/ Ward Class Entitlement up to Benefit Limit Reimbursement	Restructured Hospitals, Class B1 Wards
Expense Item	Benefit Limit
2. OUTPATIENT BENEFITS	
Kidney Dialysis Treatment	\$3,740 per month
Outpatient Cancer Drug Treatment on the Cancer Drug List	3x of MediShield Life limit per month ⁵
Outpatient Cancer Drug Services	2x of MediShield Life limit per Period of Insurance ⁶
Radiotherapy for cancer	
– External (Except Hemi-Body)	\$880 per treatment
– Brachytherapy	\$1,100 per treatment
– Hemi-Body	\$2,510 per treatment
– Stereotactic	\$6,210 per treatment
– Proton Beam Therapy	
• Category 1 ⁴	\$880 per treatment
• Category 2 ⁴	\$1,100 per treatment
• Category 3 ⁴	\$6,210 per treatment
Immunosuppressants for Organ Transplant	\$1,480 per month
Erythropoietin for Chronic Kidney Failure	\$450 per month
Long-term Parenteral Nutrition	\$3,980 per month

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

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

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

GREAT SupremeHealth Standard Benefits Table (Continued)

Plan Type	GREAT SupremeHealth STANDARD
Hospital/ Ward Class Entitlement up to Benefit Limit Reimbursement	Restructured Hospitals, Class B1 Wards
PRO-RATION FACTOR⁷	
Inpatient charges in Private Hospitals / private Community Hospitals / private Inpatient Palliative Care Institution	50%
Inpatient charges in Restructured Hospitals – Class A ward / Government-funded Community Hospitals – Class A ward / Inpatient Palliative Care Institution – Class A ward	80%
Outpatient charges in Private Hospitals / private medical clinics ⁸	65%
Day surgery charges in Private Hospitals / private medical clinics ⁸	65%
DEDUCTIBLE⁹	
Per Period of Insurance (Up to and including age 80 years next birthday on Renewal Date)	Private Hospitals / private Community Hospitals (for inpatient treatment) All ward types : \$2,500
	Restructured Hospitals / government-funded Community Hospitals (for inpatient treatment) Class A : \$2,500 Class B1 : \$2,500 Class B2+/B2 : \$2,000 Class C : \$1,500
	Short-stay Ward and day surgery subsidised : \$1,500 non-subsidised : \$2,000
Per Period of Insurance (following age 80 years next birthday on the Renewal Date)	Private Hospitals / private Community Hospitals (for Inpatient treatment) All ward types : \$3,000
	Restructured Hospitals / government-funded Community Hospitals (for inpatient treatment) Class A : \$3,000 Class B1 : \$3,000 Class B2+/B2 : 3,000 Class C : \$2,000
	Short-stay Ward and day surgery subsidised : \$2,000 non-subsidised : \$3,000
CO-INSURANCE	
Co-insurance	10%
LIMITS ON BENEFITS PAYABLE	
Annual Benefit Limit	\$200,000
Lifetime Benefit Limit	Unlimited
Maximum Coverage Age	Lifetime

⁷ In addition, pro-ration also applies to Singapore permanent residents and Foreigners for charges incurred in a Class B1 ward of a Restructured Hospital or government-funded Community Hospital.

⁸ Refers to private sector outpatient clinics.

⁹ Does not apply to Expenses incurred by the Life Assured on an outpatient basis: for Kidney Dialysis Treatment, Outpatient Cancer Drug Treatment on the Cancer Drug List, Outpatient Cancer Drug Services, Radiotherapy for cancer, Erythropoietin for Chronic Kidney Failure, Immunosuppressants for Organ Transplant and Long-term Parenteral Nutrition.

GREAT TotalCare Benefits Table

Plan Type	P	A	B	P SELECT	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 and Co-insurance incurred under the Life Assured's corresponding GREAT SupremeHealth plan	Covered, subject to Co-payment to be borne by the Policyholder					
SPECIAL BENEFITS	BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT	BENEFIT LIMIT
Excess Expenses ¹ – Outpatient Cancer Drug Treatment on the Cancer Drug List (per month)	18X of MediShield Life limit ²					
	Subject to Co-payment to be borne by the Policyholder					
Outpatient Cancer Drug Treatment not on the Cancer Drug List for Drug Classes ³ : • Class A • Class B • Class C • Class D • Class E (per Period of Insurance)	\$250,000	\$200,000	\$150,000	\$250,000	\$200,000	\$150,000
	Subject to Co-payment to be borne by the Policyholder					
Excess Expenses – Outpatient Cancer Drug Services (per Period of Insurance)	As Charged ⁴ , subject to Co-payment to be borne by the Policyholder					
Additional Cancer Support (per Period of Insurance)	\$10,000					
	Subject to Co-payment to be borne by the Policyholder					
Emergency Accidental Outpatient Treatment (per Course of Treatment)	\$2,000	\$1,500	\$1,000	\$2,000	\$1,500	\$1,000
	Subject to Co-payment to be borne by the Policyholder					
Ambulance Services (per Course of Treatment)	\$250	\$150	\$100	\$250	\$150	\$100
Home Health Care Benefit (within 180 days from Hospital discharge) ⁵ (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)

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

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

³ Refer to the "Non-CDL Classification Framework" by Life Insurance Association for the classification of cancer drug treatments that are not on the Cancer Drug List (<https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>). The Life Insurance Association may update this from time to time.

⁴ "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

⁵ Eligible Expenses incurred by the Life Assured for treatments and/or medical services provided within 180 days from the day the Life Assured is discharged from the Hospital, Community Hospital or Inpatient Palliative Care Institution.

GREAT TotalCare Benefits Table (Continued)

Plan Type	P	A	B	P SELECT	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 ⁶ (within 180 days from Hospital discharge) (per Period of Insurance)	\$6,000	\$5,000	\$4,000	\$6,000	\$5,000	\$4,000
Medical Aids (per Period of Insurance)	\$3,000	\$2,000	\$1,500	\$3,000	\$2,000	\$1,500
Companion Accommodation Benefit ⁷ (up to 10 days per Hospitalisation)	\$80 per day	\$60 per day	\$40 per day	\$80 per day	\$60 per day	\$40 per day
LIMITS ON BENEFIT PAYABLE						
Annual Benefit Limit	\$400,000	\$200,000	\$150,000	\$400,000	\$200,000	\$150,000
Lifetime Benefit Limit	Unlimited					

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

⁶ For Post-Hospital Follow-up Traditional Chinese Medicine Treatment provided by a registered TCM Practitioner in an approved TCM clinic outside of a Singapore Hospital or a Community Hospital, the expenses incurred will be subject to a limit of \$60 per visit, up to 1 visit a day.

⁷ A companion refers to the Life Assured's parent, legal guardian, legal spouse, sibling, biological child or legally adopted child who is above 18 years next birthday during the Hospitalisation of the Life Assured. The Expenses incurred will be subject to the daily Benefit Limit up to 10 days per Hospitalisation.

⁸ If the Eligible Bills, excluding Eligible Bills for Outpatient Cancer Drug Treatment on the Cancer Drug List and Outpatient Cancer Drug Services, in excess of the Benefit Limits of this Policy and the Main Plan, respectively are equal to or higher than the Co-payment, the Co-payment shall not be payable. For the avoidance of doubt, Policyholder shall bear the Eligible Bills in excess of the Benefit Limits of this Policy and the Main Plan, respectively.

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

GREAT TotalCare Plus

Benefit Schedule (All amounts in S\$)		
Plan Type	(ESSENTIAL)	
Expense Item	Benefit Limit	
(A) Overseas Emergency medical or surgical treatment ¹	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 If the Life Assured has resided outside the Country of Issue for: <ul style="list-style-type: none"> • <u>90 days or less</u> Expenses incurred are limited to the Reasonable and Customary Charges in the country where the treatment was provided. • <u>more than 90 days</u>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) Benefits payable under this Rider for (B) shall be payable according to the Policy insured for the Life Assured, with the following Additional Annual Benefit Limits added to the Policy:		
Additional Annual Benefit Limit	\$25,000	
2. For a Life Assured who is covered under GREAT SupremeHealth (As Charged) Benefits under this Rider for (B) shall be payable according to the Policy and GREAT SupremeHealth (As Charged) plan insured for the Life Assured, with the following Additional Annual Benefit Limits added to the Policy:		
Additional Annual Benefit Limit	\$50,000	
Lifetime Benefit Limit		
Benefits under this Rider for (B) shall be payable according to the Policy and GREAT SupremeHealth (As Charged) plan insured for the Life Assured, with the following Additional Annual Benefit Limits added to the Policy:		
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 the Policy and/or GREAT SupremeHealth (As Charged) plan.

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

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

GREAT SupremeHealth Premiums Table

Age Next Birthday	MediShield Life Premiums (S\$) [Fully Payable by MediSave [^]]	Additional Withdrawal Limits [#] (AWLs) [S\$]	Additional Private Insurance Coverage							
			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	146.36	300.00	212.98	0.00	74.69	0.00	50.47	0.00	30.28	0.00
2	146.36	300.00	209.94	0.00	74.69	0.00	50.47	0.00	30.28	0.00
3	146.36	300.00	205.90	0.00	74.69	0.00	50.47	0.00	30.28	0.00
4	146.36	300.00	202.88	0.00	73.68	0.00	49.45	0.00	30.28	0.00
5	146.36	300.00	199.85	0.00	73.68	0.00	49.45	0.00	30.28	0.00
6	146.36	300.00	195.81	0.00	72.67	0.00	49.45	0.00	30.28	0.00
7	146.36	300.00	192.78	0.00	72.67	0.00	49.45	0.00	30.28	0.00
8	146.36	300.00	189.76	0.00	72.67	0.00	48.45	0.00	30.28	0.00
9	146.36	300.00	186.73	0.00	70.65	0.00	48.45	0.00	30.28	0.00
10	146.36	300.00	178.65	0.00	70.65	0.00	48.45	0.00	30.28	0.00
11	146.36	300.00	178.65	0.00	70.65	0.00	48.45	0.00	30.28	0.00
12	146.36	300.00	178.65	0.00	70.65	0.00	49.45	0.00	30.28	0.00
13	146.36	300.00	178.65	0.00	72.67	0.00	50.47	0.00	30.28	0.00
14	146.36	300.00	178.65	0.00	72.67	0.00	51.47	0.00	30.28	0.00
15	146.36	300.00	178.65	0.00	73.68	0.00	52.49	0.00	30.28	0.00
16	146.36	300.00	178.65	0.00	74.69	0.00	53.49	0.00	30.28	0.00
17	146.36	300.00	178.65	0.00	74.69	0.00	54.51	0.00	30.28	0.00
18	146.36	300.00	178.65	0.00	75.70	0.00	55.51	0.00	30.28	0.00
19	146.36	300.00	207.92	0.00	83.78	0.00	56.53	0.00	35.33	0.00
20	146.36	300.00	207.92	0.00	83.78	0.00	57.53	0.00	35.33	0.00
21	252.34	300.00	205.90	0.00	83.78	0.00	58.55	0.00	35.33	0.00
22	252.34	300.00	205.90	0.00	83.78	0.00	59.55	0.00	35.33	0.00
23	252.34	300.00	205.90	0.00	83.78	0.00	59.55	0.00	35.33	0.00
24	252.34	300.00	205.90	0.00	84.78	0.00	59.55	0.00	35.33	0.00
25	252.34	300.00	205.90	0.00	84.78	0.00	59.55	0.00	35.33	0.00
26	252.34	300.00	242.24	0.00	87.81	0.00	59.55	0.00	35.33	0.00
27	252.34	300.00	242.24	0.00	91.85	0.00	61.57	0.00	35.33	0.00
28	252.34	300.00	242.24	0.00	94.88	0.00	75.70	0.00	35.33	0.00
29	252.34	300.00	242.24	0.00	98.92	0.00	75.70	0.00	35.33	0.00
30	252.34	300.00	242.24	0.00	102.96	0.00	76.71	0.00	35.33	0.00
31	393.64	300.00	325.00	25.00	107.00	0.00	77.72	0.00	53.49	0.00
32	393.64	300.00	325.00	25.00	111.02	0.00	78.73	0.00	53.49	0.00
33	393.64	300.00	325.00	25.00	115.06	0.00	79.74	0.00	53.49	0.00
34	393.64	300.00	325.00	25.00	121.12	0.00	80.75	0.00	53.49	0.00
35	393.64	300.00	325.00	25.00	124.15	0.00	80.75	0.00	53.49	0.00
36	393.64	300.00	325.00	25.00	127.18	0.00	81.76	0.00	53.49	0.00
37	393.64	300.00	325.00	25.00	129.20	0.00	85.80	0.00	53.49	0.00
38	393.64	300.00	325.00	25.00	132.22	0.00	90.84	0.00	53.49	0.00

GREAT SupremeHealth Premiums Table (Continued)

Age Next Birthday	MediShield Life Premiums (S\$) [Fully Payable by MediSave [®]]	Additional Withdrawal Limits [#] (AWLs) [S\$]	Additional Private Insurance Coverage							
			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	393.64	300.00	325.00	25.00	134.24	0.00	94.88	0.00	53.49	0.00
40	393.64	300.00	325.00	25.00	136.26	0.00	99.92	0.00	53.49	0.00
41	529.91	600.00	655.06	55.06	196.82	0.00	141.31	0.00	84.78	0.00
42	529.91	600.00	655.06	55.06	212.98	0.00	142.32	0.00	84.78	0.00
43	529.91	600.00	655.06	55.06	230.13	0.00	142.32	0.00	84.78	0.00
44	529.91	600.00	655.06	55.06	233.16	0.00	142.32	0.00	84.78	0.00
45	529.91	600.00	655.06	55.06	235.18	0.00	143.33	0.00	84.78	0.00
46	529.91	600.00	655.06	55.06	237.20	0.00	145.35	0.00	84.78	0.00
47	529.91	600.00	655.06	55.06	240.22	0.00	147.37	0.00	84.78	0.00
48	529.91	600.00	655.06	55.06	241.23	0.00	148.37	0.00	84.78	0.00
49	529.91	600.00	655.06	55.06	242.24	0.00	154.43	0.00	84.78	0.00
50	529.91	600.00	655.06	55.06	244.26	0.00	157.45	0.00	84.78	0.00
51	807.48	600.00	1,056.78	456.78	289.68	0.00	227.10	0.00	114.06	0.00
52	807.48	600.00	1,072.94	472.94	307.85	0.00	244.26	0.00	114.06	0.00
53	807.48	600.00	1,121.39	521.39	328.04	0.00	250.32	0.00	114.06	0.00
54	807.48	600.00	1,168.82	568.82	350.24	0.00	256.37	0.00	114.06	0.00
55	807.48	600.00	1,218.28	618.28	372.45	0.00	262.43	0.00	114.06	0.00
56	807.48	600.00	1,302.06	702.06	397.68	0.00	280.59	0.00	114.06	0.00
57	807.48	600.00	1,450.43	850.43	425.94	0.00	288.67	0.00	114.06	0.00
58	807.48	600.00	1,450.43	850.43	456.22	0.00	293.72	0.00	114.06	0.00
59	807.48	600.00	1,450.43	850.43	488.53	0.00	298.77	0.00	114.06	0.00
60	807.48	600.00	1,450.43	850.43	522.84	0.00	314.92	0.00	114.06	0.00
61	1,029.53	600.00	1,911.70	1,311.70	560.19	0.00	349.23	0.00	233.16	0.00
62	1,029.53	600.00	1,924.82	1,324.82	601.57	1.57	388.59	0.00	233.16	0.00
63	1,029.53	600.00	1,924.82	1,324.82	649.00	49.00	431.00	0.00	233.16	0.00
64	1,029.53	600.00	1,924.82	1,324.82	723.70	123.70	480.45	0.00	233.16	0.00
65	1,029.53	600.00	1,924.82	1,324.82	806.47	206.47	531.92	0.00	233.16	0.00
66	1,110.28	600.00	2,680.82	2,080.82	899.33	299.33	590.47	0.00	370.43	0.00
67	1,110.28	600.00	2,871.59	2,271.59	1,003.29	403.29	656.08	56.08	370.43	0.00
68	1,110.28	600.00	2,896.82	2,296.82	1,110.28	510.28	728.75	128.75	370.43	0.00
69	1,110.28	600.00	2,896.82	2,296.82	1,213.23	613.23	809.49	209.49	370.43	0.00
70	1,110.28	600.00	2,896.82	2,296.82	1,325.27	725.27	897.31	297.31	370.43	0.00
71	1,206.17	900.00	3,585.20	2,685.20	1,448.41	548.41	958.88	58.88	592.49	0.00
72	1,206.17	900.00	3,760.82	2,860.82	1,543.29	643.29	1,024.49	124.49	592.49	0.00
73	1,206.17	900.00	3,773.94	2,873.94	1,645.23	745.23	1,094.13	194.13	592.49	0.00
74	1,332.34	900.00	4,000.04	3,100.04	1,753.23	853.23	1,169.83	269.83	675.25	0.00
75	1,332.34	900.00	4,396.71	3,496.71	1,869.31	969.31	1,249.57	349.57	675.25	0.00

GREAT SupremeHealth Premiums Table (Continued)

Age Next Birthday	MediShield Life Premiums (S\$) [Fully Payable by MediSave [^]]	Additional Withdrawal Limits [#] (AWLs) [S\$]	Additional Private Insurance Coverage							
			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\$)
76*	1,544.30	900.00	4,595.55	3,695.55	1,992.45	1,092.45	1,335.37	435.37	725.72	0.00
77*	1,544.30	900.00	4,994.24	4,094.24	2,122.65	1,222.65	1,426.20	526.20	725.72	0.00
78*	1,544.30	900.00	5,285.94	4,385.94	2,262.96	1,362.96	1,523.10	623.10	725.72	0.00
79*	1,604.86	900.00	5,521.12	4,621.12	2,413.35	1,513.35	1,628.08	728.08	775.18	0.00
80*	1,604.86	900.00	6,006.61	5,106.61	2,577.87	1,677.87	1,743.14	843.14	775.18	0.00
81*	1,690.65	900.00	6,396.22	5,496.22	2,667.70	1,767.70	1,795.63	895.63	810.51	0.00
82*	1,690.65	900.00	6,880.71	5,980.71	2,761.57	1,861.57	1,850.13	950.13	810.51	0.00
83*	1,690.65	900.00	7,465.12	6,565.12	2,857.45	1,957.45	1,905.65	1,005.65	810.51	0.00
84*	1,953.08	900.00	7,817.39	6,917.39	2,956.37	2,056.37	1,962.17	1,062.17	1,014.39	114.39
85*	1,953.08	900.00	7,835.55	6,935.55	3,059.33	2,159.33	2,021.72	1,121.72	1,014.39	114.39
86*	2,043.93	900.00	7,913.27	7,013.27	3,166.32	2,266.32	2,082.28	1,182.28	1,264.71	364.71
87*	2,043.93	900.00	7,913.27	7,013.27	3,277.35	2,377.35	2,144.86	1,244.86	1,264.71	364.71
88*	2,043.93	900.00	7,913.27	7,013.27	3,391.41	2,491.41	2,209.45	1,309.45	1,264.71	364.71
89*	2,043.93	900.00	7,993.00	7,093.00	3,509.49	2,609.49	2,276.08	1,376.08	1,318.20	418.20
90*	2,043.93	900.00	7,993.00	7,093.00	3,631.63	2,731.63	2,343.70	1,443.70	1,318.20	418.20
91*	2,074.21	900.00	8,392.71	7,492.71	3,758.80	2,858.80	2,414.35	1,514.35	1,423.18	523.18
92*	2,074.21	900.00	8,392.71	7,492.71	3,890.02	2,990.02	2,487.02	1,587.02	1,423.18	523.18
93*	2,074.21	900.00	8,392.71	7,492.71	4,025.27	3,125.27	2,561.72	1,661.72	1,423.18	523.18
94*	2,074.21	900.00	8,813.61	7,913.61	4,165.57	3,265.57	2,638.43	1,738.43	1,496.86	596.86
95*	2,074.21	900.00	8,813.61	7,913.61	4,310.92	3,410.92	2,718.17	1,818.17	1,496.86	596.86
96*	2,074.21	900.00	9,429.31	8,529.31	4,461.31	3,561.31	2,799.92	1,899.92	1,798.65	898.65
97*	2,074.21	900.00	9,429.31	8,529.31	4,617.76	3,717.76	2,883.70	1,983.70	1,798.65	898.65
98*	2,074.21	900.00	9,429.31	8,529.31	4,778.24	3,878.24	2,970.51	2,070.51	1,798.65	898.65
99*	2,074.21	900.00	9,525.20	8,625.20	4,944.78	4,044.78	3,056.30	2,156.30	1,880.41	980.41
100*	2,074.21	900.00	9,525.20	8,625.20	5,117.39	4,217.39	3,152.19	2,252.19	1,880.41	980.41
> 100*	2,074.21	900.00	9,525.20	8,625.20	5,117.39	4,217.39	3,152.19	2,252.19	1,880.41	980.41

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 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 TotalCare Premiums Table

Age Next Birthday	GREAT TotalCare Annual Premiums (S\$)						GREAT TotalCare Plus Annual Premiums (S\$)
	P	A	B	P SELECT	BASIC A	BASIC B	Essential
1	922.44	212.98	146.35	346.24	58.55	48.45	128.19
2	922.44	212.98	146.35	341.57	58.55	48.45	110.02
3	913.26	212.98	146.35	336.91	58.55	48.45	94.88
4	913.26	150.39	125.16	331.08	57.53	48.45	81.76
5	883.07	149.39	123.14	321.75	57.53	46.43	70.65
6	903.48	148.37	122.13	330.29	56.53	46.43	64.59
7	871.58	146.35	100.94	322.97	56.53	46.43	66.61
8	842.42	145.35	99.92	314.44	55.51	46.43	67.63
9	809.11	143.33	98.92	309.57	55.51	45.42	69.65
10	778.58	142.32	98.92	308.35	54.51	45.42	73.68
11	741.12	141.31	97.90	303.48	54.51	45.42	74.69
12	745.28	140.30	96.90	299.83	53.49	44.41	76.71
13	746.66	138.28	96.90	297.39	53.49	44.41	78.73
14	746.66	138.28	96.90	297.39	53.49	44.41	80.75
15	746.66	139.29	96.90	296.16	53.49	44.41	83.78
16	752.21	139.29	96.90	294.95	53.49	44.41	85.80
17	752.21	139.29	96.90	293.73	53.49	44.41	88.82
18	752.21	141.31	97.90	297.39	54.51	45.42	90.84
19	752.21	142.32	98.92	299.83	55.51	45.42	93.87
20	752.21	143.33	99.92	303.48	55.51	46.43	97.90
21	829.94	145.35	100.94	305.92	56.53	46.43	99.92
22	831.32	146.35	100.94	305.92	56.53	46.43	102.96
23	834.09	147.37	101.94	305.92	56.53	48.45	105.98
24	834.09	148.37	102.96	307.13	57.53	48.45	109.00
25	834.09	149.39	102.96	307.13	57.53	48.45	110.02
26	834.09	153.42	105.98	312.00	58.55	48.45	111.02
27	846.58	158.47	109.00	320.53	59.55	50.47	111.02
28	860.47	163.51	113.04	329.08	62.58	52.49	112.04
29	871.58	169.57	116.08	338.82	64.59	53.49	112.04
30	837.15	174.61	121.12	344.92	66.61	55.51	113.04
31	884.39	180.67	124.15	342.75	69.65	57.53	113.04
32	897.51	186.73	129.20	361.40	72.67	59.55	113.04
33	909.32	194.80	134.24	370.73	74.69	61.57	114.06
34	922.44	204.90	140.30	381.22	77.72	64.59	114.06
35	934.25	212.98	146.35	390.54	81.76	67.63	115.06
36	947.38	222.06	153.42	402.20	85.80	70.65	116.08
37	959.18	232.15	160.49	419.69	88.82	73.68	117.08

GREAT TotalCare Premiums Table (Continued)

Age Next Birthday	GREAT TotalCare Annual Premiums (S\$)						GREAT TotalCare Plus Annual Premiums (S\$)
	P	A	B	P SELECT	BASIC A	BASIC B	Essential
38	972.30	233.16	160.49	436.01	89.83	73.68	124.15
39	985.42	234.17	161.49	453.49	89.83	74.69	125.16
40	997.23	236.19	162.51	470.98	90.84	74.69	133.23
41	1,316.08	277.57	191.78	486.14	107.00	87.81	140.30
42	1,334.46	289.68	199.85	507.11	111.02	91.85	141.31
43	1,464.36	302.80	208.94	530.43	116.08	96.90	143.33
44	1,506.35	315.92	218.02	552.58	121.12	99.92	150.39
45	1,506.35	329.04	227.10	578.23	126.17	103.96	152.41
46	1,593.26	344.19	237.20	630.12	132.22	109.00	153.42
47	1,593.26	361.35	249.31	660.58	138.28	114.06	163.51
48	1,593.26	379.51	261.42	697.15	145.35	121.12	173.61
49	1,593.26	398.69	275.55	730.05	152.41	126.17	183.70
50	1,593.26	401.72	277.57	732.49	153.42	127.18	194.80
51	2,091.48	441.08	303.81	804.39	169.57	139.29	206.92
52	2,103.98	465.31	320.98	848.28	177.65	147.37	220.04
53	2,151.18	496.59	342.17	899.47	189.76	156.45	233.16
54	2,313.54	528.90	365.39	951.88	201.87	167.55	255.37
55	2,370.45	564.22	388.59	1,009.15	216.00	177.65	267.47
56	2,874.24	601.57	414.84	1,068.88	230.13	189.76	291.70
57	2,893.68	640.94	442.10	1,132.25	244.26	201.87	305.83
58	2,903.39	685.35	471.37	1,202.94	261.42	216.00	320.98
59	3,203.16	729.76	504.67	1,274.85	278.58	230.13	345.20
60	3,323.91	780.22	536.98	1,352.85	297.76	245.27	372.45
61	4,080.27	831.70	573.31	1,435.72	317.94	262.43	399.70
62	4,151.07	886.20	610.65	1,522.26	338.13	279.59	428.98
63	4,452.22	941.72	649.00	1,610.02	359.33	296.75	460.26
64	4,638.19	1,002.28	690.39	1,701.42	382.55	315.92	530.92
65	4,638.19	1,064.86	733.80	1,800.14	406.77	335.10	566.24
66	5,656.89	1,129.45	778.20	1,900.09	431.00	355.29	605.61
67	6,039.92	1,196.08	823.63	2,003.68	456.22	376.49	647.00
68	6,422.97	1,263.70	871.06	2,106.05	482.47	397.68	691.41
69	6,470.16	1,333.35	918.51	2,209.66	508.71	420.90	742.88
70	6,518.74	1,401.98	965.94	2,316.91	534.96	441.08	769.12
71	7,112.74	1,473.65	1,015.41	2,425.38	562.20	464.30	807.47
72	7,162.69	1,550.35	1,068.90	2,541.16	591.47	488.53	845.83
73	7,461.08	1,627.06	1,121.39	2,659.38	620.75	512.75	888.22
74	7,826.08	1,705.80	1,174.88	2,775.18	650.02	536.98	930.61
75	8,152.24	1,782.51	1,228.37	2,893.40	680.30	561.20	976.04

GREAT TotalCare Premiums Table (Continued)

Age Next Birthday	GREAT TotalCare Annual Premiums (S\$)						GREAT TotalCare Plus Annual Premiums (S\$)
	P	A	B	P SELECT	BASIC A	BASIC B	Essential
76*	8,490.87	1,855.18	1,278.84	3,028.68	707.55	584.41	1,024.49
77*	8,822.56	1,930.88	1,330.32	3,167.62	735.81	607.63	1,072.94
78*	9,150.09	2,007.59	1,382.80	3,311.43	765.08	631.85	1,125.42
79*	9,477.63	2,083.29	1,435.29	3,454.03	794.35	656.08	1,181.94
80*	9,785.74	2,157.98	1,486.77	3,595.42	822.61	679.29	1,238.47
81*	10,095.22	2,232.67	1,538.24	3,735.58	850.88	702.51	1,299.02
82*	10,401.93	2,313.42	1,593.76	3,887.92	882.17	727.74	1,362.61
83*	10,486.59	2,387.10	1,644.22	4,026.87	910.43	750.96	1,428.22
84*	10,572.65	2,458.77	1,693.68	4,165.81	937.68	773.16	1,498.88
85*	10,965.40	2,527.41	1,741.12	4,296.22	963.92	795.37	1,571.55
86*	11,359.55	2,591.00	1,784.53	4,420.54	988.15	815.55	-
87*	11,752.32	2,655.59	1,829.94	4,543.62	1,012.37	835.74	-
88*	12,039.61	2,718.17	1,870.32	4,663.07	1,036.59	854.92	-
89*	12,326.88	2,777.72	1,913.72	4,776.42	1,058.80	874.10	-
90*	12,425.42	2,830.20	1,950.06	4,878.79	1,079.00	890.24	-
91*	12,521.20	2,878.65	1,983.37	4,968.98	1,097.16	905.39	-
92*	12,616.95	2,922.06	2,012.63	5,053.08	1,114.32	919.51	-
93*	12,808.47	2,962.43	2,040.90	5,128.65	1,129.45	931.63	-
94*	12,997.23	2,999.78	2,066.13	5,198.12	1,143.59	943.74	-
95*	13,127.68	3,031.06	2,086.32	5,255.41	1,155.70	953.83	-
96*	13,258.14	3,057.31	2,106.51	5,301.71	1,165.80	961.90	-
97*	13,388.60	3,079.51	2,120.63	5,340.72	1,173.87	968.98	-
98*	13,585.68	3,094.65	2,132.75	5,366.30	1,179.92	974.02	-
99*	13,778.58	3,105.76	2,139.81	5,382.15	1,183.96	977.04	-
100*	13,974.27	3,105.76	2,139.81	5,376.06	1,183.96	977.04	-
>100*	13,974.27	3,105.76	2,139.81	5,376.06	1,183.96	977.04	-

Notes:

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

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

Foreigners are eligible to purchase GREAT TotalCare P, P Select and GREAT TotalCare Plus only.

A 10% Child Discount will be given on the first policy year's premium (before GST) for a child up to and including age 18 years next birthday provided one parent who is the Policyholder is insured under a GREAT TotalCare plan.

A 20% first year premium discount will be given to new GREAT TotalCare P and P Select policy issued under 'Standard Life' basis.

Notes and Disclaimers

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

All premium rates are inclusive of 8% 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 2023.

Reach for Great

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