

**Comparison of Medisave-approved Integrated Plans (Information correct as at 1 May 2006)**

**Table 1A: Comparison of MediShield and Private Integrated Plans for Class B2/C and MediShield**

Benefits	MediShield	NTUC Income IncomeShield Plan C
<b>Inpatient and Day Surgery:</b>		
Daily ward and treatment charges	250	375
Daily ward and treatment charges in ICU	500	600
Surgery	150 - 1,100	300 - 2,000
Surgical Implants and approved medical consumables	2,500	1,500 per implant and 2 implants per admission
Gamma Knife	4,800	4,800
<b>Outpatient Treatment:</b>		
Kidney Dialysis	1,000/mth	1,500/mth
<b>Cancer treatment:</b>		
Radiotherapy	80 - 160/day 150 per 7-day cycle, 700 per 21- or 28-day cycle	200/day
Chemotherapy	-	1000/mth
Immunotherapy	-	400/mth
Stereotactic Radiotherapy	1000/treatment	1500/treatment
Immunosuppressants for organ transplant	200/mth	300/mth
Erythropoietin	200/mth	300/mth
<b>Proration factors</b>		
	Private hospitals and Class A - 35%, Class B1 - 43%, Class B2+ - 70%	-
<b>Deductibles</b>		
	Class C - 1,000, Class B2 - 1,500	Class C - 1,000, Class B2 - 1,500
<b>Co-insurance</b>		
	≤3,000: 20%, >3,000 - 5,000: 15%, >5,000: 10%	10%
<b>Policy Year Limit</b>	50,000	70,000
<b>Lifetime Limit</b>	200,000	350,000
<b>Final Expense Benefit</b>	-	1,500
<b>Last Entry Age</b>	75	75
<b>Maximum Coverage Age</b>	85	Lifetime
<b>Total Premium</b>		
<b>Age Next Birthday:</b>		
1 to 30	30	41
31 to 40	40	54
41 to 50	80	108
51 to 60	160	216
61 to 65	225	304
66 to 70	265	358
71 to 73	335	452
74 to 75	375	506
76 to 78	420	567
79 to 80	510	689
81 to 83	600	800
84 to 85	705	909
Premium at max coverage age	-	1,638

**Table 2: Comparison of MediShield Plus B and Private Integrated Plan for Class B1 and Below**

Benefits	NTUC Income IncomeShield Plan MB	NTUC Income IncomeShield Plan B	NTUC Income Enhanced IncomeShield Plan Basic	AIA HealthShield Gold B	Great Eastern SupremeHealth Plan B	Prudential PRUShield Plan B	Aviva MyShield Plan 3
<b>Inpatient:</b>							
Daily ward and treatment charges	385	500	As Charged	450	510	550	As charged
Daily ward and treatment charges in ICU	640	690	As Charged	740	830	850	As charged
Surgery	370 - 6,600	500 - 8,200	As Charged	500 - 7,000	500 - 8,200	600 - 8,500	As charged
Surgical Implants and approved medical consumables	2,800	2x2,500	As Charged	2,500	3,000/surgery	3,000	As Charged
Gamma Knife	9,600	9,600	As Charged	9,600	9,600	10,000	As Charged
<b>Outpatient Treatment:</b>							
Kidney Dialysis	2,000/mth	2000/mth	As Charged	24,000/yr	24,000/yr	24,000/yr	30,000/yr
<b>Cancer treatment:</b>							
Radiotherapy	120 - 240	250/day	As Charged	280/day	280/day	300/day	
Chemotherapy	200 per 7 day cycle, 800 per 21 or 28 day cycle	1200/mth	As Charged	1,200/mth	15,000/year	15,000/year	
Immunotherapy	-	700/mth	As Charged	700/mth	8,500/year	8,500/year	
Stereotactic Radiotherapy	2,000	2,000	As Charged	2,000	2,000	2,000/treatment	30,000/yr
Immunosuppressants for organ transplant	400/mth	400/mth	As Charged	5,000/yr	5,000/yr	5,000/year	Included under additional benefits for organ transplan
Erythropoietin	400/mth	400/mth	As Charged	5,000/yr	5,000/yr	5,000/year	Included under renal dialysis treatment
<b>Additional Benefits Limits:</b>							
5 Critical Illness: Heart Attack, Major Cancer, Stroke, End Stage Lung Disease, End Stage Liver Disease	-	-	-	-	-	-	50,000/yr
Major Organ Transplant	-	-	-	-	-	-	500,000/lifetime
Inpatient Psychiatric Treatment	-	-	-	-	-	-	30,000/yr
Extra Cancer Coverage	-	-	-	30,000 /yr	100,000/lifetime	-	-
<b>Proration factors</b>							
			Private Hospitals - 50% Class A - 85%		80% for Class A and private hospita	85% for Class A and private hospita	50% for private hospital, 85% for Class A ward
	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,500, Class A and private hospital - 2,500	Class C - 1,000, B2 - 1,500, Class B1 - 2,000, Class A and private hospital	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 2,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 2,000		Class C - 1,000, Class B2/day surgery (subsidised) - 1,500, Class B1/day surgery (non-subsidised) - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000
<b>Deductibles</b>							
Co-insurance	10%	10%	10%	10%	10%	10%	10%
Policy Year Limit	85,000	100,000	150,000	90,000	110,000	120,000	100,000
Lifetime Limit	375,000	-	-	600,000	800,000	1,000,000	1,000,000
Final Expense Benefit	-	3,000	3,000	-	3,600	3,000	1,000
<b>Last Entry Age</b>	75	75	75	75	75	75	75
<b>Maximum Coverage Age</b>	80	Lifetime	Lifetime	81	Lifetime	85	Lifetime
<b>Total Premium</b>							
<b>Age Next Birthday:</b>							
1 to 30	36	50	60	57	52 - 58	72	74
31 to 40	54	76	96	86	68	106	105
41 to 50	108	151	185	171	174	191	205
51 to 60	180	252	280	285 - 295	289	305 - 315	337 - 347
61 to 65	288	403	465	488	463	508	573
66 to 70	384	554	639	700	635	720	820
71 to 73	575	739	890	1,004	847	1,024	1,182
74 to 75	677	869	1,045	1,178	994	1,198	1,381
76 to 78	874	1,044	1,255	1,649	1,392	1,659	1,932
79 to 80	1,065	1,218	1,465	1,649	1,392	1,659	1,932
81 to 83	-	1,368	1,778	(age 81) 1,649	1,551	1,750	2,630
84 to 85	-	1,518	1,973	-	1,790	1,850	2,672
Premium at max coverage age	(Note (3))	2,508	3,260	1,649	2,567	1,850	3,189

Note (1): AIA's extra cancer coverage and Aviva's 5 Critical Illness Benefit is provided over and above the Overall Policy Year Limit and the Overall Lifetime Limit.

Note (2): Final Expense Benefit refers to the waiver of the deductible and co-insurance up to the stipulated amounts in the event of the insured's death during hospitalisation or within a stipulated period after discharge from hospital subject to the conditions as stipulated by the insurer.

Note (3): Policyholders will have the option of lifetime coverage under IncomeShield Plan B or C after the age of 85 will be raised by \$1,000 of the above listed deductible.

Note (4): Applicable Deductible for older ages: (a) For Aviva's MyShield, the deductible applicable for policyholders after the age of 80 is 150% of the deductibles listed above. (b) For GE's SupremeHealth, the deductible applicable for policyholders

Note (5): NTUC Income Enhanced IncomeShield Plans require policyholders to give 4 days of prior notification for non-emergency treatment. This is to seek NTUC Income's advice and recommendation on the hospital admission and/or the entitlement to the benefits payable under the Enhanced IncomeShield Plan.

**Table 3: Comparison of MediShield Plus A and Private Integrated Plans for Hospitalisation in Private Hospitals and Class A**

Benefits	NTUC Income IncomeShield Plan MA	NTUC Income IncomeShield Plan A	NTUC Income Enhanced IncomeShield Plan Advantage	NTUC Income IncomeShield Plan P	NTUC Income Enhanced IncomeShield Plan Preferred	AIA HealthShield Gold A	GE SupremeHealth Plan A	Prudential PRUShield Plan A	Aviva MyShield Plan 1	Aviva MyShield Plan 2	
<b>Inpatient:</b>											
Daily ward and treatment charges	690	800	As Charged	1,600	As Charged	830	850	900	As charged	As charged	
Daily ward and treatment charges in ICU	1,100	1,100	As Charged	2,200	As Charged	1,300	1,350	1,400	As charged	As charged	
Surgery	500 - 7,800	600 - 9,400	As Charged	1050 - 14,100	As Charged	650 - 8,800	700 - 10,000	800 - 10,000	As charged	As charged	
Surgical Implants and approved medical consumables	4,000	2x3,500	As Charged	2x7,000	As Charged	4,000	5,000/surgery	5,000	As Charged	As Charged	
Gamma Knife	12,600	12,600	As Charged	15,600	As Charged	14,000	15,800	16,000	As Charged	As Charged	
<b>Outpatient Treatment:</b>											
Kidney Dialysis	2,500/mth	2500/mth	As Charged	3000/mth	As Charged	30000/yr	36,000/yr	36,000/yr	150,000/yr	100,000/yr	
<b>Cancer treatment:</b>											
Radiotherapy	140 - 280	300/day	As Charged	600/day	As Charged	400/day	460/day	450/day			
Chemotherapy	300/7 day cycle, 1,000/21 or 28 day cycle	1500/mth	As Charged	3500/mth	As Charged	1600/mth	25,000/yr	25,000/year			
Immunotherapy	-	1000/mth	As Charged	2000/mth	As Charged	1100/mth	15,000/yr	15,000/year			
Stereotactic Radiotherapy	2,500	2,500	As Charged	5,000	As Charged	2,750	3,500	3,500/treatment	150,000/yr	100,000/yr	
Immunosuppressants for organ transplant	500/mth	500/mth	As Charged	1000/mth	As Charged	6000/yr	7,200/yr	7,200/year	Included under additional benefits for organ transplant	Included under additional benefits for organ transplant	
Erythropoietin	500/mth	500/mth	As Charged	1000/mth	As Charged	6000/yr	7,200/yr	7,200/year	Included under renal dialysis treatment	Included under renal dialysis treatment	
<b>Additional Benefits Limits:</b>											
5 Critical Illness: Heart Attack, Major Cancer, Stroke, End Stage Lung Disease, End Stage Liver Disease	-	-	-	-	-	-	-	-	150,000/yr	100,000/yr	
Major Organ Transplant	-	-	-	-	-	-	-	-	1,000,000/lifetime	750,000/lifetime	
Inpatient Psychiatric Treatment	-	-	-	-	-	-	-	-	150,000/yr	100,000/yr	
Extra Cancer Coverage	-	-	-	-	-	30,000 /yr 100,000/lifetime	-	-	5,000/yr	5,000/yr	
Free coverage for child(ren) below 8 years old	-	-	-	-	-	-	-	-	Yes, under Plan 2 (if both parents take up plan 1 or 2)	Yes, under Plan 2 (if both parents take up plan 1 or 2)	
<b>Proration factors</b>			Private Hospitals - 65%							65% for private hospital	
<b>Deductibles</b>	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,500, Class A and private hospital - 4,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2/day surgery (subsidised) - 1,500, Class B1/day surgery (non-subsidised) - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000	Class C - 1,000, Class B2 - 1,500, Class B1 - 2,000, Class A and private hospital - 3,000
<b>Co-insurance</b>	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	
<b>Policy Year Limit</b>	110,000	130,000	250,000	260,000	350,000	120,000	180,000	150,000	300,000	200,000	
<b>Lifetime Limit</b>	550,000	-	-	-	-	5,000,000	2,500,000	6,000,000	2,000,000	1,500,000	
<b>Final Expense Benefit</b>	-	5,000	5,000	5,000	5,000	-	6,000	5,000	1,000	1,000	
<b>Last Entry Age</b>	75	75	75	75	75	75	75	75	75	75	
<b>Maximum Coverage Age</b>	80	Lifetime	Lifetime	Lifetime	Lifetime	81	Lifetime	85	Lifetime	Lifetime	
<b>Total Premium</b>											
<b>Age Next Birthday:</b>											
1 to 30	55	84	94	114	129	95	83 - 92	100	142	103	
31 to 40	80	126	136	175	205	143	138	145	216	147	
41 to 50	153	252	290	320	385	285	275	282	400 - 431	295	
51 to 60	240	420	485	515	610	476 - 491	457	475 - 489	643 - 663	500 - 511	
61 to 65	370	672	810	930	1,088	812	731	804	1,097	856	
66 to 70	495	924	1,155	1,340	1,607	1,167	1,004	1,164	1,576	1,234	
71 to 73	745	1,232	1,605	1,920	2,300	1,673	1,338	1,671	2,259	1,770	
74 to 75	876	1,449	1,885	2,255	2,702	1,964	1,571	1,966	2,652	2,069	
76 to 78	1,136	1,733	2,255	2,700	3,235	2,730	2,184	2,739	3,686	2,872	
79 to 80	1,385	2,016	2,620	3,130	3,751	2,730	2,184	2,739	3,686	2,872	
81 to 83	-	2,264	2,943	3,544	4,313	(age 81) 2,730	2,429	2,967	5,132	3,913	
84 to 85	-	2,512	3,266	3,934	4,787	-	2,797	3,299	5,333	3,992	
Premium at max coverage age	(Note (3))	4,150	5,395	6,120	7,458	2,730	4,127	3,299	6,006	4,496	

Note (1): AIA's extra cancer coverage and Aviva's 5 Critical Illness Benefit is provided over and above the Overall Policy Year Limit and the Overall Lifetime Limit.  
 Note (2): Final Expense Benefit refers to the waiver of the deductible and co-insurance up to the stipulated amounts in the event of the insured's death during hospitalisation or within a stipulated period after discharge from hospital subject to the conditions as stipulated by the insurer.  
 Note (3): Policyholders will have the option of lifetime coverage under IncomeShield Plan B or C.  
 Note (4): Applicable Deductible for older ages: (a) For Aviva's MyShield, the deductible applicable for policyholders after the age of 80 is 150% of the deductibles listed above. (b) For GE's SupremeHealth, the deductible applicable for policyholders after the age of 85 will be raised by \$1,000 of the above listed deductible.  
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