

**CENTRAL PROVIDENT FUND ACT
(CHAPTER 36, SECTION 77(1)(j))**

**CENTRAL PROVIDENT FUND (MEDISAVE ACCOUNT
WITHDRAWALS) REGULATIONS**

ARRANGEMENT OF REGULATIONS

Regulation

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[1st November 2001]

Citation

1. These Regulations may be cited as the Central Provident Fund (Medisave Account Withdrawals) Regulations.

PART 1

WITHDRAWAL FROM MEDISAVE ACCOUNT FOR
PAYMENT OF MEDICAL TREATMENT, ETC.

[S 855/2020 wef 01/10/2020]

Definitions for this Part

2.—(1) In this Part, unless the context otherwise requires —

“allied health professional” has the same meaning as in section 2 of the Allied Health Professions Act (Cap. 6B);

“approved allied health professional” means any allied health professional who is approved by the Minister charged with the responsibility for health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved cancer drug” means any active ingredient (or combination of active ingredients) in the dosage form and strength listed in the CDL and administered for the corresponding clinical indication listed in the CDL;

[S 716/2022 wef 01/09/2022]

“approved centre” means any centre in a hospital or clinic approved by the Minister for Health for renal dialysis treatment;

“approved chronic illness treatment” means any medical treatment or psychiatric treatment in respect of any chronic illness which is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved CIT medical institution” means any centre, clinic, hospital or other premises which offers medical treatment or psychiatric treatment and which the Minister for Health has approved for the purposes of approved chronic illness treatments under this Part;

[S 855/2020 wef 01/10/2020]

“approved clinic” means any medical clinic approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

[Deleted by S 3/2022 wef 03/01/2022]

“approved community hospital” means any premises which, in the opinion of the Minister for Health, provides an intermediate level of care for out-patients and in-patients who have simple ailments which do not require specialist medical and nursing care and is approved by that Minister for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved convalescent hospital” means any premises which provides in-patient medical care for the recovery or rehabilitation of patients and is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved day hospice” means any premises (other than a home) which are used for out-patient medical treatment and care of terminally ill patients and are approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved day hospital” means any premises which provides for day rehabilitative assessment and treatment of patients and is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved day rehabilitation centre” means any centre operating at or within a location other than an approved hospital, which provides approved rehabilitation treatment and is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved day surgery centre” means any centre which provides day surgical treatment to a member or his dependant and is

approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved home palliative care provider” means any person who provides home palliative care and is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved hospital” means any hospital approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved in-patient hospice” means any premises which are used for in-patient medical treatment and care of terminally ill patients and are approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved in-patient palliative care service provider” or “approved IPC provider” means any premises that provide in-patient palliative care and are approved by the Minister charged with the responsibility for health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“Approved Indications for PBT” means Approved Indications for Use of Proton Beam Therapy in Treatment published on the website of the Ministry of Health at <https://www.moh.gov.sg>;

[S 770/2022 wef 01/10/2022]

“approved medical institution” means any of the following:

- (a) approved centre;
- (b) approved CIT medical institution;
- (c) approved clinic;
- (ca) approved screening centre;

[S 3/2022 wef 03/01/2022]

- (d) approved community hospital;

- (e) approved convalescent hospital;
- (ea) approved day hospice;
- (f) approved day hospital;
- (fa) approved day rehabilitation centre;
- (g) approved day surgery centre;
- (i) approved hospital;
- (ia) approved in-patient hospice;
- (iaa) approved IPC provider;
- (ib) approved Third Schedule treatment provider;
- (j) School Health Service;
- (l) Singapore Gamma Knife Centre;

“approved medical practitioner” means any medical practitioner who is approved by the Minister for Health or such other person as he may appoint for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved out-patient parenteral nutrition” means any parenteral nutrition that is provided by an approved hospital to an out-patient, and is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved rehabilitation treatment” means any of the following types of rehabilitation treatments provided by an approved day rehabilitation centre to an out-patient:

- (a) physiotherapy;
- (b) occupational therapy;
- (c) speech therapy;
- (d) any other type of rehabilitation treatment that is approved by the Minister charged with the responsibility for health for the purposes of this Part;

[S 285/2022 wef 01/04/2022]

“approved remote consultation”, in relation to any approved chronic illness treatment provided on an out-patient basis, means any treatment received by a patient from an approved medical practitioner as a patient of an approved CIT medical institution via —

- (a) any video-conferencing service;
- (b) any website, web service or Internet application; or
- (c) any other kind of electronic communication or other technology for facilitating communication,

that is approved for that treatment by the Minister charged with the responsibility for health;

“approved renal dialysis premises” means any premises that the Minister charged with the responsibility for health approves for the type of renal dialysis treatment received;

[S 157/2021 wef 15/03/2021]

“approved screening” means any health screening which is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved screening centre” means any premises or conveyance specified in a licence granted or deemed to be granted under the Healthcare Services Act 2020 for the provision of any of the following licensable healthcare services, in respect of which there is a valid approval by the Minister for Health for the purposes of this Part, whether approved before, on or after 3 January 2022:

- (a) a clinical laboratory service;
- (b) a radiological service;

[S 3/2022 wef 03/01/2022]

“approved Third Schedule treatment provider” means any hospital or medical clinic that provides any Third Schedule treatment and is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“approved treatment package” means a course of one or more of the following which lasts not more than one year, which is approved by the Minister for Health for the purposes of this Part, and which complies with such terms and conditions as the Minister for Health may impose:

- (a) medical treatments;
- (b) psychiatric treatments;
- (c) approved rehabilitation treatments;
- (d) home palliative care;
- (e) approved screenings;

[S 855/2020 wef 01/10/2020]

“approved vaccination” means any vaccination (including any vaccination against Hepatitis B or pneumococcal disease) which is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“cancer drug” means any drug, including any approved cancer drug, used for the treatment of neoplasms;

[S 716/2022 wef 01/09/2022]

“cancer drug treatment” means —

- (a) the administration of any cancer drug for the treatment of neoplasms; or
- (b) any other medical treatment or services ancillary to the administration of any cancer drug for the treatment of neoplasms;

[S 716/2022 wef 01/09/2022]

“cancer scan or diagnostic test” means any scan or diagnostic test (which may include magnetic resonance imaging (MRI), computerised tomography (CT) scans, positron emission tomography (PET) scans, ultrasound imaging, x-rays, mammograms and blood tests) performed —

- (a) for the purpose of investigating any known neoplasms in a patient; or

(b) in relation to any treatment of neoplasms received by a patient;

[S 716/2022 wef 01/09/2022]

“CDL” means the Cancer Drug List published on the website of the Ministry of Health at <https://www.moh.gov.sg>;

[S 716/2022 wef 01/09/2022]

“chemotherapy”, in relation to the treatment of neoplasms, means the administration of tested and approved chemotherapeutic agents by the usual and known routes;

[S 716/2022 wef 01/09/2022]

“co-payment amount”, in relation to a member or his dependant, means the amount which the member or his dependant (as the case may be) is responsible for paying in respect of any approved chronic illness treatment or approved treatment package, as specified in regulation 14(1)(a);

“co-payment percentage”, in relation to a member or his dependant, means the percentage of the charge for any approved chronic illness treatment or approved treatment package which the member or his dependant (as the case may be) is responsible for paying, as specified in regulation 14(1)(a) and (b);

“day surgical treatment” means any surgical treatment received by a person who is admitted and discharged on the same day;

“dependant”, in relation to a member, means any of the following:

- (a) the member’s spouse;
- (b) the member’s child;
- (c) the member’s parent;
- (d) the member’s grandparent who is a citizen or permanent resident of Singapore;
- (e) the member’s sibling who is a citizen or permanent resident of Singapore;

“First Schedule treatment” means any medical treatment specified in the First Schedule;

“home”, in relation to a person, means any premises (other than an approved medical institution) in which the person is residing;

“home palliative care” means any palliative care for a terminally ill patient provided at the home of the patient;

“in-patient” means a patient who —

(a) is hospitalised, for any treatment other than day surgical treatment, for a period of not less than 8 hours; or

(b) has died within 8 hours after being hospitalised for any treatment other than day surgical treatment;

“last medical bill”, in relation to a member who has died on or after 1st July 2006 in an approved medical institution before his discharge therefrom, means the bill for charges incurred in respect of the medical or psychiatric treatments which the member received in the approved medical institution;

“living donor organ transplant” has the same meaning as in the Human Organ Transplant Act (Cap. 131A);

“medical clinic” means any premises used by one or more approved medical practitioners for the diagnosis or treatment of persons but does not include any such premises which forms part of the premises of an approved hospital;

“medical practitioner” means any medical practitioner registered under the Medical Registration Act (Cap. 174) or any dentist registered under the Dental Registration Act (Cap. 76);

“medical treatment” includes —

(a) any approved vaccination, First Schedule treatment, radiosurgery treatment, renal dialysis treatment or surgical treatment;

- (b) any treatment for any mental illness or personality disorder classified by the Minister charged with the responsibility for health as a medical condition;
- (c) where any treatment or vaccination mentioned in paragraph (a) or (b) has been received by a person as an in-patient of any approved medical institution that is not an approved day rehabilitation centre — the maintenance of that person in the approved medical institution; and
- (d) any curative material or device, medicine or investigation of a medical condition;

[S 770/2022 wef 01/10/2022]

“medical treatment for conception” means assisted conception procedures, for example, In vitro Fertilisation (IVF), Gamete Intra-fallopian Transfer (GIFT), etc.;

“Medisave healthcare provider” has the same meaning as in section 67A of the Act;

“member” includes a member who is an undischarged bankrupt;

“non-qualifying medical treatment” means any medical treatment for which no withdrawal from a medisave account may be made under this Part;

[S 855/2020 wef 01/10/2020]

“organ transplantation costs” means —

- (a) any costs arising in relation or incidental to the removal of any organ from a non-living organ donor for organ transplant and includes the costs of —
 - (i) the donor’s extended stay, before his death, in a hospital as necessitated by the donation of his organ;
 - (ii) any surgical operation to remove the organ from the donor’s body;
 - (iii) any pre-harvesting laboratory test and investigation;

- (iv) any counselling provided to the donor's family in connection with the donation of his organ;
 - (v) the storage and transport of the organ; and
 - (vi) such other procedure as may be approved by the Minister for Health; or
- (b) any costs so far as are reasonably or directly attributable to the removal of any specified organ from a living organ donor for organ transplant and includes the costs of —
- (i) the donor's stay in a hospital as necessitated by the donation of his specified organ until he is discharged;
 - (ii) any surgical operation to remove the specified organ from the donor's body;
 - (iii) the storage and transport of the specified organ; and
 - (iv) such other procedure as may be approved by the Minister for Health,
- but does not include —
- (A) any costs arising in relation or incidental to complications suffered by the donor due to the donation of his specified organ after his discharge from the hospital under sub-paragraph (i);
 - (B) any pre-harvesting laboratory test and investigation; and
 - (C) any counselling provided to the donor's family in connection with the donation of his specified organ;

“out-patient” means a patient other than an in-patient or a patient receiving day surgical treatment;

“out-patient scan” means any scan which —

(a) is performed on an out-patient for the purpose of —

(i) providing diagnostic imaging to investigate any medical condition of the out-patient; or

(ii) providing clinical information for any non-qualifying medical treatment or specified out-patient treatment received by the out-patient; and

(b) may include magnetic resonance imaging (MRI), computerised tomography (CT) scans, positron emission tomography (PET) scans, ultrasound imaging and mammograms, but does not include the following:

(i) any cancer scan or diagnostic test;

[S 716/2022 wef 01/09/2022]

(ii) any scan for health screening purposes;

(iii) any scan not instructed by an approved medical practitioner;

(iv) any scan performed at the emergency department of an approved medical institution;

“pre-delivery medical treatment” means any medical treatment prescribed by a medical practitioner that is received by a pregnant woman in relation to her pregnancy before the delivery of a child or the termination of her pregnancy;

“prescribed person”, in relation to a member, means a person —

(b) who does not lack capacity within the meaning of section 4 of the Mental Capacity Act (Act 22 of 2008); and

(c) who is —

(i) a deputy appointed or deemed to be appointed for the member by the court under the Mental Capacity Act 2008 with power in relation to the member for the purposes of the Act;

- (ii) a donee under a lasting power of attorney registered under the Mental Capacity Act 2008 with power in relation to the member for the purposes of the Act; or
- (iii) the spouse, a parent or a child of the member, or such other person related to the member as the Minister for Health may approve for the purposes of regulation 3 or 17, each being an individual who has attained the age of 21 years;

“psychiatric treatment” includes any therapeutic procedure given to control and relieve any psychiatric symptom or to prevent its recurrence, but does not include any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition;

“radiosurgery treatment” means the treatment of neurosurgical or neurological disorders using any of the following:

- (a) gamma knife technology;
- (b) linear accelerator technology;
- (c) proton beam therapy for a Category 4 clinical indication listed in the Approved Indications for PBT;
- (d) externally generated ionising radiation delivered using —
 - (i) a rigidly attached stereotactic guiding device or other immobilisation technology; or
 - (ii) a stereotactic image-guidance system,

but excludes stereotactic radiotherapy;

[S 770/2022 wef 01/10/2022]

“radiotherapy treatment” means the treatment of any malignant disease or certain benign condition with ionising radiation delivered externally or internally by sealed or unsealed radionuclides and irradiating apparatus as specified in the First Schedule;

“renal dialysis treatment” means any of following:

- (a) haemodialysis;
- (b) continuous ambulatory peritoneal dialysis;
- (c) automated peritoneal dialysis;
- (d) any other treatment received for the purpose of purifying the blood of waste metabolites accumulated as a result of renal failure, that is approved by the Minister charged with the responsibility for health for the purposes of this Part;

[S 157/2021 wef 15/03/2021]

“Singapore Gamma Knife Centre” means any premises which provides gamma knife treatment for the care of in-patients and is approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“specified organ” has the same meaning as in the Human Organ Transplant Act (Cap. 131A);

“specified out-patient treatment” means any out-patient medical treatment or out-patient psychiatric treatment, approved by the Minister for Health for the purposes of regulation 21B;

“surgical treatment” means any surgical treatment approved by the Minister for Health for the purposes of this Part;

[S 855/2020 wef 01/10/2020]

“Third Schedule treatment” means any medical treatment specified in the Third Schedule;

“treatment for sexual sterilization” has the same meaning as in the Voluntary Sterilization Act (Cap. 347);

[Deleted by S 716/2022 wef 01/09/2022]

“treatment of neoplasms” means the treatment of malignant neoplasms, certain benign neoplasms and neoplasms of uncertain behaviour.

[S 716/2022 wef 01/09/2022]

[S 855/2020 wef 01/10/2020]

(2) In this Part, unless the context otherwise requires, a reference to any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening includes a reference to any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) received, or to be received, as part of an approved treatment package.

[S 855/2020 wef 01/10/2020]

(3) In this Part, unless the context otherwise requires, a reference to a person receiving any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening on or after a certain date shall include a reference to that person receiving any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) on or after that date as part of an approved treatment package under which the first medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) was received before that date.

[S 855/2020 wef 01/10/2020]

(4) In this Part, in relation to admissions before 1 October 2022, “radiosurgery treatment” means the gamma knife treatment or the Novalis shaped beam treatment of neurosurgical or neurological disorders.

[S 770/2022 wef 01/10/2022]

[S 855/2020 wef 01/10/2020]

Application for withdrawal for payment of medical treatment, etc.

3.—(1) Subject to the Act and this Part, where a member or his dependant has received, or will receive as part of an approved treatment package —

(a) any medical treatment or psychiatric treatment —

(i) in or provided by any approved medical institution;
or

- (ii) in any other centre, clinic, hospital or premises approved by the Minister charged with the responsibility for health under paragraph (1A);
- (aa) any approved rehabilitation treatment —
 - (i) in any approved medical institution from an approved medical practitioner or an approved allied health professional; or
 - (ii) in any other centre, clinic, hospital or premises approved by the Minister charged with the responsibility for health under paragraph (1A); or
- (b) any medical treatment (other than any approved vaccination) at home from an approved home palliative care provider,

the Board may, on an application by the member, authorise the whole or part of the amount standing to the member's credit in his medisave account to be withdrawn and used for the payment of the medical treatment, psychiatric treatment or approved rehabilitation treatment received, or to be received as part of an approved treatment package, by the member or his dependant, subject to the direction of the Minister for Health under paragraph (1A)(b) and such other terms and conditions as the Board may impose.

[S 855/2020 wef 01/10/2020]

(1A) Where a member or his dependant has received, or will receive as part of an approved treatment package, any treatment on or after 1st June 2007 in any centre, clinic, hospital or other premises that is not an approved medical institution, the Minister for Health may, on the application of the member and subject to such terms and conditions as he thinks fit to impose —

- (a) approve such centre, clinic, hospital or other premises for the purpose of the member's application to the Board under paragraph (1) for the withdrawal of moneys from his medisave account to pay for the treatment received, or to be received as part of an approved treatment package, by him or his dependant; and

- (b) direct that, for the purposes of this Part, the withdrawal of moneys be made as if such centre, clinic, hospital or other premises were a type of approved medical institution as defined in regulation 2 as the Minister for Health may specify.

[S 855/2020 wef 01/10/2020]

(2) Where a member has received, or will receive as part of an approved treatment package, any treatment in any of the situations specified in paragraph (3), the Board may, on an application by a prescribed person, authorise the whole or part of the amount standing to the member's credit in his medisave account to be withdrawn and used for the payment of the treatment received, or to be received as part of an approved treatment package, by the member, subject to such terms and conditions as the Board may impose.

(3) The situations mentioned in paragraph (2) are as follows:

(a) where the member —

(i) has received, or will receive as part of an approved treatment package, on such terms and conditions as the Minister for Health may impose —

(A) any medical treatment, psychiatric treatment or approved rehabilitation treatment in or provided by any approved medical institution; or

(B) any medical treatment (other than any approved vaccination) at home from an approved home palliative care provider; and

(ii) is —

(A) unconscious; or

(B) otherwise mentally incapacitated and unable to make the application under paragraph (1) himself;

(b) where the member —

(i) has received any medical or psychiatric treatment as an in-patient on such terms and conditions as the Minister for Health may impose, in —

(A) any approved hospital;

(B) any approved community hospital;

(C) any approved convalescent hospital;

(D) any approved in-patient hospice;

(DA) any approved IPC provider; or

(E) any approved day hospital;

(ii) has not made an application under paragraph (1) himself; and

(iii) dies on or after 1 July 2006 in the premises referred to in sub-paragraph (i)(A), (B), (C), (D), (DA) or (E), as the case may be;

(c) where the member has received, before his death, any medical treatment, psychiatric treatment or approved rehabilitation treatment under such other circumstances as the Minister for Health may approve for the purposes of this Part, on such terms and conditions as the Minister for Health may impose.

[S 855/2020 wef 01/10/2020]

(3A) An application for the withdrawal of moneys from a member's medisave account under paragraph (1), (1A) or (2) shall —

(a) if the application is in respect of any medical treatment or psychiatric treatment (except any specified out-patient treatment, or any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in regulation 21C(1)), or approved rehabilitation treatment received, other than as part of an approved treatment package, by the member or his dependant, be made within the period of 12 months, or within such further period as

the Board may specify in any particular case, commencing immediately after the relevant date; or

- (b) if the application is in respect of any medical treatment, psychiatric treatment or approved rehabilitation treatment received, or to be received, as part of an approved treatment package, by the member or his dependant —
 - (i) be made within the period of 12 months, or within such further period as the Board may specify for a treatment of that type or in any particular case, commencing immediately after the date on which the first medical treatment, psychiatric treatment or approved rehabilitation treatment (as the case may be) of the approved treatment package is received; and
 - (ii) be subject to such terms and conditions as the Minister for Health may impose.

(3B) An application by a member to withdraw moneys from the member's medisave account to pay for —

- (a) any specified out-patient treatment received by the member or the member's spouse; or
- (b) any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in regulation 21C(1) received by the member or the member's spouse,

must be made by the member within the period of 12 months, or within such further period as the Board may specify in any particular case, commencing immediately after the relevant date.

(3C) A prescribed person may make an application under paragraph (3B) on behalf of the member, in respect of any specified out-patient treatment or any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in regulation 21C(1) received by the member, if the member —

- (a) is unconscious; or

(b) is otherwise mentally incapacitated and unable to make the application under paragraph (3B) himself.

(3E) The Board may authorise the whole or part of the amount standing to the member's credit in the member's medisave account to be withdrawn and used for the payment referred to in paragraph (3B) —

(a) if the Board is of the opinion that the conditions referred to in regulation 21B(2) or 21C(2), as the case may be, are satisfied, and has determined that such withdrawal does not exceed the withdrawal limit in regulation 21D; and

(b) subject to the direction of the Minister for Health and such other terms and conditions as the Board may impose.

(4) Every application for the withdrawal of moneys from a member's medisave account under this Part shall be made in such form, and supported by such information and documents, as the Board may require.

[S 855/2020 wef 01/10/2020]

(6) In this regulation, unless the context otherwise requires, "relevant date" means —

(a) in a case where the member or his dependant received any medical, psychiatric or approved rehabilitation treatment as an in-patient or received day surgical treatment in an approved medical institution, the date of discharge of the member or his dependant (as the case may be) from the approved medical institution;

(b) in a case where the member received any medical or psychiatric treatment as an in-patient in an approved medical institution and the member dies in the approved medical institution before his discharge therefrom, the date of his death;

(c) in a case of an application under paragraph (3B), the date on which the member or the member's spouse (as the case may be) received the specified out-patient treatment, or the treatment, scan, vaccination or screening, or approved out-

patient parenteral nutrition, referred to in regulation 21C(1); or

(d) in any other case, the date on which the member or his dependant received any medical or approved rehabilitation treatment as an out-patient.

(7) For the purposes of this regulation and regulations 4, 9A, 13, 23, 24, 25 and 25A, unless the context otherwise requires, “medical treatment” includes home palliative care.

(8) For the purposes of this regulation and regulations 4, 13, 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes approved screening.

(9) For the purposes of this regulation and regulations 4, 13(1), 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes an out-patient scan.

(10) For the purposes of this regulation and regulations 4, 13, 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes approved out-patient parenteral nutrition.

(11) For the purposes of this regulation and regulations 4, 9AA, 22, 23, 24, 25 and 25A, unless the context otherwise requires, “medical treatment” includes in-patient palliative care.

[S 855/2020 wef 01/10/2020]

Limits on withdrawal for payment of medical treatment, etc.

4.—(1) Where moneys are withdrawn from one or more medisave accounts under regulation 3 for the payment of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, the total amount withdrawn for the payment of the treatment shall be subject to the limits prescribed in regulation 5, 6, 7, 8, 9, 9AA, 9A, 9B, 10, 11, 12, 13, 13A, 14, 14A, 14B, 14C, 15, 16, 18, 19, 20, 21 or 21D, as applicable.

(2) Subject to paragraph (1), where the withdrawal is made from the medisave accounts of —

(a) a deceased member; and

- (b) the spouse, a parent, a child, a grandchild or a sibling of the deceased member, or any other person related to the deceased member and whom the Minister for Health has approved for the purposes of regulation 3,

the whole or part of the amount standing to the credit of the deceased member in the medisave account shall be withdrawn first for payment of the deceased member's last medical bill before the moneys standing to the credit of the person referred to in sub-paragraph (b) in the medisave account are used to pay the balance of the deceased member's last medical bill.

(3) Notwithstanding paragraph (1), where moneys are withdrawn from a deceased member's medisave account under regulation 3 for the payment of his last medical bill, the limits prescribed in regulations 5, 6, 7, 8, 9, 9AA, 16 and 20 shall not apply.

(4) Notwithstanding the limits on the withdrawal of moneys from medisave accounts prescribed in this Part, the Minister for Health, or such person as he may appoint, may, in a particular case, approve the withdrawal of the whole or part of either or both of the amount standing to the credit of a deceased member in the medisave account and the amount standing to the credit of any person referred to in paragraph (2)(b) in that person's medisave account, the total withdrawal being in excess of the prescribed limits for the payment of the charges incurred in respect of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment received by the member in an approved medical institution or approved renal dialysis premises (if applicable) before his death, subject to such terms and conditions as the Minister for Health, or such person as he may appoint, may impose.

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[S 157/2021 wef 15/03/2021]

(5) For the avoidance of doubt, in relation to the payment of a deceased member's last medical bill, any further limits on the withdrawal of moneys from the deceased member's medisave account that may be specified by the member before his death shall be disregarded.

(6) Notwithstanding the limits on the withdrawal of moneys from medisave accounts prescribed in this Part, the Minister for Health or such person as he may appoint may, in a particular case, approve the withdrawal of the whole or part of the amount standing to the credit of the member in the medisave account in excess of the prescribed limits for the payment of the charges incurred in respect of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment received by the member, the member's dependant or a person deemed under regulation 24(2) to be the member's dependant, subject to such terms and conditions as the Minister for Health or such person as he may appoint may impose.

[S 855/2020 wef 01/10/2020]

[S 855/2020 wef 01/10/2020]

In-patient medical treatment in approved hospitals

5.—(1) Subject to paragraph (3) and regulation 4, where a member or his dependant has received medical treatment as an in-patient from an approved medical practitioner in an approved hospital, the amount that may be withdrawn by the member for payment of the treatment shall not exceed —

- (a) (i) in a case not involving any surgical operation —
 - (A) if the member or his dependant was admitted to the approved hospital before 1 March 2021 — the relevant sum per day multiplied by the number of days he was hospitalised; and
 - (B) if the member or his dependant is admitted to the approved hospital on or after 1 March 2021 — the aggregate of the following:
 - (BA) the relevant sum per day under paragraph (2)(d)(i) for the period of hospitalisation to which that relevant sum applies;
 - (BB) the relevant sum per day under paragraph (2)(d)(ii) for the period of

hospitalisation to which that relevant sum applies;

(ii) in a case involving one or more surgical operations —

(A) the lower of the following:

(AA) the amount computed in accordance with sub-paragraph (i)(A) or (B), whichever is applicable;

(AB) the actual total hospital charges; and

(B) the amount of operation fees for a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system, which shall not exceed the lower of the following cap amounts:

(BA) the amount as determined by the Minister for Health for such operation or operations; or

(BB) a total of \$5,000 (if he was admitted to the approved hospital before 1st June 2009) or \$7,550 (if he was admitted to the approved hospital on or after 1st June 2009); or

(iii) in a case involving radiosurgery treatment, the aggregate of the following amounts:

(A) an amount of \$7,500 per course of treatment;

(B) the amount that may be withdrawn under sub-paragraph (i) or (ii), as the case may be;

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(b) the total expenditure for the medical treatment; or

(c) the total credit balance in the member's medisave account,

whichever is the lowest.

(2) For the purposes of paragraph (1)(a), the relevant sum per day is —

- (a) if the member or his dependant was admitted to the approved hospital before 1 April 2006 — \$300;
- (b) if the member or his dependant was admitted to the approved hospital on or after 1 April 2006 but before 1 May 2007 — \$400;
- (c) if the member or his dependant was admitted to the approved hospital on or after 1 May 2007 but before 1 March 2021 — \$450; and
- (d) if the member or his dependant is admitted to the approved hospital on or after 1 March 2021 —
 - (i) for each of the first 2 days of hospitalisation during each admission — \$550; and
 - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$400.

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(3) The total amount that may be withdrawn by a member for the payment of attendance fees of all approved medical practitioners under this regulation shall not exceed \$50 for each day the member or his dependant is hospitalised, if the member or his dependant was admitted to the approved hospital before 1 November 2018.

(4) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

In-patient medical treatment in approved community hospitals

6.—(1) Subject to regulation 4, where a member or his dependant has received medical treatment as an in-patient from an approved medical practitioner in an approved community hospital, the amount that may be withdrawn by the member for payment of the treatment shall not exceed —

- (a) (i) in a case not involving any surgical operation —
 - (A) a sum of \$150 per day, subject to a maximum of \$3,500 per year, if he was admitted to the approved community hospital on or after 1st January 2002 but before 1st June 2010; or
 - (B) a sum of \$250 per day, subject to a maximum of \$5,000 per year, if he was admitted to the approved community hospital on or after 1st June 2010; or
- (ii) in a case involving one or more surgical operations —
 - (A) a sum of \$150 per day (if he was admitted to the approved community hospital on or after 1st January 2002 but before 1st June 2010) or \$250 per day (if he was admitted to the approved community hospital on or after 1st June 2010) multiplied by the number of days he was hospitalised or the actual total hospital charges, whichever is the lower; and
 - (B) the amount of operation fees for a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system, which shall not exceed the lower of the following cap amounts:
 - (BA) the amount as determined by the Minister for Health for such operation or operations; or
 - (BB) a total of \$5,000 (if he was admitted to the approved community hospital before 1st June 2009) or \$7,550 (if he was admitted to the approved community hospital on or after 1st June 2009); or
- (b) the total expenditure for the medical treatment; or

(c) the total credit balance in the member's medisave account, whichever is the lowest.

(2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

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(3) Notwithstanding paragraph (1), no withdrawal of any amount in excess of \$30 for each day a member or his dependant is hospitalised shall be permitted under this regulation for the payment of any attendance fee of any approved medical practitioner or practitioners, if the member or his dependant was admitted to the approved community hospital before 1 November 2018.

In-patient medical treatment in approved day hospitals

7.—(1) Subject to regulation 4, where a member or his dependant has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved day hospital, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if the member or his dependant was admitted to the approved day hospital before 1 November 2018;
- (b) the payment of the medical treatment, including attendance fees, shall not exceed \$150 per day; and
- (c) the payment of all such medical treatments, including attendance fees —
 - (i) shall not exceed \$3,000 per year; and
 - (ii) shall not exceed the total credit balance in the member's medisave account.

(2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

[S 855/2020 wef 01/10/2020]

In-patient medical treatment in approved convalescent hospitals

8.—(1) Subject to regulation 4, where a member or his dependant has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved convalescent hospital, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if the member or his dependant was admitted to the approved convalescent hospital before 1 November 2018;
- (b) the payment of the medical treatment, including attendance fees, shall not exceed \$50 per day; and
- (c) the payment of all such medical treatments, including attendance fees —
 - (i) shall not exceed \$3,000 per year; and
 - (ii) shall not exceed the total credit balance in the member's medisave account.

(2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

[S 855/2020 wef 01/10/2020]

In-patient medical treatment in approved in-patient hospices for admission before 1 April 2020

9.—(1) Subject to regulation 4, where a member or his dependant who is suffering from terminal illness has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved in-patient hospice, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if the member or his dependant was admitted to the approved in-patient hospice before 1 November 2018;

- (b) the payment of the medical treatment, including attendance fees, shall not exceed \$200 per day, if the member or the member's dependant was admitted to the approved in-patient hospice before 1 April 2020; and
 - (c) the payment of all such medical treatments shall not exceed the total credit balance in the member's medisave account.
- (2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

[S 855/2020 wef 01/10/2020]

In-patient medical treatment in approved IPC provider for admission on or after 1 April 2020

9AA.—(1) Where a member or the member's dependant is admitted to an approved IPC provider for approved general palliative care or approved specialised palliative care on or after 1 April 2020, the member may withdraw moneys from the member's medisave account for the payment of medical treatment (other than any approved vaccination) received by the member or the member's dependant (as the case may be) in the approved IPC provider.

(2) Subject to regulation 4, the total amount that a member may withdraw under paragraph (1) —

- (a) must not exceed —
 - (i) \$250 for each day that the member or the member's dependant (as the case may be) is admitted for approved general palliative care; or
 - (ii) \$350 for each day that the member or the member's dependant (as the case may be) is admitted for approved specialised palliative care; and
- (b) must not exceed the total credit balance in the member's medisave account.

(3) Paragraphs (1) and (2) do not apply to any form of medical treatment that has not been approved by the Minister for Health for the purposes of this Part.

[S 855/2020 wef 01/10/2020]

Out-patient medical treatment from approved home palliative care providers or in approved day hospices

9A.—(1) Subject to regulation 4, a member may withdraw moneys from the member's medisave account for the payment of one or both of the following received by the member, or the member's dependant, who suffers from any terminal illness:

- (a) medical treatment (other than any approved vaccination) received at home, on or after 1 January 2010, from an approved home palliative care provider;
- (b) medical treatment (other than any approved vaccination) received as an out-patient, on or after 1 August 2016, in an approved day hospice.

(1A) Subject to paragraph (1B), the total amount that a member may withdraw under paragraph (1) —

- (a) must not exceed \$2,500 per patient for all medical treatments mentioned in paragraph (1) that are received during the lifetime of the patient; and
- (b) must not exceed the total credit balance in the member's medisave account.

(1B) The limit on withdrawal mentioned in paragraph (1A)(a) does not apply if the medical treatment concerned —

- (a) is received by the member; and
- (b) is in respect of such terminal illness as may be approved by the Minister for Health.

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

Approved out-patient parenteral nutrition

9B.—(1) A member may withdraw moneys from the member's medisave account for the payment of approved out-patient parenteral nutrition received by the member, or the member's dependant, on or after 1 November 2018.

(2) Subject to regulations 4 and 21D, the total amount that a member may withdraw under paragraph (1) —

- (a) must not exceed \$200 per month per patient; and
- (b) must not exceed the total credit balance in the member's medisave account.

(3) In this Part, the date a member or a member's dependant receives any approved out-patient parenteral nutrition is the date the approved hospital provides the approved out-patient parenteral nutrition to the member or dependant (whether or not the approved out-patient parenteral nutrition is administered to the member or dependant on the date of such provision).

[S 855/2020 wef 01/10/2020]

Approved day rehabilitation centres

10. Notwithstanding anything in this Part, where a member or his dependant has received any approved rehabilitation treatment in any approved day rehabilitation centre, the amount that may be withdrawn by the member for the payment of such treatment shall not exceed —

- (a) \$20 per day, subject to a maximum of \$1,500 per year, if the member or member's dependant received such treatment before 1st June 2010;
- (b) \$25 per day, subject to a maximum of \$1,500 per year, if the member or member's dependant received such treatment on or after 1 June 2010 but before 1 April 2022;

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- (ba) \$25 per day for each type of approved rehabilitation treatment, subject to a maximum of \$1,500 per year in

total, if the member or member's dependant received such treatment on or after 1 April 2022; or

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(c) the total credit balance in the member's medisave account, whichever is the lowest.

[S 855/2020 wef 01/10/2020]

Hepatitis B vaccinations received as in-patient in approved hospitals

11.—(1) Where a member or his dependant has received, on or after 1st October 2002 but before 1st November 2009, any vaccination against Hepatitis B as an in-patient from an approved medical practitioner of an approved hospital or of an approved community hospital, the amount that may be withdrawn by the member for the payment of the vaccination shall not exceed —

(a) the total charges in respect of the vaccination, subject to the following withdrawal limits:

<i>Age of patient</i>	<i>Withdrawal limits (per course of treatment)</i>
(i) below 12 years	\$25
(ii) 12 to 19 years	\$35
(iii) 20 years or above	\$50;

(b) in the case of an individual booster vaccination that is approved by the Minister for Health, the total charges in respect of the individual booster vaccination, subject to the following withdrawal limits:

<i>Age of patient</i>	<i>Withdrawal limits</i>
(i) below 12 years	\$10
(ii) 12 to 19 years	\$15
(iii) 20 years or above	\$20; or

(c) the total credit balance in the member's medisave account,

whichever is the lowest.

(2) Any amount permitted to be withdrawn from a member's medisave account under paragraph (1) shall be in addition to whatever amount that may be withdrawn under regulation 5, 6 or 16 unless the amount that may be withdrawn under that regulation is the total credit balance in the member's medisave account.

Surgical treatment to reverse any sexual sterilization and for plastic surgery

12. Despite anything in this Part, no withdrawal shall be permitted under this Part for the payment of any charges incurred in respect of —

- (a) any surgical treatment to reverse any treatment for sexual sterilisation received —
 - (i) on or after 8 June 1987 by a member's dependant who is not the member's spouse; or
 - (ii) on or after 8 June 1987 but before 1 November 2016 by a female member or spouse of a male member, who has more than 2 natural children who are alive at the time the surgical treatment is received; or
- (b) any plastic surgery which in the opinion of the Minister for Health is for cosmetic purposes.

[S 855/2020 wef 01/10/2020]

Out-patient medical treatment, etc.

13.—(1) Except as provided in this regulation and regulations 9A, 9B, 13A, 14, 14A, 14B and 19, and subject to regulations 21C, 21D and 24, no withdrawal shall be permitted under this Part for the payment of any charges incurred in respect of any medical treatment afforded to a member or his dependant as an out-patient.

[S 855/2020 wef 01/10/2020]

[S 157/2021 wef 15/03/2021]

(3) Subject to paragraphs (6) and (7) and regulations 21C and 21D, where a member or his dependant has received any First Schedule treatment as an out-patient from an approved medical practitioner in

an approved hospital, approved centre or approved clinic, the amount that may be withdrawn by the member for the payment of such treatment shall not exceed such sum as is specified in the third column of the First Schedule in relation to that First Schedule treatment.

[S 716/2022 wef 01/09/2022]

(3A) Subject to regulations 21C and 21D, where a member or a member's dependant receives any Third Schedule treatment as an out-patient from an approved medical practitioner in an approved Third Schedule treatment provider, the amount that may be withdrawn by the member for the payment of such treatment must not exceed the sum specified in the third column of the Third Schedule in relation to that Third Schedule treatment.

(4) No withdrawal shall be permitted under this Part for the payment of any charges in respect of any anti-retroviral drug or any drug for the purposes of treating opportunistic infection registered in Singapore for the medical treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), except where such treatment —

- (a) is for the member himself or his child aged 21 years or below; and
- (b) is received from an approved medical practitioner in an approved hospital.

[S 855/2020 wef 01/10/2020]

(5) Where a member or his dependant has received, on or after 1st October 2002 but before 1st November 2009, any vaccination against Hepatitis B from an approved medical practitioner as an out-patient in an approved clinic or at an approved community hospital, the amount that may be withdrawn by the member for the payment of the total charges in respect of the vaccination shall not exceed the withdrawal limits specified in regulation 11(1) or the total credit balance in the member's medisave account, whichever is the lower.

(6) Subject to regulations 21C and 21D, where a member or a member's dependant has undergone, on or after 1 April 2008 but before 1 September 2022, any cancer scan or diagnostic test, ordered

by an approved medical practitioner, as an out-patient in an approved medical institution, the amount that may be withdrawn by the member for the payment of such cancer scan or diagnostic test must not exceed the sum specified in the third column of the First Schedule in relation to item 11 of that Schedule.

[S 716/2022 wef 01/09/2022]

(7) Subject to regulations 21C and 21D, where a member or a member's dependant has undergone, on or after 1 September 2022 —

- (a) any cancer scan or diagnostic test, ordered by an approved medical practitioner, as an out-patient in an approved medical institution; or
- (b) any cancer drug treatment as an out-patient from an approved medical practitioner in an approved hospital, approved centre or approved clinic,

the amount that may be withdrawn by the member for the payment of such cancer drug treatment, cancer scan or diagnostic test must not exceed the sum specified in the third column of the First Schedule in relation to item 12 or 13 or both, as the case may be.

[S 716/2022 wef 01/09/2022]

(8) Notwithstanding any restrictions on the withdrawal of moneys from medisave accounts for the payment of charges incurred in respect of any treatment afforded to a member or his dependant as an out-patient prescribed in this Part, the Minister for Health, or such person as the Minister for Health may appoint, may, in a particular case, approve the withdrawal of the whole or part of the amount standing to the credit of the member in his medisave account for the payment of the whole or part of the charges incurred in respect of any treatment, except any treatment referred to in regulation 12 and in the Second Schedule, received on an out-patient basis at any approved medical institution by —

- (a) the member;
- (b) the member's dependant; or
- (c) a person deemed under regulation 24(2) to be the member's dependant.

[S 855/2020 wef 01/10/2020]

(9) Any approval granted under paragraph (8) may be subject to such terms and conditions as the Minister for Health, or such person as he may appoint, may impose.

Out-patient scans

13A.—(1) Subject to regulations 21C and 21D, where, on or after 1 January 2015, a member or his dependant has undergone any out-patient scan approved by the Minister for Health for the purposes of this regulation, the amount that may be withdrawn by the member for the payment of such scan must not exceed \$300 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

Approved chronic illness treatment

14.—(1) Where a member or his dependant has received or will receive any approved chronic illness treatment as an out-patient from an approved medical practitioner in an approved CIT medical institution or by way of approved remote consultation, the member may withdraw —

(a) subject to regulation 14C, in respect of any such treatment received (not as part of any approved treatment package) before 1st July 2014 or, if the treatment was received as part of an approved treatment package of which the first such treatment was received before 1st July 2014, in respect of the approved treatment package, an amount not exceeding the lower of —

(i) the total credit balance in the member's medisave account; or

(ii) an amount ascertained in accordance with the following formula:

$$(A - B) \times (100\% - C),$$

where A is the charge imposed by the approved CIT medical institution for such treatment or for the approved treatment package, as the case may be;

B is the co-payment amount of \$30; and

C is the co-payment percentage of 15%; and

(b) subject to regulations 14C, 21C and 21D, in respect of any such treatment received (not as part of any approved treatment package) on or after 1st July 2014 or, if the treatment was received as part of an approved treatment package of which the first such treatment was received on or after 1st July 2014, in respect of the approved treatment package, an amount not exceeding the lower of —

(i) the total credit balance in the member's medisave account; or

(ii) an amount ascertained in accordance with the following formula:

$$A \times (100\% - B),$$

where A is the charge imposed by the approved CIT medical institution for such treatment or for the approved treatment package, as the case may be; and

B is the co-payment percentage of 15%.

(2) Notwithstanding paragraph (1), the amount that may be withdrawn by the member in respect of all such treatments that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such treatment is received in that calendar year, shall not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

(3) If the charge imposed by the approved CIT medical institution for any such treatment or such approved treatment package, as the case may be, is not more than the applicable co-payment amount, no

amount may be withdrawn by the member under paragraph (1)(a) in respect of that treatment or approved treatment package.

(4) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

Approved vaccination

14A.—(1) Subject to regulations 14C, 21C and 21D, where, on or after 1st November 2009, a member or his dependant has received or will receive any approved vaccination as an out-patient from an approved medical practitioner in an approved clinic, approved hospital, approved community hospital or approved CIT medical institution, the amount that may be withdrawn by the member in respect of all such vaccinations that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such vaccination is received in that calendar year, shall not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

Approved screening

14B.—(1) Subject to regulations 14C, 21C and 21D, where, on or after 1st July 2011, a member or his dependant has received or will receive any approved screening as an out-patient from an approved medical practitioner in an approved clinic, approved hospital or approved screening centre, the amount that may be withdrawn by the member in respect of all such screenings that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such screening is received in that calendar year, shall not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

[S 3/2022 wef 03/01/2022]

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

Total limit on withdrawal under regulations 14, 14A and 14B

14C.—(1) Subject to regulations 21C and 21D, the total amount which a member is entitled to withdraw under regulations 14, 14A and 14B in respect of all approved chronic illness treatments, approved vaccinations and approved screenings that are received by the member and his dependant (if any) in any calendar year before 2021, and all approved treatment packages of which the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) is received by the member and his dependant (if any) in that calendar year, shall not exceed —

- (a) \$300 for the years 2006 to 2011;
- (b) \$400 for the years 2012 to 2017; and
- (c) \$500 for the years 2018 to 2020.

[S 1089/2020 wef 01/01/2021]

[S 1089/2020 wef 01/01/2021]

(2) Subject to regulations 21C and 21D, the amount that a member is entitled to withdraw under regulations 14, 14A and 14B for each patient (who is the member or his dependant) in respect of —

- (a) an approved chronic illness treatment, approved vaccination or approved screening received by the patient in the calendar year 2021 or later; and
- (b) an approved treatment package, of which the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) is received by the patient in the calendar year 2021 or later,

must not exceed the applicable limit for that withdrawal under paragraph (3).

[S 1089/2020 wef 01/01/2021]

(3) The applicable limit for a withdrawal for a patient in respect of the approved chronic illness treatment, approved vaccination or approved screening under paragraph (2)(a), or the approved treatment package under paragraph (2)(b), is the amount computed in accordance with the formula $A - B$, where —

(a) A is the annual limit of the patient under paragraph (4) for the calendar year in which the patient received —

(i) that approved chronic illness treatment, approved vaccination or approved screening; or

(ii) the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) of that approved treatment package,

as the case may be; and

(b) B is the total amount of all earlier withdrawals (if any) from one or more medisave accounts for the patient in respect of —

(i) all other approved chronic illness treatments, approved vaccinations and approved screenings received by that patient in that calendar year; and

(ii) all other approved treatment packages, of which the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) is received by that patient in that calendar year.

[S 1089/2020 wef 01/01/2021]

(4) The annual limit of the patient mentioned in paragraph (3)(a) for a calendar year is —

(a) \$700, if the patient suffers, at any time during that calendar year, from —

(i) any chronic illness, and any complication or other condition related to the chronic illness, designated by the Minister charged with the responsibility for health; or

(ii) 2 or more kinds of chronic illnesses designated by the Minister charged with the responsibility for health; and

(b) \$500, in any other case.

[S 1089/2020 wef 01/01/2021]

Delivery charges

15.—(1) Where a female member, or a female dependant of a member, has received medical treatment as an in-patient from an approved medical practitioner in an approved hospital in respect of her confinement for the delivery of a child, no withdrawal shall be made under regulation 5 for the payment of any charges relating to the medical treatment, except with the approval of the Minister for Health, if —

(a) the child is delivered before 1st August 2004 and, at the time of such delivery, the female member or female dependant had 3 or more living children; or

(b) the child is delivered on or after 1 August 2004 but before 1 November 2016 and, at the time of such delivery —

(i) the female member or female dependant has 4 or more living children; and

(ii) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000.

(2) Notwithstanding paragraph (1)(b)(ii), where the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000, but will be increased to \$15,000 within such period after the date of the delivery of the child as the Board may determine, the Board may, on the application of a member, in its discretion and subject to such terms and conditions as it may impose, allow the member to make the withdrawal without the approval of the Minister for Health under paragraph (1).

(3) For the purposes of this regulation and regulation 16, “living children” includes any living children who have been adopted by the

female member or female dependant in accordance with any written law relating to the adoption of children, but excludes any living children of the female member or female dependant who have been adopted by a person other than the female member or female dependant or the spouse of the female member or female dependant, in accordance with any written law relating to the adoption of children.

Pre-delivery medical treatment

16.—(1) Except as provided in this regulation and regulation 4, no withdrawal shall be made for the payment of any charges incurred by a female member, or a female dependant of a member, in respect of any pre-delivery medical treatment received by her.

(2) Subject to paragraphs (4) and (5), where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes on or after 1st August 2004 the delivery of a child or the termination of her pregnancy as an in-patient, the total amount that may be withdrawn by the member for the payment of the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy shall not exceed the aggregate of —

(a) the lower of —

(i) the total of all charges actually incurred in respect of the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy; or

(ii) the total of —

(A) the amount computed in accordance with paragraph (2A)(a) or (b), whichever is applicable; and

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(B) the fees or part thereof for the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy, not in excess of the amounts

determined by the Minister for Health for such treatments; and

(b) in a case involving one or more additional operations, the amount of operation fees for a maximum of 3 surgical procedures involving not more than 2 anatomical systems and not more than 2 procedures within each system, which shall not exceed —

(i) the amount as determined by the Minister for Health for such operation or operations; or

(ii) a total of \$5,000 (if she was admitted to the approved hospital before 1st June 2009) or \$7,550 (if she was admitted to the approved hospital on or after 1st June 2009),

whichever is the lower.

(2A) For the purposes of paragraph (2)(a)(ii)(A), the amount is —

(a) if the female member or female dependant was admitted to the approved hospital before 1 March 2021 — the relevant sum per day multiplied by the number of days she was hospitalised; and

(b) if the female member or female dependant is admitted to the approved hospital on or after 1 March 2021 — the aggregate of the following:

(i) the relevant sum per day under paragraph (3)(d)(i) for the period of hospitalisation to which that relevant sum applies;

(ii) the relevant sum per day under paragraph (3)(d)(ii) for the period of hospitalisation to which that relevant sum applies.

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(3) For the purposes of paragraph (2A)(a) and (b)(i) and (ii), the relevant sum per day is —

(a) if the female member or female dependant was admitted to the approved hospital before 1 April 2006 — \$300;

- (b) if the female member or female dependant was admitted to the approved hospital on or after 1 April 2006 but before 1 May 2007 — \$400;
- (c) if the female member or female dependant was admitted to the approved hospital on or after 1 May 2007 but before 1 March 2021 — \$450; and
- (d) if the female member or female dependant is admitted to the approved hospital on or after 1 March 2021 —
 - (i) for each of the first 2 days of hospitalisation during each admission — \$550; and
 - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$400.

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(4) The total amount that may be withdrawn by a member under paragraph (2) for the payment of attendance fees of all approved medical practitioners who treated the member or dependant, as the case may be, shall not exceed \$50 per day, if she was admitted to the approved hospital before 1 November 2018.

(5) No withdrawal shall be made under paragraph (2) for the payment of any charges relating to pre-delivery medical treatment received by a female member, or a female dependant of a member —

- (a) if the charges are not claimed as part of the charges for the delivery of a child or the termination of her pregnancy, as the case may be; or
- (b) if she delivers a child before 1 November 2016 and at the time of her delivery —
 - (i) she has 4 or more living children; and
 - (ii) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000,

and the Minister for Health does not approve the payment of the charges.

(6) Subject to paragraphs (8) and (9), where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes on or after 1st August 2004 any day surgical treatment to terminate her pregnancy, the total amount that may be withdrawn by the member for the payment of the pre-delivery medical treatment and the day surgical treatment shall not exceed the aggregate of —

(a) the lower of —

(i) the total of all charges actually incurred in respect of the pre-delivery medical treatment and the day surgical treatment; or

(ii) the total of —

(A) the relevant sum for hospital charges for the day the female member or female dependant undergoes the day surgical treatment; and

(B) the fees or part thereof for the pre-delivery medical treatment and the day surgical treatment, not in excess of the amounts determined by the Minister for Health for such treatments; and

(b) in a case involving one or more additional operations, the amount of operation fees for a maximum of 3 surgical procedures involving not more than 2 anatomical systems and not more than 2 procedures within each system, which shall not exceed —

(i) the amount as determined by the Minister for Health for such operation or operations; or

(ii) a total of \$5,000 (if she was admitted to the approved hospital before 1st June 2009) or \$7,550 (if she was admitted to the approved hospital on or after 1st June 2009),

whichever is the lower.

(7) For the purposes of paragraph (6)(a)(ii)(A), the relevant sum is —

- (a) \$150 if the female member or female dependant received the day surgical treatment before 1st December 2006;
- (b) \$200 if the female member or female dependant received the day surgical treatment on or after 1st December 2006 but before 1st May 2007; and
- (c) \$300 if the female member or female dependant received the day surgical treatment on or after 1st May 2007.

(8) The total amount that may be withdrawn by a member under paragraph (6) for the payment of attendance fees of all approved medical practitioners who treated the female member or female dependant, as the case may be, on the day she underwent the day surgical treatment shall not exceed \$30, if that day was before 1 November 2018.

(9) No withdrawal shall be made under paragraph (6) for the payment of any charges relating to pre-delivery medical treatment received by a female member, or a female dependant of a member, unless the charges are claimed as part of the charges for the termination of her pregnancy.

(10) Notwithstanding paragraph (2), the Minister for Health may, on the application of a member, in the Minister's discretion and subject to such terms and conditions as the Minister may impose, authorise the member to make a withdrawal under paragraph (2) in respect of the delivery of a child if —

- (a) the child was delivered before 1st August 2004; and
- (b) all other requirements for a withdrawal under paragraph (2) have been satisfied.

(11) Notwithstanding paragraph (5)(b)(ii), the Board may, on the application of a member, in its discretion and subject to such terms and conditions as it may impose, allow the member to make a withdrawal under paragraph (2) without the approval of the Minister for Health under paragraph (5)(b)(ii) in respect of the delivery of a child if —

- (a) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts will be

increased to \$15,000 within such period after the date of the delivery of the child as the Board may determine; and

- (b) all other requirements for a withdrawal under paragraph (2) are satisfied.

(11A) Where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes, on or after 1 August 2004 —

- (a) the delivery of a child other than as an in-patient; or
- (b) the termination of her pregnancy other than —
 - (i) as an in-patient; or
 - (ii) by day surgical treatment,

the total amount that may be withdrawn by the member for the payment of any charges incurred in respect of the pre-delivery medical treatment must not exceed the applicable sum.

(11B) For the purposes of paragraph (11A), the applicable sum is —

- (a) if the delivery of the child or the termination of the pregnancy was before 24 March 2016 — \$450; or
- (b) if the delivery of the child or the termination of the pregnancy was on or after 24 March 2016 — \$900.

(12) Nothing in this regulation authorises any member to withdraw any sum under this regulation in excess of the total credit balance in the member's medisave account.

Overseas medical treatment

17.—(1) A member may apply to the Board to withdraw an amount from the member's medisave account for payment of an amount that is paid or to be paid —

- (a) by the member or any other payer; and
- (b) in respect of any qualifying overseas medical treatment received or to be received by the member, or any individual who may or may not be the member's dependant.

(2) A prescribed person may make an application under paragraph (1) on behalf of a member who —

- (a) is deceased or unconscious; or
- (b) is otherwise mentally incapacitated and unable to make an application under paragraph (1) himself.

(3) After the Board receives an application under paragraph (1), the Board may authorise the member to withdraw, from the member's medisave account, the whole or part of the amount paid or to be paid by the member or payer for the qualifying overseas medical treatment, subject to such terms and conditions as the Board may impose.

(4) An application to the Board under this regulation must be in such form, and supported by such information and documents, as the Board may require.

(5) In this regulation —

“payer”, in respect of any overseas medical treatment, means a person who pays or intends to pay for the overseas medical treatment, whether or not the overseas medical treatment is received by that person;

“qualifying overseas medical treatment” means any medical treatment, psychiatric treatment or other treatment —

- (a) provided in a hospital outside Singapore; and
- (b) approved, wholly or in part, by the Minister for Health on the application of the member or a payer, to be a qualifying overseas medical treatment.

Treatment for infertility

18.—(1) Notwithstanding anything in this Part but subject to this regulation, where a female member or spouse of a male member has received medical treatment for conception as part of a treatment cycle from an approved medical practitioner as an in-patient or out-patient from an approved hospital or an approved clinic designated by the Minister for Health, the amount that may be withdrawn by the member to pay for such treatment shall not exceed —

- (a) where the treatment cycle commenced before 1st August 2004, the lower of the following:
 - (i) a sum of \$4,000 per treatment cycle; or
 - (ii) the total credit balance in the member's medisave account;
- (b) where the treatment cycle commenced on or after 1st August 2004 and before 1st October 2013 —
 - (i) for the first withdrawal for the treatment cycle received by a particular patient, the lower of the following:
 - (A) a sum of \$6,000; or
 - (B) the total credit balance in the member's medisave account;
 - (ii) for the second withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$5,000; or
 - (B) the total credit balance in the member's medisave account; or
 - (iii) for the third withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$4,000; or
 - (B) the total credit balance in the member's medisave account; or
- (c) where the treatment cycle commenced on or after 1st October 2013 —
 - (i) for the first withdrawal for the treatment cycle received by a particular patient, the lower of the following:
 - (A) a sum of \$6,000; or

- (B) the total credit balance in the member's medisave account;
- (ii) for the second withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$5,000; or
 - (B) the total credit balance in the member's medisave account; or
- (iii) for the third or subsequent withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$4,000; or
 - (B) the total credit balance in the member's medisave account.

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(1A) The total amount withdrawn under paragraph (1) for all medical treatments for conception received by the same patient shall not exceed \$15,000.

(2) Notwithstanding paragraph (1), where a female member or spouse of a male member has received medical treatment for conception before 1st October 2013, the Minister for Health may, on the application of the member, in the Minister's discretion and subject to such terms and conditions as the Minister may impose, authorise the member to make a withdrawal in accordance with paragraph (1)(c).

(3) Medical investigations on the cause of infertility shall not be considered as part of a treatment cycle for the purpose of this regulation.

(5) Where a cycle of medical treatment for conception has been discontinued and there is a refund of charges to a member, there shall become due and payable to the medisave account of the member, on the date the refund is received by the member, the total amount withdrawn from the member's medisave account under this

regulation or the total amount of refund received, whichever is the lower.

(6) Where a cycle of medical treatment for conception has been discontinued and the sum withdrawn from the member's medisave account for the treatment has been repaid to the account in full, the repaid withdrawal for the discontinued cycle of medical treatment for conception shall be disregarded in determining whether a subsequent withdrawal for a treatment cycle for conception is a first, second, third or subsequent withdrawal for the purposes of paragraph (1).

Renal dialysis treatment

19.—(1) Notwithstanding regulation 3, no withdrawal shall be made from a member's medisave account for the payment of charges incurred for any renal dialysis treatment received on or after 1st December 2004 by any of the following dependants of the member as an out-patient, except with the approval of the Minister charged with the responsibility for health or any person designated by the Minister charged with the responsibility for health:

- (a) a parent;
- (b) a grandparent who is a citizen or permanent resident of Singapore;
- (ba) a sibling who is a citizen or permanent resident of Singapore;
- (c) the spouse; or
- (d) a child above the age of 21 years.

[S 157/2021 wef 15/03/2021]

(2) Despite anything in this Part but subject to paragraph (1) and regulations 4(4) and (6), 21C, 21D and 24, where a member or his dependant has received renal dialysis treatment as an out-patient on or after 15 March 2021 at approved renal dialysis premises, the amount that may be withdrawn by the member from the member's medisave account for the payment of approved costs for that treatment must not exceed —

- (a) the sum of \$450 per month per patient;

- (b) the total expenditure incurred on approved costs; or
 - (c) the total credit balance in the member's medisave account,
- whichever is the lowest.

[S 157/2021 wef 15/03/2021]

(2A) Despite anything in this Part but subject to paragraph (4) and regulation 4(4) and (6), where a member or the member's dependant has received renal dialysis treatment as an in-patient in an approved centre or approved hospital, the member may withdraw the amounts permitted to be withdrawn under regulation 5 for the renal dialysis treatment.

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(3) Where any dependant of a member referred to in paragraph (1) has received renal dialysis treatment as an out-patient at approved renal dialysis premises on or after 1st December 2004, the withdrawal from the member's medisave account shall, in addition, be subject to such terms and conditions as the Minister charged with the responsibility for health may impose.

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(4) Despite paragraph (2A), no amount may be withdrawn under regulation 5 for the payment of charges incurred for any renal dialysis treatment received by a member or the member's dependant as an in-patient for any of the following:

- (a) the purchase of an ultra-violet machine for sterilization;
- (b) the purchase of a dialysis machine.

[S 157/2021 wef 15/03/2021]

(5) In this regulation, "approved costs", in relation to renal dialysis treatment received at approved renal dialysis premises, means the costs approved by the Minister charged with the responsibility for health for the type of renal dialysis treatment received at such approved renal dialysis premises but excludes the following:

- (a) any consultation fee incurred by the member or the member's dependant;
- (b) the purchase of an ultra-violet machine for sterilization;

(c) the purchase of a dialysis machine.

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Psychiatric treatment

20.—(1) Notwithstanding anything in this Part (other than regulation 4), where a member or his dependant has received any psychiatric treatment as an in-patient from an approved medical practitioner in an approved hospital, the amount that may be withdrawn by the member from his medisave account for the payment of such treatment for himself or his dependant shall not exceed the relevant sum per day and shall also not exceed the relevant sum per year.

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(2) For the purposes of paragraph (1), the relevant sum per year is —

- (a) \$3,500 if the member or dependant was admitted to the approved hospital before 1st January 2007; and
- (b) \$5,000 if the member or dependant was admitted to the approved hospital on or after 1st January 2007.

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(3) For the purposes of paragraph (1), the relevant sum per day is —

- (a) if the member or his dependant was admitted to an approved hospital before 1 March 2021, or is admitted to a designated hospital on or after 1 March 2021 — \$150; and
- (b) if the member or his dependant is admitted to an approved hospital (not being a designated hospital) on or after 1 March 2021 —
 - (i) for each of the first 2 days of hospitalisation during each admission — \$550; and
 - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$150.

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(4) In paragraph (3), “designated hospital” means an approved hospital designated by the Minister charged with the responsibility for health.

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Day surgical treatment

21.—(1) Despite anything in this Part but subject to regulation 12, where a member or his dependant has received medical treatment (other than any approved vaccination) and undergone any day surgical treatment from an approved medical practitioner in an approved hospital or an approved day surgery centre, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if the member or his dependant was admitted to the approved hospital or approved day surgery centre before 1 November 2018;
- (b) the payment of hospital charges, including attendance fees, shall not exceed the relevant sum per day;
- (c) the payment of operation fees for a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system, shall not exceed the lower of the following cap amounts:
 - (i) the amount as determined by the Minister for Health for such operation or operations; or
 - (ii) a total of \$5,000 (for day surgical treatment received before 1st June 2009) or \$7,550 (for day surgical treatment received on or after 1st June 2009);
- (da) the payment of radiosurgery treatment shall not exceed \$7,500 per course of treatment; and

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- (e) the payment of the medical treatment —
 - (i) shall not exceed the total expenditure for the medical treatment; and

- (ii) shall not exceed the total credit balance in the member's medisave account.

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(2) For the purposes of paragraph (1)(b), the relevant sum per day is —

- (a) \$150 if the member or dependant received the day surgical treatment before 1st December 2006;
- (b) \$200 if the member or dependant received the day surgical treatment on or after 1st December 2006 but before 1st May 2007; and
- (c) \$300 if the member or dependant received the day surgical treatment on or after 1st May 2007.

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(3) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

Organ transplantation costs

21A.—(1) Subject to paragraph (3), where a member or his dependant —

- (a) is admitted to an approved hospital and receives any medical treatment as an in-patient from an approved medical practitioner therein in connection with an organ transplant; and
- (b) has incurred any organ transplantation costs in connection with the organ transplant,

such organ transplantation costs may, if the circumstances so require —

- (i) be considered as part of the charges incurred by the member or his dependant for the medical treatment so received; and
- (ii) be met out of the amount that the member is entitled to withdraw under this Part for the payment of such medical treatment, subject to the limits prescribed in regulation 5

and such other terms and conditions as the Board may impose.

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(2) Subject to paragraph (3), where a member or his dependant —

(a) receives any day surgical treatment from an approved medical practitioner in an approved day surgery centre in connection with an organ transplant; and

(b) has incurred any organ transplantation costs in connection with the organ transplant,

such organ transplantation costs may, if the circumstances so require —

(i) be considered as part of the charges incurred by the member or his dependant for the day surgical treatment so received; and

(ii) be met out of the amount that the member is entitled to withdraw under this Part for the payment of such day surgical treatment, subject to the limits prescribed in regulation 21 and such other terms and conditions as the Board may impose.

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(3) Unless the Minister for Health otherwise directs —

(a) paragraph (1) shall apply only in the case where the member or his dependant is admitted to an approved hospital for medical treatment as an in-patient; and

(b) paragraph (2) shall apply only in the case where the member or his dependant receives day surgical treatment in an approved day surgery centre,

on or after —

(i) 1st October 2007 in connection with an organ transplant other than a living donor organ transplant; or

(ii) 17th February 2010 in connection with a living donor organ transplant.

(4) For the purposes of paragraphs (1) and (2), where the organ transplantation costs are incurred in connection with a living donor organ transplant of which the member or his dependent is the recipient of the specified organ, the limits prescribed in regulation 5 or 21 (as the case may be) shall, notwithstanding anything in this Part, apply separately in relation to —

- (a) the medical treatment received by the member or his dependent; and
- (b) the medical treatment received by the living organ donor.

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Withdrawal for specified out-patient treatment

21B.—(1) Subject to the withdrawal limit specified in regulation 21D, a member may withdraw moneys from the member's medisave account to pay for any specified out-patient treatment received, on or after 1 April 2015, by the member or the member's spouse if the conditions in paragraph (2) are satisfied.

(2) The conditions for withdrawal of moneys under paragraph (1) are —

- (a) where the out-patient is the member —
 - (i) the member has attained the eligible age at the time the member receives the specified out-patient treatment;
 - (ii) the specified out-patient treatment for the member is instructed by an approved medical practitioner; and
 - (iii) the member receives the specified out-patient treatment other than as part of an approved treatment package; and
- (b) where the out-patient is the member's spouse —
 - (i) the member and the member's spouse have both attained the eligible age at the time the member's spouse receives the specified out-patient treatment;

- (ii) the specified out-patient treatment for the member's spouse is instructed by an approved medical practitioner; and
 - (iii) the member's spouse receives the specified out-patient treatment other than as part of an approved treatment package.
- (3) In paragraph (2), "eligible age" means —
- (a) in relation to any specified out-patient treatment received on or after 1 April 2015 but before 1 June 2018 — 65 years of age or older; and
 - (b) in relation to any specified out-patient treatment received on or after 1 June 2018 — 60 years of age or older.

Additional withdrawal for treatment, etc., received as out-patient

21C.—(1) Subject to the withdrawal limit specified in regulation 21D, a member may withdraw moneys from the member's medisave account to pay for any of the following received, on or after 1 April 2015, by the member or the member's spouse as an out-patient if the conditions in paragraph (2) are satisfied:

- (a) any of the following:
 - (i) any treatment of neoplasms by chemotherapy mentioned in regulation 13(2) as in force immediately before 1 July 2017;
 - (ii) any First Schedule treatment (other than a cancer scan or diagnostic test) provided by an approved medical practitioner in an approved hospital, approved centre or approved clinic;
- (iii) any cancer scan or diagnostic test ordered by an approved medical practitioner and provided in an approved medical institution;

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- (iv) any Third Schedule treatment provided by an approved medical practitioner in an approved Third Schedule treatment provider;

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- (b) any out-patient scan referred to in regulation 13A(1);
- (c) any approved chronic illness treatment referred to in regulation 14(1);
- (d) any approved vaccination referred to in regulation 14A(1);
- (e) any approved screening referred to in regulation 14B(1);
- (f) any renal dialysis treatment referred to in regulation 19(2);
- (g) any approved out-patient parenteral nutrition mentioned in regulation 9B(1).

(2) The conditions for withdrawal of moneys under paragraph (1) are —

- (a) where the out-patient is the member —

- (i) the member has attained the eligible age at the time the member receives the treatment, scan, test, vaccination or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be); and

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- (ii) the member receives the treatment, scan, test, vaccination or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be) other than as part of an approved treatment package; and

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- (b) where the out-patient is the member's spouse —

- (i) the member and the member's spouse have both attained the eligible age at the time the member's spouse receives the treatment, scan, test, vaccination

or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be); and

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- (ii) the member's spouse receives the treatment, scan, test, vaccination or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be) other than as part of an approved treatment package.

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(3) To avoid doubt, any amount that may be withdrawn under paragraph (1) is in addition to any amount that may be withdrawn in accordance with the withdrawal limits specified in regulations 9B, 13, 13A, 14, 14A, 14B, 14C and 19 (as the case may be) for the relevant treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, referred to in paragraph (1).

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(4) In paragraph (2), “eligible age” means —

- (a) in relation to any treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, received on or after 1 April 2015 but before 1 June 2018 — 65 years of age or older; and
- (b) in relation to any treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, received on or after 1 June 2018 — 60 years of age or older.

Total limit for withdrawal under regulations 21B and 21C

21D. The total amount that a member may withdraw under regulations 21B and 21C, in respect of all specified out-patient treatments and all treatments, scans, tests, vaccinations, screenings and approved out-patient parenteral nutrition mentioned in regulation 21C(1), must not exceed —

- (a) for the years 2015 to 2020 — \$200 per patient per year;

- (b) for the year 2021 — \$300 per patient, except that the total amount that may be withdrawn for all specified out-patient treatments and all treatments, scans, tests, vaccinations, screenings and approved out-patient parenteral nutrition mentioned in regulation 21C(1) received by the patient between 1 January 2021 and 31 May 2021 (both dates inclusive) must not exceed \$200; and
- (c) for the year 2022 and every subsequent year — \$300 per patient per year.

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Authorisation of withdrawal from future contributions

22.—(1) Where a member or his dependant has received —

- (a) any medical or psychiatric treatment as an in-patient in a Class C or B2 ward of an approved hospital, or in a ward of an approved community hospital, an approved convalescent hospital, an approved in-patient hospice or an approved IPC provider which is equivalent to a Class C or B2 ward of an approved hospital and in respect of which the Government makes an annual grant in aid of recurrent expenditure incurred or to be incurred in operating or maintaining the ward;
- (b) any day surgical treatment at subsidised rates at an approved day surgery centre; or
- (c) any radiosurgery treatment at subsidised rates at an approved medical institution,

and the amount standing to the credit of the member in his medisave account is insufficient to pay for the charges incurred in respect of the treatment referred to in sub-paragraph (a), (b) or (c), the Board may, with the approval of the Minister for Health and subject to such terms and conditions as the Board may impose, authorise the member to withdraw his future contributions to his medisave account to pay the outstanding balance.

(2) Paragraph (1) shall not apply to —

- (a) any surgical treatment to reverse any treatment for sexual sterilization;
- (b) any medical treatment for conception; or
- (c) any approved vaccination received in a ward of an approved convalescent hospital, approved in-patient hospice or approved IPC provider which is equivalent to a Class C or B2 ward of an approved hospital.

Reimbursement by another person

23. Where —

- (a) a member has withdrawn moneys from the member's medisave account under this Part to pay charges incurred for medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, received by the member or member's dependant; and

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- (b) another person, who is under an obligation (contractual or otherwise) to pay or reimburse the member for such charges incurred for the treatment referred to in paragraph (a), has made the payment or reimbursement,

an amount, computed in accordance with the following formula, becomes due and payable to the member's medisave account by the member on the date such payment or reimbursement is made by that other person:

$$A + B - C,$$

where A is the total amount of the payment or reimbursement made by that other person;

B is the total amount withdrawn from the member's medisave account referred to in paragraph (a); and

C is the total sum of the charges incurred for the treatment referred to in paragraph (a).

Medical treatment provided to person other than dependant

24.—(1) The Minister for Health may, in his discretion and subject to such terms and conditions as he may impose, authorise a member to withdraw the whole or part of the amount standing to his credit in his medisave account for the payment of charges incurred in respect of —

- (a) any medical treatment (other than renal dialysis treatment or any approved vaccination) provided by an approved medical practitioner in a Class C or B2 ward of an approved hospital, or in a ward of an approved community hospital, an approved convalescent hospital, an approved in-patient hospice or an approved IPC provider which is equivalent to a Class C or B2 ward of an approved hospital and in respect of which the Government makes an annual grant in aid of recurrent expenditure incurred or to be incurred in operating or maintaining the ward;
- (b) any day surgical treatment at subsidised rates provided by an approved medical practitioner in an approved day surgery centre;
- (c) any approved rehabilitation treatment in any approved day rehabilitation centre;
- (d) any radiosurgery treatment at subsidised rates at an approved medical institution;
- (e) any First Schedule treatment (other than a cancer scan or diagnostic test) provided on an out-patient basis at subsidised rates by an approved medical practitioner in an approved hospital, approved centre or approved clinic;
[S 716/2022 wef 01/09/2022]
- (ea) any cancer scan or diagnostic test ordered by an approved medical practitioner and provided on an out-patient basis at subsidised rates in an approved medical institution;
[S 716/2022 wef 01/09/2022]
- (eb) any Third Schedule treatment provided on an out-patient basis at subsidised rates by an approved medical

practitioner in an approved Third Schedule treatment provider;

[S 716/2022 wef 01/09/2022]

(f) any approved chronic illness treatment provided on an out-patient basis by an approved medical practitioner at an approved CIT medical institution or by way of approved remote consultation;

(g) any renal dialysis treatment received on or after 1 January 2009 as an in-patient at an approved centre or approved hospital or as an out-patient at approved renal dialysis premises;

[S 157/2021 wef 15/03/2021]

(h) any approved vaccination (other than against Hepatitis B) provided on an out-patient basis by an approved medical practitioner in an approved clinic, approved community hospital or approved CIT medical institution;

(ha) any medical treatment (other than any approved vaccination) provided in an approved day hospice;

(i) any medical treatment (other than any approved vaccination) provided by an approved home palliative care provider;

(j) any approved screening provided on an out-patient basis in an approved clinic, approved hospital or approved screening centre;

[S 3/2022 wef 03/01/2022]

(k) any out-patient scan under regulation 13A; or

(l) any approved out-patient parenteral nutrition mentioned in regulation 9B(1),

to a person other than a member's dependant as if the person were the member's dependant.

(1A) Notwithstanding paragraph (1), the Minister for Health may, upon a request by a member in any particular case, approve the withdrawal by the member of the whole or part of the amount standing to his credit in his medisave account for the payment of

charges incurred in respect of any of the following treatments received on or after 1st May 2008 by a person other than the member's dependant as if that person were the member's dependant, subject to such terms and conditions as the Minister for Health may impose:

- (a) any medical treatment specified in paragraph (1)(a) in a ward of an approved hospital, approved community hospital, approved convalescent hospital, approved in-patient hospice or approved IPC provider, as the case may be, other than a ward of the type mentioned in that paragraph; or
- (b) any treatment specified in paragraph (1)(b), (d), (e), (ea) or (eb) at non-subsidised rates.

[S 716/2022 wef 01/09/2022]

(2) Where the Minister authorises a withdrawal under paragraph (1) or approves a withdrawal under paragraph (1A), the person referred to in the relevant paragraph shall for the purposes of this Part be deemed to be the dependant of such member.

[S 855/2020 wef 01/10/2020]

(3) *[Deleted by S 716/2022 wef 01/09/2022]*

(4) *[Deleted by S 157/2021 wef 15/03/2021]*

Payment by Board

25.—(1) All moneys authorised by the Board to be withdrawn from a member's medisave account under this Part are to be paid —

- (a) by the Board to a member or a specified payee; and
- (b) in such manner as the Board may determine.

[S 855/2020 wef 01/10/2020]

(2) In this regulation, “specified payee” means —

- (a) an approved medical institution or approved home palliative care provider —
 - (i) from which the member or his dependant received, or is to receive, any medical, psychiatric or approved rehabilitation treatment;

- (ii) that has submitted the application for withdrawal of moneys from the member's medisave account on behalf of the member, in respect of any out-patient scan, pre-delivery medical treatment or specified out-patient treatment mentioned in regulation 13A, 16 or 21B, respectively; or
 - (iii) that is affiliated to a hospital outside Singapore from which the member, or an individual who may or may not be the member's dependant, received or is to receive any qualifying overseas medical treatment; or
- (b) the prescribed person who made the application under regulation 3(2) or (3C) or 17(2), or a person specified by that prescribed person, whom the Board verifies has paid for the treatment for which the moneys are authorised by the Board to be withdrawn.

Repayment of moneys withdrawn and paid under section 67D(1) of Act

25A. For the purposes of section 67D(1) of the Act, a withdrawal from a member's medisave account or payment by the Board of the amount withdrawn (as the case may be) is not in compliance with this Part if —

- (a) the application for withdrawal was submitted by a Medisave healthcare provider in contravention of regulation 3(2)(d) of the Central Provident Fund (Financial Penalties) Regulations 2016 (G.N. No. S 720/2016);
- (b) where the Board imposes any terms and conditions under regulation 3 when authorising the withdrawal, any of the terms or conditions are breached in relation to the withdrawal;
- (c) any of the terms and conditions required by the Board under section 67B(2) of the Act, in relation to an application for the withdrawal, are breached by the Medisave healthcare provider;

- (d) the amount withdrawn or paid exceeds the amount permitted to be withdrawn or used for payment under this Part for the medical treatment, psychiatric treatment or approved rehabilitation treatment received by the member or member's dependant, as the case may be; or
- (e) the withdrawal is authorised or the withdrawn amount is paid on the basis of inaccurate or misleading information.

[S 855/2020 wef 01/10/2020]

Revocation of approval of medical practitioner

26. Notwithstanding anything in this Part, where the approval of a medical practitioner is revoked at such time when a member or his dependant is receiving medical treatment from the practitioner —

- (a) as an in-patient in an approved hospital; or
- (b) as an out-patient in an approved medical institution or by way of approved remote consultation,

[S 157/2021 wef 15/03/2021]

the member or his dependant may continue to withdraw from the medisave account for payment of any treatment authorised under this Part by the medical practitioner for the period of such hospitalisation or approved out-patient treatment as if the approval had not been revoked.

[S 855/2020 wef 01/10/2020]

PART 2

WITHDRAWAL FROM MEDISAVE ACCOUNT FOR LONG-TERM CARE SCHEME

[S 855/2020 wef 01/10/2020]

Definitions for this Part

27. In this Part —

“approved payee” has the meaning given by section 16B(14) or 16C(13) of the Act (whichever is applicable);

“approved person” has the meaning given by section 16C(13) of the Act;

“dependant”, in relation to a member, means any of the following:

(a) an individual whom the certifying body is satisfied is the member’s spouse;

(b) any other individual who is related to the member in any other manner as the Minister charged with the responsibility for health may determine;

“long-term care recipient” means a member, or a member’s dependant, for whom a withdrawal is made under section 16B(1) of the Act;

“member” includes a member who is an undischarged bankrupt;

“monthly sum” has the meaning given by regulation 32(1);

“severely disabled” has the meaning given by the Fourth Schedule.

[S 855/2020 wef 01/10/2020]

Prescribed person to determine circumstances for withdrawal

28. For the purposes of section 16B(1) of the Act, the Minister charged with the responsibility for health is the prescribed person who is to make a determination of the circumstances in which any amount standing to the credit of a member in the member’s medisave account is permitted to be withdrawn under that provision.

[S 855/2020 wef 01/10/2020]

Prescribed amount for purposes of section 16B(1)(a) of Act

29. For the purposes of section 16B(1)(a) of the Act, the prescribed amount is \$5,000.

[S 855/2020 wef 01/10/2020]

Conditions for long-term care

30. For the purposes of section 16B(2)(a)(i) and (b)(i) of the Act, the prescribed condition is that the member or member's dependant (as the case may be) is severely disabled.

[S 855/2020 wef 01/10/2020]

Prescribed age for purposes of section 16B(2)(a)(ii) and (b)(ii) of Act

31. For the purposes of section 16B(2)(a)(ii) and (b)(ii) of the Act, the prescribed age is 30 years.

[S 855/2020 wef 01/10/2020]

Limits on withdrawal for long-term care

32.—(1) The amount that the Board may permit to be withdrawn under section 16B(1) of the Act from the sum standing to a member's credit in the member's medisave account in any month for a long-term care recipient (called in these Regulations the monthly sum) must not exceed the lowest of the following:

- (a) the maximum monthly sum as specified in the second column of the Fifth Schedule, opposite the sum standing to the member's credit in the member's medisave account at the time of determining the monthly sum as specified in the first column;
- (b) the maximum amount that may be withdrawn from a member's medisave account as specified by the member or by an approved person acting on behalf of the member (whichever is applicable) for that month;
- (c) the maximum amount requested by the long-term care recipient or an approved person acting on behalf of the long-term care recipient (whichever is applicable) for that month.

(2) Where monthly sums are withdrawn for a long-term care recipient from the medisave account of 2 or more members —

- (a) the Board may determine the proportion to be paid to the long-term care recipient from each member's medisave account; and
- (b) the total amount that may be paid from the medisave accounts of all the members concerned for any month must not exceed \$200.

(3) Despite paragraphs (1) and (2), the Minister charged with the responsibility for health may in any particular case allow a higher amount to be withdrawn under section 16B(1) of the Act from a member's medisave account, subject to any conditions that the Minister may impose.

[S 855/2020 wef 01/10/2020]

Manner of payment

33.—(1) The manner of payment of an amount withdrawn under section 16B(1) of the Act may be determined by the Board.

(2) Where any costs or expenses are charged by any third party for facilitating the payment of an amount withdrawn under section 16B(1) of the Act (whether or not the payment is successful), the Board may permit the third party to deduct such costs and expenses from that payment.

[S 855/2020 wef 01/10/2020]

Repayment of excess withdrawal, etc.

34.—(1) This regulation applies where, on account of any material change to the information available to the Board or the correction of any error relating to a member or member's dependant, the Board finds that it has permitted a withdrawal from the member's medisave account for a long-term care recipient under section 16B(1) of the Act —

- (a) which ought not to have been permitted; or
- (b) which is in excess of the amount that it would otherwise have permitted.

(2) The Board may require —

- (a) any person who received the payment of the withdrawal mentioned in paragraph (1) to repay to the member's medisave account, all or such part, as the Board may determine, of the amount withdrawn; and
- (b) any of the following persons who, for the purposes of the withdrawal mentioned in paragraph (1), provided the inaccurate or incorrect information giving rise to the material change to the information or correction of the error mentioned in paragraph (1), to repay the whole or such part, as the Board may determine, of the interest that would have been payable on the withdrawn amount if the amount had not been so withdrawn:
 - (i) the member;
 - (ii) the long-term care recipient;
 - (iii) an approved payee in relation to the amount withdrawn;
 - (iv) an approved person acting on behalf of the member or the long-term care recipient.

(3) Despite paragraph (2), where one or more monthly sums in respect of a long-term care recipient are to be paid by subsequent withdrawals from the medisave account of the same member, the Board may reduce all or any of the monthly sums so as to restore the equivalent of the amount repayable under paragraph (2) into the same member's medisave account.

(4) The Board may require a person mentioned in paragraph (2)(b) to pay to the whole or such part, determined by the Board, of any reasonable expenses incurred by any of the following persons in recovering a repayment under paragraph (2):

- (a) the Board;
- (b) any person or group of persons appointed by the Board or the Minister charged with the responsibility for health.

[S 855/2020 wef 01/10/2020]

FIRST SCHEDULE

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		Regulations 2 and 13
1. Radiotherapy treatment		
(a) External radiotherapy (except hemi-body radiotherapy)	For course of treatment beginning before 1 June 1997	\$60 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 June 1997	\$80 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(b) Brachy-therapy with external radiotherapy	For course of treatment beginning before 1 June 1997	\$150 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 June 1997 but before 1 March 2021	\$300 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 March 2021	\$360 per treatment or the total credit balance in the member's medisave account, whichever is the lower.

FIRST SCHEDULE — *continued*

(c) Brachy-therapy without external radiotherapy	For course of treatment beginning before 1 June 1997	\$300 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 June 1997	\$360 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(d) Superficial X-ray	For course of treatment beginning on or after 1 July 1990 but before 1 March 2021	\$30 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(e) Stereotactic radiotherapy for cancer	For course of treatment beginning on or after 1 November 1999	\$2,800 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(f) Hemi-body radiotherapy	For course of treatment beginning on or after 1 March 2021	\$80 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(g) Proton beam therapy for a Category 1 clinical indication listed in the Approved Indications for PBT	For course of treatment beginning on or after 1 October 2022	\$80 per treatment or the total credit balance in the member's medisave account, whichever is the lower.

FIRST SCHEDULE — *continued*

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|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| (h) Proton beam therapy for a Category 2 clinical indication listed in the Approved Indications for PBT | For course of treatment beginning on or after 1 October 2022 | \$360 per treatment or the total credit balance in the member's medisave account, whichever is the lower. |
| (i) Proton beam therapy for a Category 3 clinical indication listed in the Approved Indications for PBT | For course of treatment beginning on or after 1 October 2022 | \$2,800 per treatment or the total credit balance in the member's medisave account, whichever is the lower. |
2. *[Deleted by S 523/2009 wef 01/11/2009]*
3. Treatment of neoplasms by chemotherapy
- | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| With effect from 1 November 2015 but before 1 September 2022 | \$1,200 per month per patient or the total credit balance in the member's medisave account, whichever is the lower. |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
4. Anti-retroviral drugs registered in Singapore for the medical treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)
- | | |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------|
| With effect from 1st June 2001 | \$550 per month per patient or the total credit balance in the member's medisave account, whichever is the lower. |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------|
5. *[Deleted by S 770/2022 wef 01/10/2022]*

FIRST SCHEDULE — *continued*

6. Blood transfusions and desferrioxamine for the medical treatment of thalassaemia	With effect from 1 June 1999 but before 1 November 2020	\$350 per month per patient or the total credit balance in the member’s medisave account, whichever is the lower.
	With effect from 1 November 2020	\$550 per month per patient or the total credit balance in the member’s medisave account, whichever is the lower.
7. Hyperbaric oxygen therapy	With effect from 1st March 2002	\$100 per treatment or the total credit balance in the member’s medisave account, whichever is the lower.
8. Intravenous antibiotic infusion at approved hospitals as designated by the Minister of Health	1 October 2002 to 30 June 2017 (both dates inclusive)	\$600 per weekly cycle subject to a maximum claim of \$2,400 per year per patient or the total credit balance in the member’s medisave account, whichever is the lower.
9. Rental of devices for long term oxygen therapy and infant continuous positive airway pressure therapy	With effect from 1 October 2002 but before 1 November 2020	\$75 per month per patient or the total credit balance in the member’s medisave account, whichever is the lower.
	With effect from 1 November 2020	\$150 per month per patient or the total credit balance in the member’s medisave account, whichever is the lower.

FIRST SCHEDULE — *continued*

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|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 10. Immunosuppressants for organ transplant | With effect from 1st January 2006 | \$300 per month per patient or the total credit balance in the member's medisave account, whichever is the lower. |
| 11. Cancer scan or diagnostic test | With effect from 1 April 2008 but before 1 September 2022 | \$600 per year per patient or the total credit balance in the member's medisave account, whichever is the lower. |
| 12. Cancer drug treatment (excluding the cost of any cancer drug administered), cancer scan or diagnostic test | With effect from 1 September 2022 | \$600 per year per patient or the total credit balance in the member's medisave account, whichever is the lower. |
| 13. Approved cancer drug administered for the treatment of neoplasms: | | |
| (a) where only approved cancer drugs listed in the first tier of the CDL are administered in a month | With effect from 1 September 2022 | \$600 per month per patient or the total credit balance in the member's medisave account, whichever is the lower. |
| (b) where only approved cancer drugs listed in the second tier of the CDL are administered in a month | With effect from 1 September 2022 | \$1,200 per month per patient or the total credit balance in the member's medisave account, whichever is the lower. |

FIRST SCHEDULE — *continued*

(c) where approved cancer drugs listed in both the first tier and the second tier of the CDL are administered in a month	With effect from 1 September 2022	\$1,200 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
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*[S 770/2022 wef 01/10/2022]**[S 716/2022 wef 01/09/2022]**[S 131/2021 wef 01/03/2021]**[S 899/2020 wef 01/11/2020]**[S 340/2017 wef 01/07/2017]**[S 625/2015 wef 01/11/2015]**[S 149/2008 wef 01/04/2008]**[S 731/2007 wef 01/01/2008]**[S 523/2009 wef 01/11/2009]**[S 548/2010 wef 01/10/2010]*

SECOND SCHEDULE

Regulation 13(8)

EXCLUDED TREATMENTS

1. Experimental treatments, including treatments given as part of a clinical trial but excluding any cancer drug treatment.

[S 716/2022 wef 01/09/2022]

2. Traditional or alternative medicine (e.g. Traditional Chinese Medicines, Aryurvedic treatments).

3. Optional items such as television, telephone, special requested meals, medical reports and other items which are not necessary for the treatment of any illness, condition or any injury or disability.

[S 548/2010 wef 01/10/2010]

THIRD SCHEDULE

Regulations 2(1), 13(3A), 21C(1) and 24(1)

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Third Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
1. Bone marrow transplant	With effect from 1 July 2017	\$2,800 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.
2. Intravenous antibiotic infusion	With effect from 1 July 2017	\$600 per weekly cycle subject to a maximum claim of \$2,400 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.

[S 340/2017 wef 01/07/2017]

FOURTH SCHEDULE

Regulation 27

MEANING OF "SEVERELY DISABLED"

For the purposes of these Regulations, a person is severely disabled when he is unable to perform 3 or more of the following daily activities:

- (a) washing himself in the bath or shower (including getting into or out of the bath or shower), or washing himself by other means;
- (b) dressing and undressing himself, or (where required) securing or fastening on, or removing from, his body any brace, artificial limb or other medical or surgical appliance;
- (c) feeding himself;
- (d) toileting, or managing his bladder and bowel functions through the use of a protective undergarment or surgical appliance (where required);
- (e) walking, or moving from one room to another or on level surface;

FOURTH SCHEDULE — *continued*

(f) transferring himself, or moving, from a bed to an upright chair or a wheelchair, and vice versa.

[S 855/2020 wef 01/10/2020]

FIFTH SCHEDULE

Regulation 32(1)(a)

WITHDRAWAL LIMIT
FOR LONG-TERM CARE SCHEME

<i>First column</i>	<i>Second column</i>
<i>Sum standing to the credit of a member in the member's medisave account at the time of determining the monthly sum</i>	<i>Maximum monthly sum that may be withdrawn from a member's medisave account</i>
Not less than \$20,000	\$200
Less than \$20,000 but not less than \$15,000	\$150
Less than \$15,000 but not less than \$10,000	\$100
Less than \$10,000 but not less than \$5,000	\$50
Less than \$5,000	\$0

[S 855/2020 wef 01/10/2020]

LEGISLATIVE HISTORY
CENTRAL PROVIDENT FUND (MEDISAVE ACCOUNT
WITHDRAWALS) REGULATIONS
(CHAPTER 36, RG 17)

This Legislative History is provided for the convenience of users of the Central Provident Fund (Medisave Account Withdrawals) Regulations. It is not part of these Regulations.

1. G. N. No. S 250/1988 — Central Provident Fund (Medisave Account Withdrawals) Regulations 1988

Date of commencement : 16 September 1988

2. G. N. No. S 66/1989 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1989

Date of commencement : 1 November 1988

3. G. N. No. S 434/1989 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1989

Date of commencement : 1 July 1989

4. G. N. No. S 270/1990 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1990

Date of commencement : 1 July 1990

5. G. N. No. S 61/1992 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1992

Date of commencement : 1 August 1991

6. 1990 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations

Date of operation : 25 March 1992

7. G. N. No. S 357/1993 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1993

Date of commencement : 1 April 1992

8. 1993 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations

Date of operation : 1 April 1993

- 9. G. N. No. S 62/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**
Date of commencement : 1 January 1994
- 10. G. N. No. S 330/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**
Date of commencement : 13 June 1994
- 11. G. N. No. S 330/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**
Date of commencement : 1 July 1994
- 12. G. N. No. S 117/1995 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1995**
Date of commencement : 21 March 1995
- 13. G. N. No. S 350/1996 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1996**
Date of commencement : 27 November 1995
- 14. G. N. No. S 350/1996 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1996**
Date of commencement : 8 August 1996
- 15. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**
Date of commencement : 1 March 1997
- 16. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**
Date of commencement : 1 June 1997
- 17. 1998 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**
Date of operation : 1 January 1998
- 18. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**
Date of commencement : 1 January 1998
- 19. G. N. No. S 532/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1998**
Date of commencement : 1 November 1998

- 20. G. N. No. S 232/1999 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1999**
Date of commencement : 1 June 1999
- 21. G. N. No. S 493/1999 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1999**
Date of commencement : 1 November 1999
- 22. G. N. No. S 435/2000 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2000**
Date of commencement : 1 October 2000
- 23. G. N. No. S 526/2000 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2000**
Date of commencement : 1 October 2000
- 24. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**
Date of commencement : 1 January 2001
- 25. G. N. No. S 108/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2001**
Date of commencement : 26 February 2001
- 26. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**
Date of commencement : 22 May 2001
- 27. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**
Date of commencement : 1 June 2001
- 28. G. N. No. S 570/2001 — Central Provident Fund (Medisave Account Withdrawals) Regulations 2001**
Date of commencement : 1 November 2001
- 29. G. N. No. S 642/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2004**
Date of commencement : 1 November 2001

- 30. G. N. No. S 679/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2001**
Date of commencement : 1 January 2002
- 31. G. N. No. S 102/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2002**
Date of commencement : 1 March 2002
- 32. G. N. No. S 319/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2002**
Date of commencement : 1 July 2002
- 33. G. N. No. S 528/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2002**
Date of commencement : 1 October 2002
- 34. G. N. No. S 642/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2004**
Date of commencement : 1 August 2004
- 35. G. N. No. S 738/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2004**
Date of commencement : 1 December 2004
- 36. 2005 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**
Date of operation : 31 March 2005
- 37. G. N. No. S 887/2005 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2005**
Date of commencement : 1 January 2006
- 38. G. N. No. S 50/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2006**
Date of commencement : 1 February 2006
- 39. G. N. No. S 192/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2006**
Date of commencement : 1 April 2006

40. G. N. No. S 371/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2006

Date of commencement : 1 July 2006

41. G. N. No. S 569/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2006

Date of commencement : 1 October 2006

42. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007

Date of commencement : 1 December 2006

43. G. N. No. S 644/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2006

Date of commencement : 1 December 2006

44. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007

Date of commencement : 1 January 2007

45. G. N. No. S 644/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2006

Date of commencement : 1 January 2007

46. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007

Date of commencement : 1 May 2007

47. 2007 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations

Date of operation : 15 May 2007

48. G. N. No. S 224/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2007

Date of commencement : 1 June 2007

- 49. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**
Dates of commencement : 2 June 2007 (Regulation 4(e), (f), (h))
- 50. G. N. No. S 527/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2007**
Date of commencement : 1 October 2007
- 51. G. N. No. S 731/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2007**
Date of commencement : 1 January 2008
- 52. G. N. No. S 149/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2008**
Date of commencement : 1 April 2008 (Except regulation 4)
- 53. G. N. No. S 456/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2008**
Date of commencement : 1 May 2008
- 54. G. N. No. S 149/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2008**
Date of commencement : 1 July 2008 (Regulation 4)
- 55. G. N. No. S 682/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2008**
Date of commencement : 1 January 2009
- 56. G. N. No. S 86/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2009**
Date of commencement : 1 March 2009
- 57. G. N. No. S 239/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2009**
Dates of commencement : 1 June 2009

58. G. N. No. S 239/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2009

Dates of commencement : 1 October 2009

59. G. N. No. S 523/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2009

Date of commencement : 1 November 2009

60. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Date of commencement : 1 December 2009
(Regulation 4(b), (c), (d))

61. G. N. No. S 659/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2009

Date of commencement : 1 January 2010

62. G. N. No. S 88/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Date of commencement : 17 February 2010

63. G. N. No. S 118/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2010

Date of commencement : 1 March 2010

64. G. N. No. S 289/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2010

Date of commencement : 1 June 2010

65. G. N. No. S 548/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2010

Date of commencement : 1 October 2010

66. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Dates of commencement : 1 October 2010
(Regulation 4(g))

67. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Dates of commencement : 2 October 2010
(Regulation 6(b))

68. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Dates of commencement : 1 July 2011 (Otherwise)

69. G.N. No. S 725/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2011

Date of commencement : 1 January 2012

70. G.N. No. S 107/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2013

Date of commencement : 1 March 2013

71. G.N. No. S 482/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2013

Date of commencement : 1 August 2013

72. G.N. No. S 623/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2013

Date of commencement : 1 October 2013

73. G.N. No. S 427/2014 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2014

Date of commencement : 1 July 2014

74. G.N. No. S 872/2014 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2014

Date of commencement : 1 January 2015

75. G.N. No. S 177/2015 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2015

Date of commencement : 1 April 2015

76. G.N. No. S 625/2015 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2015

Date of commencement : 1 November 2015

77. G.N. No. S 377/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2016

Date of commencement : 1 August 2016

78. G.N. No. S 530/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2016

Date of commencement : 1 November 2016

79. G.N. No. S 723/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2016

Date of commencement : 1 January 2017

80. G.N. No. S 340/2017 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2017

Date of commencement : 1 July 2017

81. G.N. No. S 789/2017 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2017

Date of commencement : 1 January 2018

82. G.N. No. S 145/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2018

Date of commencement : 1 April 2018

83. G.N. No. S 341/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2018

Date of commencement : 1 June 2018

84. G.N. No. S 730/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2018

Date of commencement : 1 November 2018

85. G.N. No. S 787/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2018

Date of commencement : 5 December 2018

86. G.N. No. S 397/2019 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2019

Date of commencement : 1 June 2019

87. G.N. No. S 389/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2020

Date of commencement : 23 March 2020

88. G.N. No. S 200/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2020

Date of commencement : 1 April 2020

89. G.N. No. S 855/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2020

Date of commencement : 1 October 2020

90. G.N. No. S 899/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2020

Date of commencement : 1 November 2020

91. G.N. No. S 1089/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2020

Date of commencement : 1 January 2021

92. G.N. No. S 131/2021 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2021

Date of commencement : 1 March 2021

93. G.N. No. S 157/2021 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2021

Date of commencement : 15 March 2021

94. G.N. No. S 315/2021 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2021

Date of commencement : 1 June 2021

95. G.N. No. S 3/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2022

Date of commencement : 3 January 2022

96. G.N. No. S 285/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2022

Date of commencement : 1 April 2022

97. G.N. No. S 716/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2022

Date of commencement : 1 September 2022

98. G.N. No. S 770/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2022

Date of commencement : 1 October 2022