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First published in the *Government Gazette*, [www.egazette.gov.sg](http://www.egazette.gov.sg), on 28 March 2025 at 5.30 pm.

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## **No. S 231**

### **MEDISHIELD LIFE SCHEME ACT 2015**

#### **MEDISHIELD LIFE SCHEME (AMENDMENT) REGULATIONS 2025**

In exercise of the powers conferred by section 34 of the MediShield Life Scheme Act 2015, the Minister for Health makes the following Regulations:

#### **Citation and commencement**

1. These Regulations are the MediShield Life Scheme (Amendment) Regulations 2025 and come into operation on 1 April 2025.

#### **Amendment of regulation 2**

2. In the MediShield Life Scheme Regulations 2015 (G.N. No. S 622/2015) (called in these Regulations the principal Regulations), in regulation 2 —

- (a) in paragraph (1), in the definition of “approved community hospital”, replace “which, in the opinion of the Minister, provides” with “that provides”;
- (b) in paragraph (1), replace the definition of “approved in-patient palliative care institution” with —

““approved in-patient palliative care institution” means any of the following approved medical institutions that provides in-patient palliative care:

- (a) an approved community hospital;
- (b) a nursing home;”;
- (c) in paragraph (1), in the definition of “approved outpatient treatment”, after “services”, insert “that is a claimable medical treatment or services”;

(d) in paragraph (1), after the definition of “approved outpatient treatment”, insert —

““approved permanent premises”, in relation to an approved medical institution, has the meaning given by section 2(1) of the Healthcare Services Act 2020;”;

(e) in paragraph (1), replace the definition of “approved public healthcare institution” with —

““approved public healthcare institution” means an approved medical institution that is —

(a) a restructured hospital;

(b) any of the following:

(i) National Cancer Centre of Singapore Pte Ltd;

(ii) National Dental Centre of Singapore Pte. Ltd.;

(iii) National Neuroscience Institute of Singapore Pte Ltd;

(iv) National Skin Centre (Singapore) Pte Ltd;

(v) Singapore National Eye Centre Pte Ltd; or

(c) any of the following, in relation to the approved medical institution’s provision of an outpatient medical service within the meaning of the Healthcare Services Act 2020:

(i) Alexandra Health Pte. Ltd.;

(ii) National University Health Services Group Pte. Ltd.;

(iii) National University Hospital (Singapore) Pte Ltd;”;

(f) in paragraph (1), after the definition of “approved restructured hospital”, insert —

““approved voluntary welfare organisation” means an approved medical institution that is —

(a) an organisation that is granted membership of the National Council of Social Service under section 15 of the National Council of Social Service Act 1992;

(b) an institution that is registered as a charity under section 7 of the Charities Act 1994; or

(c) an institution of a public character as defined in section 40 of the Charities Act 1994;”;

(g) in paragraph (1), replace the definition of “claim bar date” with —

““claim bar date”, in relation to an insured person who is an in-patient of an approved medical institution, means the 7th calendar day after the earliest day when the insured person is both —

(a) certified, by a medical practitioner employed or engaged by the approved medical institution, to be medically fit for discharge from in-patient treatment provided by that approved medical institution; and

(b) assessed by that medical practitioner to have a feasible discharge option;”;

(h) in paragraph (1), in the definition of “cross insurance period claim”, replace “in an approved medical institution” with “of an approved medical institution”;

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- (i) in paragraph (1), in the definition of “day treatment patient”, in paragraph (a), replace “in an approved medical institution” with “from an approved medical institution”;
  - (j) in paragraph (1), in the definition of “in-patient”, in paragraph (a)(i), replace “hospitalised” with “admitted for a stay at any approved permanent premises of an approved medical institution”;
  - (k) in paragraph (1), in the definition of “in-patient”, in paragraph (a)(ii), replace “hospitalised” with “admitted”;
  - (l) in paragraph (1), delete the definition of “medical treatment”;
  - (m) in paragraph (1), after the definition of “MediShield Life cover”, insert —
    - ““MIC@Home programme” means a health programme known by that name or known as the Mobile Inpatient Care@Home programme;
    - “MIC@Home treatment” means any medical treatment or services received under the MIC@Home programme;”;
  - (n) in paragraph (1), after the definition of “multiple neoplasms”, insert —
    - ““nursing home” means an approved medical institution that holds a valid nursing home service licence under the Healthcare Services Act 2020;”;
  - (o) in paragraph (1), in the definition of “outpatient”, in paragraph (a), delete “or” at the end;
  - (p) in paragraph (1), in the definition of “outpatient”, in paragraph (b), insert “or” at the end;
  - (q) in paragraph (1), in the definition of “outpatient”, after paragraph (b), insert —
    - “(c) a patient receiving MIC@Home treatment;”;

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(*r*) in paragraph (1), after the definition of “premium payable”, insert —

““private hospital” means a provider of an acute hospital service within the meaning of the Healthcare Services Act 2020 that —

(*a*) holds a valid acute hospital service licence under that Act; and

(*b*) is not a restructured hospital;”;

(*s*) in paragraph (1), after the definition of “radiotherapy treatment”, insert —

““restructured hospital” means any of the following providers of an acute hospital service within the meaning of the Healthcare Services Act 2020:

(*a*) Alexandra Health Pte. Ltd.;

(*b*) Alexandra Hospital;

(*c*) Changi General Hospital Pte Ltd;

(*d*) Institute of Mental Health;

(*e*) KK Women’s and Children’s Hospital Pte. Ltd.;

(*f*) National Heart Centre of Singapore Pte Ltd;

(*g*) National University Health Services Group Pte. Ltd.;

(*h*) National University Hospital (Singapore) Pte Ltd;

(*i*) Sengkang General Hospital Pte Ltd;

(*j*) Singapore General Hospital Pte Ltd;

(*k*) Tan Tock Seng Hospital Pte Ltd;

(*l*) WoodlandsHealth Pte. Ltd.;”;

(*t*) in paragraph (2)(*a*), replace “if the day of the month on which a person was born cannot be ascertained” with “if

the day on which a person was born cannot be ascertained but the month of the person's birth can be ascertained"; and

(u) after paragraph (4), insert —

“(5) For the purposes of these Regulations, a patient is taken to have been transferred —

- (a) from any approved permanent premises of an approved restructured hospital to receiving MIC@Home treatment provided by that approved restructured hospital;
- (b) from receiving MIC@Home treatment provided by an approved restructured hospital to any approved permanent premises of that approved restructured hospital (except where the patient is treated by the emergency department of the approved restructured hospital immediately after the patient ceases to receive MIC@Home treatment); or
- (c) between an approved permanent premises of an approved restructured hospital and an approved permanent premises of an approved community hospital,

if the medical treatment or services at the approved permanent premises of the approved restructured hospital and the MIC@Home treatment, or at the different approved permanent premises of the approved restructured hospital and approved community hospital respectively, are provided consecutively (in any order) and without any break in treatment, and the transfer is not taken to be a new admission.”.

**Amendment of regulation 8**

3. In the principal Regulations, in regulation 8 —
- (a) in the definition of “A”, replace “in the First Schedule” with “on the website at <https://www.moh.gov.sg>”; and
  - (b) in the definition of “C”, replace “in the Second Schedule” with “on the website at <https://www.moh.gov.sg>”.

**Amendment of regulation 9**

4. In the principal Regulations, in regulation 9(3), replace “in the First Schedule” with “on the website at <https://www.moh.gov.sg>”.

**Amendment of regulation 12**

5. In the principal Regulations, in regulation 12 —
- (a) in paragraphs (1) and (3), replace “approved medical treatment” with “claimable medical treatment”; and
  - (b) in paragraph (1)(a), replace “in” with “employed or engaged by”.

**Amendment of regulation 13**

6. In the principal Regulations, in regulation 13 —
- (a) in paragraph (1)(a), delete “or” at the end;
  - (b) in paragraph (1), replace sub-paragraph (b) with —
    - “(b) \$150,000, if the insured person was admitted on or after 1 March 2021 but before 1 April 2025; or
    - (c) \$200,000, if the insured person was admitted on or after 1 April 2025.”;
  - (c) in paragraph (3), replace “received in an approved medical institution as an in-patient” with “that is a claimable medical treatment or services received from an approved medical institution as an in-patient, under the MIC@Home programme,”;

- (d) in paragraph (4), replace “each approved medical treatment” with “each claimable medical treatment”;
- (e) in paragraph (4)(a), replace “approved medical treatment or services as an in-patient in” with “claimable medical treatment or services as an in-patient of”;
- (f) in paragraph (4)(a), after “discharge from”, insert “in-patient treatment provided by”;
- (g) in paragraph (4)(aa), delete “or” at the end;
- (h) in paragraph (4), after sub-paragraph (aa), insert —
  - “(ab) the insured person has received MIC@Home treatment provided by an approved medical institution, and an approved medical practitioner of that institution certifies in writing that the insured person requires the community hospital treatment; or”;
- (i) in paragraph (5), replace sub-paragraph (a) with —
  - “(a) is admitted to any approved permanent premises of an approved medical institution as an in-patient for any claimable medical treatment or services; or”;
- (j) in paragraph (6), replace “approved” wherever it appears with “claimable”; and
- (k) in paragraph (7), replace “in an approved medical institution as an in-patient” with “from an approved medical institution as an in-patient, under the MIC@Home programme,”.

### **Amendment of regulation 14**

#### **7. In the principal Regulations, in regulation 14 —**

- (a) in paragraph (4)(a), replace “approved medical treatment” with “claimable medical treatment”;



- (b) in paragraph (5), in the definitions of “final insurance period” and “initial insurance period”, replace “approved medical treatment” with “claimable medical treatment”;
- (c) in the *Illustration*, replace “\$350,000” with “\$450,000”;
- (d) in the *Illustration*, replace “\$150,000” wherever it appears with “\$200,000”; and
- (e) in the *Illustration*, replace “\$340,000” with “\$440,000”.

### **Deletion of First and Second Schedules**

8. In the principal Regulations, delete the First and Second Schedules.

### **Amendment of Third Schedule**

9. In the principal Regulations, in the Third Schedule —

- (a) in paragraph 16, after “in-patient in”, insert “any approved permanent premises of”; and
- (b) after paragraph 16, insert —

“16A. Daily treatment charges for any treatment provided to the insured person by an approved medical institution under the MIC@Home programme —

- (a) if the period between the insured person’s admission for treatment and discharge from treatment is less than 8 hours; or
- (b) on or after the 7th calendar day after the earliest day when the insured person is certified, by a medical practitioner employed or engaged by the approved medical institution, to be medically fit for discharge from MIC@Home treatment provided by that approved medical institution.”.

### **Amendment of Fourth Schedule**

10. In the principal Regulations, in the Fourth Schedule —

- (a) in Part 2, after “1 November 2016”, insert “, but before 1 April 2025”; and
- (b) after Part 2, insert —

## “PART 3

PRO-RATION FACTORS FOR  
APPROVED OUTPATIENT TREATMENT  
(OTHER THAN FOR RENAL DIALYSIS  
OR ADMINISTRATION OF ERYTHROPOIETIN  
FOR DIALYSIS AND CHRONIC RENAL FAILURE)

(With admission date on or after 1 April 2025)

Institution or subsidy status	Pro-ration factor for:		
	Singapore citizen	Singapore permanent resident	Person who is not citizen or permanent resident of Singapore
Approved public healthcare institution ( <i>subsidised</i> )	1	0.56	Not applicable
Approved public healthcare institution ( <i>non-subsidised</i> )	0.35	0.35	0.35
Approved private hospital	0.3	0.3	0.3

PART 4  
 PRO-RATION FACTORS  
 FOR RENAL DIALYSIS OR  
 ADMINISTRATION OF ERYTHROPOIETIN  
 FOR DIALYSIS AND CHRONIC RENAL FAILURE  
 (With admission date on or after 1 April 2025)

Institution or subsidy status	Pro-ration factor for:		
	Singapore citizen	Singapore permanent resident	Person who is not citizen or permanent resident of Singapore
Approved public healthcare institution ( <i>subsidised</i> )	1	0.67	Not applicable
Approved public healthcare institution ( <i>non-subsidised</i> )	1	0.56	0.56
Approved private hospital	1	0.56	0.56
Approved voluntary welfare organisation	1	0.67	0.56

**Amendment of Fifth Schedule**

**11.** In the principal Regulations, in the Fifth Schedule —

- (a) in Part 1, after “1 November 2015”, insert “, but before 1 April 2025”;
- (b) in Part 1, after “after 1 March 2021” wherever it appears, insert “, but before 1 April 2025”;
- (c) in Part 3, after “1 April 2020”, insert “, but before 1 April 2025”; and

(d) after Part 3, insert —

“PART 4

PRO-RATION FACTORS  
FOR DAILY WARD AND TREATMENT CHARGES  
(EXCLUDING CHARGES FOR SURGICAL TREATMENT)  
WHERE ADMITTED AS IN-PATIENT  
(OTHER THAN DAY TREATMENT PATIENT)  
OR FOR DAY SURGICAL TREATMENT

(With admission date on or after 1 April 2025)

Institution, ward class or subsidy status	Pro-ration factor for:		
	Singapore citizen	Singapore permanent resident	Person who is not citizen or permanent resident of Singapore
Class C	1	0.5	0.2
Class B2 (including subsidised short stay ward)	1	0.5	0.35
Class B2+	1	0.5	0.35
Class B1	0.34	0.29	0.29
Class A (including non-subsidised short stay ward)	0.27	0.25	0.25
Approved private hospital	0.16	0.16	0.16
Day surgery ( <i>subsidised</i> )	1	0.54	Not applicable

Day surgery ( <i>non-subsidised</i> ) in approved public healthcare institution	0.33	0.33	0.33
Day surgery ( <i>non-subsidised</i> ) in approved private hospital or approved day surgery centre	0.21	0.21	0.21
Subsidised ward in approved community hospital or approved in-patient palliative care institution	1	0.6	0.5
Non-subsidised ward in approved community hospital or approved in-patient palliative care institution	0.45	0.37	0.37

*Note:*

For the purposes of this Part, where —

(a) an insured person —

- (i) is admitted as an in-patient of an approved restructured hospital;
- (ii) is transferred to receive MIC@Home treatment; and
- (iii) is discharged from receiving MIC@Home treatment without any further transfer back to any approved permanent premises of an approved restructured hospital; or

(b) an insured person —

- (i) receives MIC@Home treatment (whether or not the insured person was transferred from any approved permanent premises of an approved restructured hospital);

- (ii) is transferred to any approved permanent premises of an approved restructured hospital as an in-patient; and
- (iii) is discharged from in-patient treatment at the approved permanent premises of that approved restructured hospital,

the pro-ration factor applicable to the ward class that the insured person was admitted or transferred to under paragraph (a)(i) or (b)(ii) applies to all daily ward and treatment charges incurred in relation to the admission, including the charges for MIC@Home treatment.

## PART 5

### PRO-RATION FACTORS FOR CHARGES FOR SURGICAL TREATMENT

(With admission date on or after 1 April 2025)

Institution, ward class or subsidy status	Pro-ration factor for:		
	Singapore citizen	Singapore permanent resident	Person who is not citizen or permanent resident of Singapore
Class C	1	0.6	0.2
Class B2 (including subsidised short stay ward)	1	0.6	0.35
Class B2+	1	0.6	0.35
Class B1	0.35	0.3	0.3
Class A (including non-subsidised short stay ward)	0.25	0.25	0.25
Approved private hospital	0.1	0.1	0.1

Day surgery ( <i>subsidised</i> )	1	0.58	Not applicable
Day surgery ( <i>non-subsidised</i> ) in approved public healthcare institution	0.25	0.25	0.25
Day surgery ( <i>non-subsidised</i> ) in approved private hospital or approved day surgery centre	0.15	0.15	0.15

## PART 6

PRO-RATION FACTORS  
FOR MIC@HOME TREATMENT

(With admission date on or after 1 April 2025)

Applicable scenario	Pro-ration factor for:		
	Singapore citizen	Singapore permanent resident	Person who is not citizen or permanent resident of Singapore
Where an insured person is admitted for MIC@Home treatment without any transfer to or from an approved permanent premises of an approved restructured hospital	1	0.5	0.2

## Amendment of Sixth Schedule

12. In the principal Regulations, in the Sixth Schedule —

- (a) in item 1, replace “incurred” with “provided by”;
- (b) in item 1(a) and (aa), delete “in”;
- (c) in item 1(aa), after “1 March 2021”, insert “but before 1 April 2025”;

(d) in item 1, after paragraph (aa), insert —

“(ab) an approved medical institution (other than an approved community hospital or approved in-patient palliative care institution), with admission date on or after 1 April 2025:

- |  |   |
|--|---|
| (i) where admitted or transferred as an in-patient | \$830 per day, and an additional \$800 per day for the first 2 days of each admission |
| (ii) where admitted for day surgical treatment     | \$830 per day”;   |

- (e) in item 1(b) and (c), replace “in an” with “an”;
- (f) in item 1(c)(i) and (ii), after “1 March 2021”, insert “but before 1 April 2025”;
- (g) in item 1, after paragraph (c), insert —

“(d) an approved community hospital (other than in respect of any approved in-patient palliative care provided by the approved community hospital as an approved in-patient palliative care institution) for —



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|--|-----------------|
| (i) rehabilitative care, with an admission date on or after 1 April 2025 | \$370 per day   |
| (ii) sub-acute care, with an admission date on or after 1 April 2025     | \$570 per day”; |

(h) after item 1, insert —

<p>“1A. Daily treatment charges for any treatment for or in respect of any illness, disease or impairment (other than any mental illness or personality disorder) (inclusive of prescriptions and professional charges, investigations and other miscellaneous charges, unless listed under any other item) provided by an approved medical institution under the MIC@Home programme, with an admission date on or after 1 April 2025</p>	<p>\$830 per day, and an additional \$800 per day for the first 2 days of each admission”;</p>
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(i) in item 2, replace “incurred in” with “provided by”;

(j) in item 2A, replace “incurred as follows, with admission date on or after 1 March 2021” with “provided by, with admission date on or after 1 March 2021 but before 1 April 2025”;

(k) in item 2A(a) and (b), delete “in”;

(l) in item 2A(c), replace “in an” with “an”;

(m) after item 2A, insert —

“2B. Daily ward and treatment charges for any treatment for or in respect of any mental illness or personality disorder (inclusive of meal charges, prescriptions and professional charges, investigations and other miscellaneous charges, unless listed under any other item) provided by, with admission date on or after 1 April 2025 (up to 60 days per insurance period) —

- |   |  |
|---|--|
| (a) an approved medical institution for day surgical treatment                      | \$230 per day  |
| (b) the Institute of Mental Health as an in-patient                                 | \$230 per day  |
| (c) an approved medical institution not mentioned in paragraph (b) as an in-patient | \$1,630 per day for the first 2 days of each admission and \$230 per day for the third and subsequent days of each admission”; |

(n) in item 3A, after “1 March 2021”, insert “but before 1 April 2025”;

(o) after item 3A, insert —

“3B. Daily ward and treatment charges (where admitted as an in-patient) in Intensive Care Unit (inclusive of meal charges, prescriptions and professional charges, investigations and other miscellaneous charges, unless listed under any other item), with admission date on or after 1 April 2025	\$5,140 per day, and an additional \$800 per day for the first 2 days of each admission”;
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(p) in item 4A, after “1 January 2020”, insert “but before 1 April 2025”;

(q) after item 4A, insert —

“4B. Surgical Treatment listed in the  
Table of Surgical Procedures  
issued by the Ministry of Health,  
with admission date on or after  
1 April 2025

(a) Table 1A	\$240
(b) Table 1B	\$420
(c) Table 1C	\$490
(d) Table 2A	\$760
(e) Table 2B	\$1,120
(f) Table 2C	\$1,120
(g) Table 3A	\$1,390
(h) Table 3B	\$1,740
(i) Table 3C	\$1,920
(j) Table 4A	\$2,310
(k) Table 4B	\$2,370
(l) Table 4C	\$2,460
(m) Table 5A	\$2,700
(n) Table 5B	\$3,270
(o) Table 5C	\$3,270
(p) Table 6A	\$3,540
(q) Table 6B	\$3,540
(r) Table 6C	\$3,540
(s) Table 7A	\$3,900
(t) Table 7B	\$3,900
(u) Table 7C	\$3,900”;

(r) in item 5A, after “1 March 2021”, insert “but before 1 April 2025”;

(s) after item 5A, insert —

“5B. Renal dialysis, received as outpatient medical treatment, on or after 1 April 2025	\$1,750 per month”;
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(t) in item 8(aa) and (ab), after “1 March 2021”, insert  
“but before 1 April 2025”;

(u) in item 8, after paragraph (ab), insert —

“(ac) External radiotherapy (excluding hemi-body radiotherapy), where treatment is received on or after 1 April 2025	\$400 per treatment
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“(ad) Hemi-body radiotherapy, where treatment is received on or after 1 April 2025	\$620 per treatment”;
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(v) in item 8(c), after “(with external radiotherapy)”, insert  
“, where treatment is received before 1 April 2025”;

(w) in item 8, after paragraph (c), insert —

“(ca) Brachytherapy (with external radiotherapy), where treatment is received on or after 1 April 2025	\$620 per treatment”;
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(x) in item 8(d), after “(without external radiotherapy)”, insert  
“, where treatment is received before 1 April 2025”;

(y) in item 8, after paragraph (d), insert —

“(da) Brachytherapy (without external radiotherapy), where treatment is received on or after 1 April 2025	\$620 per treatment”;
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(z) in item 8(e), after “radiotherapy”, insert “, where treatment  
is received before 1 April 2025”;

(za) in item 8, after paragraph (e), insert —

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“(ea) Stereotactic radiotherapy, \$460 per  
where treatment is received treatment”;  
on or after 1 April 2025

(zb) in item 8(f), (g) and (h), after “1 October 2022”, insert “but before 1 April 2025”;

(zc) in item 8, after paragraph (f), insert —

“(fa) Approved proton beam \$400 per  
therapy for a Category 1 treatment”;  
clinical indication listed in the  
Approved Indications for  
PBT, where treatment is  
received on or after 1 April  
2025

(zd) in item 8, after paragraph (g), insert —

“(ga) Approved proton beam \$620 per  
therapy for a Category 2 treatment”;  
clinical indication listed in the  
Approved Indications for  
PBT, where treatment is  
received on or after 1 April  
2025

(ze) in item 8, after paragraph (h), insert —

“(i) Approved proton beam \$460 per  
therapy for a Category 3 treatment”;  
clinical indication listed in the  
Approved Indications for  
PBT, where treatment is  
received on or after 1 April  
2025

(zf) in item 9A, after “1 March 2021”, insert “but before 1 April 2025”;

(zg) after item 9A, insert —

“9B. Immunosuppressants for organ transplant, received as outpatient medical treatment, where treatment is received on or after 1 April 2025 \$710 per month”;

(zh) in item 10, after “medical treatment”, insert “before 1 April 2025”;

(zi) after item 10, insert —

“10A. Erythropoietin drug for chronic renal failure or dialysis treatment, received as outpatient medical treatment on or after 1 April 2025 \$220 per month”;

(zj) in item 11A, after “1 March 2021”, insert “but before 1 April 2025”;

(zk) after item 11A, insert —

“11B. Radiosurgery treatment, with admission date on or after 1 April 2025 \$15,700 per course of treatment”;

(zl) in item 12, after “treatment”, insert “before 1 April 2025”;  
and

(zm) after item 12, insert —

“12A. Long term parenteral nutrition, received as outpatient medical treatment on or after 1 April 2025 \$2,200 per month”.

### **Amendment of Seventh Schedule**

**13.** In the principal Regulations, in the Seventh Schedule —

- (a) in Part 1, replace “or for day surgical treatment, on or after 1 November 2015” with “on or after 1 November 2015, but before 1 April 2025”;
- (b) in Part 1, delete item 3;
- (c) in Part 1, in items 4 and 5, after “1 April 2020”, insert “but before 1 April 2025”;

(d) after Part 1, insert —

“PART 1A

INSURED’S CONTRIBUTION

(For admission as in-patient  
(other than for approved in-patient palliative care)  
on or after 1 April 2025)

*Amount (in any  
insurance  
period)*

1. Where the ward of discharge in respect of the approved medical treatment or services received is Class “C” in an approved restructured hospital —

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|--|---------|
| (a) in the case where the insured person is below 81 years of age at the person’s next birthday falling after the first day of the insurance period in respect of which the claim is made    | \$2,000 |
| (b) in the case where the insured person is 81 years of age or older at the person’s next birthday falling after the first day of the insurance period in respect of which the claim is made | \$2,750 |

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2. Where the ward of discharge in respect of the approved medical treatment or services received is Class “B2”, “B2+” or “B1” in an approved restructured hospital —
- (a) in the case where the insured person is below 81 years of age at the person’s next birthday falling after the first day of the insurance period in respect of which the claim is made \$2,500
- (b) in the case where the insured person is 81 years of age or older at the person’s next birthday falling after the first day of the insurance period in respect of which the claim is made \$3,500
3. Where the ward of discharge in respect of the approved medical treatment or services received is Class “A” in an approved restructured hospital or approved private hospital —
- (a) in the case where the insured person is below 81 years of age at the person’s next birthday falling after the first day of the insurance period in respect of which the claim is made \$3,500



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- (b) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$4,500
4. Where the ward of discharge in respect of the approved medical treatment or services received, as an in-patient of an approved community hospital is a subsidised ward in the approved community hospital or in a subsidised short stay ward —
- (a) in the case where the insured person is below 81 years of age at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$2,000
- (b) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$2,750
5. Where the ward of discharge in respect of the approved medical treatment or services received, as an in-patient of an approved community hospital is a non-subsidised ward in the approved community hospital or in a non-subsidised short stay ward —

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- 
- |  |         |
|--|---------|
| (a) in the case where the insured person is below 81 years of age at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made    | \$2,500 |
| (b) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made | \$3,500 |

*Note:*

For the purposes of this Part, where —

- (a) an insured person —
  - (i) is admitted as an in-patient of an approved restructured hospital;
  - (ii) is transferred to receive MIC@Home treatment; and
  - (iii) is discharged from receiving MIC@Home treatment without any further transfer back to any approved permanent premises of an approved restructured hospital; or
- (b) an insured person —
  - (i) receives MIC@Home treatment (whether or not the insured person was transferred from any approved permanent premises of an approved restructured hospital);
  - (ii) is transferred to any approved permanent premises of an approved restructured hospital as an in-patient; and

(iii) is discharged from in-patient treatment at the approved permanent premises of that approved restructured hospital,

the ward of discharge for the insured person is the ward mentioned in paragraph (a)(i) or (b)(ii).

## PART 1B

### INSURED'S CONTRIBUTION

(For day surgical treatment,  
with admission date on or  
after 1 November 2015)

1. Where the approved medical treatment or services received consists of day surgical treatment or radiosurgery treatment received as day surgery —
  - (a) in the case where the insured person is below 81 years of age at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$1,500
  - (b) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made, with admission date on or after 1 November 2015 but before 1 March 2021 \$3,000
  - (c) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made, with admission date on or after 1 March 2021 \$2,000”;

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- (e) in Part 2, after “1 April 2019”, insert “but before 1 April 2025”;
- (f) in Part 3, in item 1, replace “a nursing home or hospice that is an approved in-patient palliative institution” with “an approved permanent premises of a nursing home that is an approved in-patient palliative institution, with admission date before 1 April 2025”;
- (g) in Part 3, in item 2, replace “approved community hospital that is an approved in-patient palliative care institution” with “approved permanent premises of an approved community hospital that is an approved in-patient palliative care institution, with admission date before 1 April 2025”;
- (h) in Part 3, in item 3, replace “approved community hospital that is an approved in-patient palliative care institution” with “approved permanent premises of an approved community hospital that is an approved in-patient palliative care institution, with admission date before 1 April 2025”;
- (i) in Part 3, after item 3, insert —
- “4. Where the ward of discharge, in respect of the approved in-patient palliative care, is a subsidised ward in an approved permanent premises of an approved in-patient palliative care institution, with admission date on or after 1 April 2025 —
- |   |         |
|---|---------|
| (a) in the case where the insured person is below 81 years of age at the person’s next birthday falling after the first day of the insurance period in respect of which the claim is made | \$2,000 |
|---|---------|

(b) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$2,750

5. Where the ward of discharge, in respect of the approved in-patient palliative care, is a non-subsidised ward in an approved permanent premises of an approved in-patient palliative care institution, with admission date on or after 1 April 2025 —

(a) in the case where the insured person is below 81 years of age at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$2,500

(b) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$3,500"; and

(j) after Part 3, insert —

#### “PART 4

#### INSURED'S CONTRIBUTION

(For MIC@Home treatment,  
with admission date on or after 1 April 2025)

1. Where an insured person is admitted for MIC@Home treatment without any transfer to or from an approved permanent premises of an approved restructured hospital —

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- (a) in the case where the insured person is below 81 years of age at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$2,000
- (b) in the case where the insured person is 81 years of age or older at the person's next birthday falling after the first day of the insurance period in respect of which the claim is made \$2,750".

### **Saving and transitional provision**

**14.** Despite regulations 5, 6 and 7, regulations 12, 13 and 14 of the principal Regulations as in force immediately before 1 April 2025 apply to a claim for benefits relating to treatment or services with an admission date before that date.

*[G.N. Nos. S 300/2018; S 465/2018; S 731/2018; S 190/2019; S 286/2019; S 866/2019; S 192/2020; S 224/2020; S 898/2020; S 933/2020; S 135/2021; S 711/2022; S 769/2022; S 807/2022; S 28/2023; S 165/2023; S 403/2023; S 532/2023; S 672/2023; S 772/2023]*

Made on 24 March 2025.

LAI WEI LIN  
*Permanent Secretary*  
*(Policy and Development),*  
*Ministry of Health,*  
*Singapore.*

[MH 111:08/11-3; AG/LEGIS/SL/176A/2025/1]

(To be presented to Parliament under section 34(4) of the MediShield Life Scheme Act 2015).