

GREAT TotalCare Premium Rates (Annual)

		Annual Premiums (S\$)					
Plan Class		CLASSIC			ELITE		
Plan Type		CLASSIC-B	CLASSIC-A	CLASSIC-P	ELITE-B	ELITE-A	ELITE-P
Hospital / Ward Entitlement		<i>Restructured Hospitals, Class B1 Wards & lower</i>	<i>Restructured Hospitals, Class A Wards & lower</i>	<i>Private & Restructured Hospitals</i>	<i>Restructured Hospitals, Class B1 Wards & lower</i>	<i>Restructured Hospitals, Class A Wards & lower</i>	<i>Private & Restructured Hospitals</i>
Age Next Birthday (ANB)							
1-18		25	30	55	100	160	308
19-20		25	30	55	100	175	323
21-25		25	40	90	110	182	327
26-30		30	45	100	110	182	327
31-35		35	55	135	138	213	415
36-40		40	61	148	150	219	418
41-45		61	100	200	209	290	620
46-50		75	120	205	209	290	644
51-55		100	155	295	300	413	926
56-60		131	165	370	375	465	1,075
61-65		165	180	500	505	608	1,259
66-70		251	305	640	655	795	1,539
71-73		300	335	705	790	1,063	2,035
74-75		300	335	705	923	1,063	2,035
76-78*		355	395	845	1,040	1,277	2,977
79-80*		370	420	865	1,202	1,349	3,006
81-83*		375	425	880	1,260	1,463	3,020
84-85*		385	441	890	1,313	1,715	3,088
86-88*		395	450	905	1,335	1,794	3,106
89-90*		405	465	915	1,335	1,892	3,405
91-93*		415	480	930	1,491	1,950	3,539
94-95*		425	490	945	1,554	2,255	3,660
96-98*		435	505	960	1,616	2,396	3,822
99-100*		445	520	976	1,680	2,558	4,221
>100*		445	520	976	1,680	2,558	4,221

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

1. Premium rates are inclusive of prevailing 7% GST. The prevailing rate of GST is subject to change.
2. Monthly Premiums are calculated by multiplying annual premiums with factor of 0.08583. (Actual Premiums charged may be different due to rounding.)
3. We will give a 10% child discount on the first policy year's premiums (before GST) for a child up to and including 18 ANB as long as one parent, who is the policyholder, is insured under GREAT TotalCare or GREAT TotalHealth.

GREAT TotalCare Benefits Table

Benefit Schedule (All amounts in S\$)						
Plan Class	CLASSIC			ELITE		
Plan Type	CLASSIC-B	CLASSIC-A	CLASSIC-P	ELITE-B	ELITE-A	ELITE-P
HOSPITAL / WARD CLASS ENTITLEMENT	<i>Restructured Hospitals, Class B1 Wards & lower</i>	<i>Restructured Hospitals, Class A Wards & lower</i>	<i>Private & Restructured Hospitals</i>	<i>Restructured Hospitals, Class B1 Wards & lower</i>	<i>Restructured Hospitals, Class A Wards & lower</i>	<i>Private & Restructured Hospitals</i>
1. DEDUCTIBLE & CO-INSURANCE						
<i>Deductible & Co-insurance incurred under the Life Assured's corresponding GREAT SupremeHealth Policy</i>	<i>Covered, subject to Co-payment to be borne by the Policyholder</i>					
2. SPECIAL BENEFITS	<i>Benefit Limit</i>	<i>Benefit Limit</i>	<i>Benefit Limit</i>	<i>Benefit Limit</i>	<i>Benefit Limit</i>	<i>Benefit Limit</i>
<i>Emergency Accidental Outpatient Treatment (per Course of Treatment)</i>	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
	<i>Subject to Co-payment to be borne by the Policyholder</i>					
<i>Ambulance Services (per Course of Treatment)</i>	\$100	\$150	\$250	\$100	\$150	\$250
<i>Confinement in an Inpatient Hospice Care Institution (up to 90 days per Period of Insurance)</i>	\$200 per day	\$250 per day	\$300 per day	\$200 per day	\$250 per day	\$300 per day
<i>Home Health Care Benefit (within 180 days from Hospital discharge)¹ (per Period of Insurance)</i>	\$6,000 (\$200 per day)	\$8,000 (\$200 per day)	\$10,000 (\$200 per day)	\$6,000 (\$200 per day)	\$8,000 (\$200 per day)	\$10,000 (\$200 per day)
<i>Post-Hospital Follow-up Traditional Chinese Medicine Treatment² (within 180 days from Hospital discharge) (per Period of Insurance)</i>	\$4,000	\$5,000	\$6,000	\$4,000	\$5,000	\$6,000
<i>Medical Aids (per Period of Insurance)</i>	\$1,500	\$2,000	\$3,000	\$1,500	\$2,000	\$3,000
<i>Companion Accommodation Benefit³ (up to 10 days per Hospitalisation)</i>	\$40 per day	\$60 per day	\$80 per day	\$40 per day	\$60 per day	\$80 per day
3. LIMITS ON BENEFIT PAYABLE						
<i>Annual Benefit Limit</i>	\$150,000	\$200,000	\$400,000	\$150,000	\$200,000	\$400,000
<i>Lifetime Benefit Limit</i>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

4. CO-PAYMENT TO BE BORNE BY THE POLICYHOLDER						
Plan Type	CLASSIC-B	CLASSIC-A	CLASSIC-P	ELITE-B	ELITE-A	ELITE-P
<i>Co-payment⁴ (per Period of Insurance)</i>	<i>5% of the total Eligible Bills⁵ or the Deductible incurred under GREAT SupremeHealth (where applicable), whichever is higher</i>			<i>5% of the total Eligible Bills⁵</i>		
<i>Maximum Co-payment (per Period of Insurance)</i>	<i>\$3,000 for Eligible Bills⁵ incurred under Private Hospital / private Community Hospital / private medical clinic (with Certificate of Pre-authorisation) and/or Restructured Hospital / government-funded Community Hospital</i>					

NOTES:

- ¹ 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 Hospice Care Institution.
- ² For Post-Hospital Follow-up Traditional Chinese Medical 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 per day. Refer to policy contract for the list of medical institutions.
- ³ 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.
- ⁴ If the Eligible Bills in excess of the Benefit Limits or Bill Limits (if any) of this policy and GREAT SupremeHealth, 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 or Bill Limits (if any) of this policy and GREAT SupremeHealth, respectively.
- ⁵ Eligible Bills refers to the Expenses incurred, subject to Pro-ration Factor (where applicable) which are similar to those applied to GREAT SupremeHealth.

Information correct as at 31 January 2019.

GREAT TotalCare Plus Premium Rates (Annual)

Age Next Birthday (ANB)	Annual Premiums (S\$)	
	ESSENTIAL	ADVANCE
1-18	44	148
19-30	67	213
31-40	72	246
41-50	79	298
51-55	121	399
56-60	153	481
61-65	216	671
66-70	299	827
71-75	422	1,161
76-78*	544	1,518
79-80*	598	1,629
81-83*	771	2,062
84-85*	829	2,257

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

1. Premium rates are inclusive of prevailing 7% GST. The prevailing rate of GST is subject to change.
2. Monthly Premiums are calculated by multiplying annual premiums with factor of 0.08583. (Actual Premiums charged may be different due to rounding.)
3. We will give a 10% child discount on the first policy year's premiums (before GST) for a child up to and including 18 ANB as long as one parent, who is the policyholder, is insured under GREAT TotalCare Plus or GREAT TotalHealth Plus.

GREAT TotalCare Plus Benefits Table

Benefit Schedule (All amounts in S\$)		
Plan Type	ESSENTIAL	ADVANCE
Expense Item	Benefit Limit	Benefit Limit
WORLDWIDE COVERAGE		
(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 Expenses incurred are limited to the Reasonable and Customary Charges in the Country of Issue.	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) Cancer Treatment (per Period of Insurance)	\$10,000	\$30,000
	All Expenses payable for (C) are subject to Co-payment as prescribed under GREAT TotalCare insured for the Life Assured	
(D) Emergency Assistance Services	Not Covered	Covered
LIMITS ON BENEFITS PAYABLE		
Additional Annual Benefit Limit		
1. For a Life Assured who is <u>not covered</u> under GREAT SupremeHealth (As Charged)^[4]		
Benefits payable under this Rider for (B) and (C) shall be payable according to GREAT TotalCare insured for the Life Assured, with the following Additional Annual Benefit Limits added to GREAT TotalCare:		
<i>Additional Annual Benefit Limit</i>	\$25,000	\$50,000
2. For a Life Assured who is <u>covered</u> under GREAT SupremeHealth (As Charged)^[4]		
Benefits under this Rider for (B) and (C) shall be payable according to GREAT TotalCare and GREAT SupremeHealth (As Charged) ^[4] insured for the Life Assured, with the following Additional Annual Benefit Limits added to GREAT TotalCare:		
<i>Additional Annual Benefit Limit</i>	\$50,000	\$100,000

Benefit Schedule (All amounts in S\$)		
LIMITS ON BENEFITS PAYABLE		
Lifetime Benefit Limit		
Benefits payable under this Rider for (B) and (C) shall be payable up to the following Lifetime Benefit Limits, in accordance with the plan type of GREAT TotalCare insured for the Life Assured:		
GREAT TotalCare (ELITE-B) GREAT TotalCare (CLASSIC-B)	GREAT TotalCare (ELITE-A) GREAT TotalCare (CLASSIC-A)	GREAT TotalCare (ELITE-P) GREAT TotalCare (CLASSIC-P)
\$1,000,000	\$3,000,000	\$5,000,000

Notes:

- [1] All Expenses payable for (A) and (B) are subject to the Deductibles (where applicable), Co-insurance, Benefit Limits and Co-payment as set out in GREAT TotalCare and/or GREAT SupremeHealth (As Charged).
- [2] Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam.
- [3] Life Assured has resided outside the Country of Issue for more than 90 days, whether continuously or otherwise during the Period of Insurance.
- [4] GREAT SupremeHealth (As Charged) refers to GREAT SupremeHealth P PLUS, A PLUS or B PLUS.

All premium rates are inclusive of 7% 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.

It is usually detrimental to replace an existing health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more, or have less benefits at the same cost.

In case of discrepancy between the English and the Chinese versions, the English version shall prevail.

These plans are protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

Information correct as at 31 January 2019.

The Great Eastern Life Assurance Company Limited

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