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MEDISHIELD LIFE SCHEME ACT 2015 (ACT 4 OF 2015)

MEDISHIELD LIFE SCHEME (PRIVATE MEDICAL INSURANCE SCHEME) REGULATIONS 2015

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

Citation and commencement

1. These Regulations may be cited as the MediShield Life Scheme (Private Medical Insurance Scheme) Regulations 2015 and come into operation on 1 November 2015.

Definitions

2.—(1) In these Regulations, unless the context otherwise requires —

“additional private insurance coverage” means any private insurance cover provided under an integrated shield plan that is additional to the insurance cover provided by the MediShield Life Component of that integrated shield plan;

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

“dependant”, in relation to a CPF member, means —

(a) the CPF member’s spouse, child or parent;

[S 704/2021 wef 20/09/2021]

(aa) the CPF member’s sibling or grandparent, who is a citizen of Singapore or permanent resident of Singapore; or

[S 704/2021 wef 20/09/2021]

(b) any other person whom the Board approves as a dependant for the purpose of these Regulations;

“insured person” —

(a) in relation to an insurance cover under the MediShield Scheme or an integrated medical insurance plan, means a person who was insured under the MediShield Scheme or integrated medical insurance plan, as the case may be, before 1 November 2015; or

(b) in relation to an integrated shield plan, a medisave-approved plan or a non-integrated shield plan, means a person who is insured under the integrated shield plan, medisave-approved plan or non-integrated shield plan, as the case may be;

“insurer” means an insurer which is licensed under the Insurance Act (Cap. 142);

“integrated medical insurance plan” means any plan, under which a person was insured before 1 November 2015, under a medical insurance policy approved by the Minister for the purposes of regulation 4(1)(b) of the revoked PMIS Regulations, with or without a MediShield Component;

“integrated shield plan” means a medisave-approved plan that comprises a MediShield Life Component and additional private insurance coverage;

“medisave-approved plan” means a medical insurance plan that provides insurance under a medical insurance policy approved by the Minister, in relation to any class of persons, for the purposes of regulation 4;

“MediShield Component”, in relation to a person insured under an integrated medical insurance plan, means the person’s insurance cover under the MediShield Scheme which formed part of the person’s integrated medical insurance plan;

“MediShield Life Component” means insurance cover provided by the Scheme which forms part of an integrated shield plan;

“MediShield Life cover” means insurance cover under the Scheme;

“non-integrated shield plan” means a medisave-approved plan that does not include a MediShield Life Component;

“policy year” has the same meaning as in the MediShield Life Scheme Regulations 2015 (G.N. No. S 622/2015);

“revoked MediShield Regulations” means the Central Provident Fund (MediShield Scheme) Regulations (Cap. 36, Rg 20) as in force immediately before 1 November 2015;

“revoked PMIS Regulations” means the Central Provident Fund (Private Medical Insurance Scheme) Regulations (Cap. 36, Rg 26) as in force immediately before 1 November 2015.

(2) *For the purposes of these Regulations —*

(a) *if the day of the month on which a person was born cannot be ascertained, the person is taken to be born on the first day of the month in which the person was born; and*

(b) *if the month in which the person was born cannot be ascertained, the person is taken to be born in January.*

Applications and notices

3. An application made or a notice given to the Board under these Regulations must be made or given in such form and supported by such evidence as the Board may require.

Withdrawal from medisave account for premium payment

4.—(1) Subject to paragraphs (2) and (4), the Board may, subject to such terms and conditions as the Board may impose, approve an application of a CPF member to withdraw moneys standing to the member's credit in that member's medisave account to pay the premium for a medisave-approved plan for that member or an insured person who is a dependant of that member.

(2) The Board may not approve a withdrawal, to be made on or after 1 November 2015, from the medisave accounts of one or more CPF members, for the payment of the premiums for more than one of the following insurance covers, for the same insured person and in force concurrently:

- (a) a medisave-approved plan;
- (b) a MediShield Life cover.

(3) To avoid doubt, paragraph (2) does not prevent the Board from approving any withdrawal for the payment of premiums for the MediShield Life Component and the additional private insurance coverage comprised in one integrated shield plan.

(4) The Board may not approve a withdrawal, to be made on or after 1 November 2015, from a CPF member's medisave account for the payment of the premium of a non-integrated shield plan, if the insured person is a citizen or permanent resident of Singapore.

(5) If the Board approves the withdrawal of moneys from a CPF member's medisave account to pay the premium for an insured person's medisave-approved plan (called in this paragraph the later plan) —

- (a) any approval given by the Board for any withdrawal from any CPF member's medisave account, for the payment of premiums for any earlier plan of the insured person, is taken to be cancelled in respect of the payment of such

premiums for any period on or after the commencement of the later plan (called in this paragraph the affected premiums); and

- (b) withdrawals for the payment of the affected premiums are to cease on the commencement of the later plan.

(6) In paragraph (5), “earlier plan of the insured person” means any other medisave-approved plan or MediShield Life cover, for that insured person, that commences before the later plan.

(7) Despite paragraphs (2), (4) and (5), if an insured person has been permitted, under regulation 8(3), to have more than one medisave-approved plan in force concurrently, the Board may permit the withdrawal of moneys under paragraph (1) from the medisave accounts of one or more CPF members to pay the premiums for those medisave-approved plans.

(8) If the Board deducts the premium for an insured person’s MediShield Life cover commenced under regulation 4(1) of the MediShield Life Scheme Regulations 2015 (called in this paragraph the later plan) from a CPF member’s medisave account —

- (a) any approval given by the Board for any withdrawal from any CPF member’s medisave account, for the payment of premiums for any earlier plan of the insured person, is taken to be cancelled in respect of the payment of such premiums for any period on or after the commencement of the later plan (called in this paragraph the affected premiums); and
- (b) withdrawals for the payment of the affected premiums are to cease on the commencement of the later plan.

(9) In paragraph (8), “earlier plan of the insured person” means a non-integrated shield plan, for that insured person, that commences before the later plan.

(10) Despite paragraphs (2), (4) and (8), if an insured person has a MediShield Life cover and a non-integrated shield plan in force concurrently and a claim has been made under either of those insurance covers, the Board may approve the withdrawal of moneys under paragraph (1) from the medisave accounts of one or more CPF

members to pay the premiums for both of those insurance covers up to a date specified by the Board.

(11) The Board may cancel any approval given under paragraph (1) to withdraw moneys from a CPF member's medisave account to pay the premiums of an insured person's medisave-approved plan, with effect from a date determined by the Board, if —

- (a) the withdrawal from the CPF member's account was made in breach of these Regulations or the MediShield Life Scheme Regulations 2015; or
- (b) the CPF member had made a false representation to the Board or the insurer, or furnished the Board or the insurer with any false information, in connection with the purchase of the medisave-approved plan.

(12) If the Board's approval to withdraw moneys from a CPF member's medisave account, for the payment of premiums of an insured person's medisave-approved plan, is cancelled under paragraph (5), (8) or (11) —

- (a) the insurer of that plan must, if required by the Board, transfer to the Board any money paid as such premium for that plan from the CPF member's medisave account, which could not have been withdrawn if the cancelled approval had not been given; and
- (b) the Board must refund to the CPF member's medisave account the moneys so transferred by the insurer.

(13) Regulation 9 applies instead of paragraph (12) if the insured person's medisave-approved plan is terminated or cancelled.

(14) The Board's powers, under this regulation, to cancel any approval under paragraph (1) —

- (a) are not limited by regulation 12(1) to (4); and
- (b) apply to any permission granted by the Board under regulation 4(1) of the revoked PMIS Regulations, as those powers apply to any approval granted by the Board under paragraph (1).

Withdrawal limits

5.—(1) The maximum amount that may be withdrawn under regulation 4(1) from a CPF member's medisave account to pay the premium —

- (a) for the additional private insurance coverage under an integrated shield plan, is the medisave withdrawal limit specified in the First Schedule; and
- (b) for a non-integrated shield plan, is the medisave withdrawal limit specified in the Second Schedule.

(2) The First Schedule does not apply to the insurance period, commencing on 1 November 2015, of an integrated shield plan which continues an integrated medical insurance plan under regulation 12(1).

(3) The Second Schedule does not apply to the insurance period, commencing on 1 November 2015, of a non-integrated shield plan which continues an integrated medical insurance plan under regulation 12(3)(ii).

(4) Despite the withdrawal limits in paragraph (1), the Board may, on or after a CPF member's death, permit withdrawals under section 16A of the CPF Act from the CPF member's medisave account for the payment of such premiums in excess of those withdrawal limits.

Payment of premiums

6.—(1) If the Board approves a withdrawal under regulation 4(1) for the payment of the premium for an insured person's additional private insurance coverage or non-integrated shield plan, the Board must pay the amount that may be withdrawn under regulation 5(1) to the insurer for the insured person's additional private insurance coverage or non-integrated shield plan when the insurer notifies the Board that the premium is due.

(2) Where any person pays the premium for an insured person's integrated shield plan directly to an insurer —

- (a) the insurer must transfer to the Board from that payment, in such manner as the Board may require, the premium for the

MediShield Life Component of that insured person's integrated shield plan; and

(b) the Board must pay into the Fund the amount transferred.

Period of insurance cover

7. On the payment of the premium for an insured person's medisave-approved plan, that person is insured under the plan for a period of 12 months from the date the premium is due, unless —

(a) a shorter period applies under these Regulations or the MediShield Life Scheme Regulations 2015; or

(b) the medisave-approved plan is earlier terminated or cancelled.

Termination of insurance cover

8.—(1) Subject to paragraphs (2) and (3), if a person who is already insured under a medisave-approved plan (called in this regulation the earlier plan) is subsequently insured under another medisave-approved plan (called in this regulation the later plan), then on the commencement date of the later plan —

(a) the earlier plan is terminated; and

(b) the insurance cover under the earlier plan ceases.

(2) Subject to paragraph (3), if the insurer of the earlier plan reinstates the earlier plan —

(a) that person's insurance cover under the earlier plan continues as if it had not ceased under paragraph (1), on such terms and conditions as the insurer may require; and

(b) the later plan is terminated on the date that person's insurance cover under the earlier plan is reinstated.

(3) If a claim has been made under an earlier plan, the Board may postpone the termination of that plan to a date specified by the Board.

Refund of premium

9.—(1) If a person's insurance plan is terminated or cancelled, and the person ceases to be insured under that plan, within the free-look period applicable to that plan, the insurer of that plan must refund —

- (a) in the case of an integrated shield plan, the amount of all the premiums paid for the additional private insurance coverage under that plan; or
- (b) in the case of a non-integrated shield plan, the amount of all the premiums paid for that plan.

(2) If a person's insurance plan is terminated and the insured person ceases to be insured under that plan —

- (a) after the free-look period applicable to that plan; or
- (b) within the free-look period applicable to that plan, and a claim was paid under that plan,

the insurer of that plan must refund an amount not less than the amount specified in paragraph (1)(a) or (b), as the case may be, pro-rated for the unexpired period of the person's insurance plan at the time the insured person ceases to be insured under that plan.

(3) If an insurer cancels a person's insurance plan so that the person is taken never to have been insured under that plan, the insurer must refund —

- (a) the amount specified in paragraph (1)(a) or (b), as the case may be; or
- (b) if a claim has been made under a person's insurance plan before the date the plan is cancelled, an amount not less than the amount specified in paragraph (1)(a) or (b), as the case may be, pro-rated for the insurance periods of that plan falling after the insurance period in which the last claim was made under that plan.

(4) The proportion of any refund of any premium under paragraph (1) or (2), corresponding to the proportion of the premium paid by a withdrawal from a CPF member's medisave account, is to be paid into that member's medisave account.

(5) Where the Board forwards any refund of the whole or part of the premium for the MediShield Life Component to the insurer, the Board may direct the insurer to pay the premium refunded —

(a) to the person from whom, and in the mode of payment by which, the premium was received by the insurer; or

(b) in any other manner as the Board may determine,

and the insurer must pay the premium refunded as directed by the Board.

(6) In this regulation —

“free-look period”, in relation to an insurance plan, means the period specified in the insurance plan, or such longer period as the Board may specify, within which if the insurance plan is terminated or cancelled, a person is entitled to obtain a refund of the amount specified in paragraph (1)(a) or (b), as the case may be;

“person’s insurance plan” means an integrated shield plan or a non-integrated shield plan under which the person is insured.

Reimbursement by another person

10.—(1) Where —

(a) an insured person’s claim under a medisave-approved plan, in respect of any medical treatment or services received by the insured person, has been paid from the Fund or by an insurer, or both, as the case may be; and

(b) another person, who is under an obligation (contractual or otherwise) to pay or reimburse the insured person for charges incurred in respect of that medical treatment or service, has made the payment or reimbursement,

an amount computed in accordance with the following formula becomes due and payable to the Fund or the insurer, or both (as the case may be) by the insured person on the date such payment or reimbursement is made by that other person:

$$X + Y - Z,$$

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

Y is the total amount of the claim paid from the Fund or by the insurer, or both, under the medisave-approved plan; and

Z is the total amount of the charges incurred by the insured person.

(2) Where the insurer has received payment of any amount due and payable under paragraph (1), the insurer —

(a) may retain the amount paid by the insurer under the plan in respect of that medical treatment or service, excluding the amount paid from the Fund; and

(b) must transfer to the Board, in the manner directed by the Board, the lower of the following:

(i) any remaining balance;

(ii) the amount paid from the Fund in respect of that medical treatment or service.

(3) All amounts transferred to the Board under paragraph (2)(b) must be paid into the Fund.

MediShield Life Component

11. Part 5 of the MediShield Life Scheme Regulations 2015 applies to the MediShield Life Component of an insured person's integrated shield plan.

Transitional provisions

12.—(1) If —

(a) an insured person had in force, immediately before 1 November 2015, an integrated medical insurance plan with a MediShield Component; and

(b) the last day of the policy year of that plan is on or after 1 November 2015,

then, on 1 November 2015, the integrated medical insurance plan continues as an integrated shield plan with a MediShield Life Component for the unexpired period of the integrated medical insurance plan.

(2) If —

- (a) an insured person had in force, immediately before 1 November 2015, an integrated medical insurance plan with a MediShield Component;
- (b) the last day of the policy year of that plan is on 31 October 2015; and
- (c) the insured person —
 - (i) was a citizen or permanent resident of Singapore immediately before 1 November 2015 (whether or not the insured person is a citizen or permanent resident of Singapore on that date); or
 - (ii) was not a citizen or permanent resident of Singapore immediately before 1 November 2015, but becomes a citizen or permanent resident of Singapore on that date,

then, the integrated medical insurance plan (if renewed) is replaced by an integrated shield plan with an insurance period of 12 months commencing on 1 November 2015, and the insured person's MediShield Life cover which commences on that date forms the MediShield Life Component of the insured person's integrated shield plan.

(3) If —

- (a) an insured person had in force, immediately before 1 November 2015, an integrated medical insurance plan without a MediShield Component; and
- (b) the last day of the policy year of that plan is on or after 1 November 2015,

then —

- (i) if the insured person's MediShield Life cover commences on 1 November 2015 —
 - (A) the insured person may replace the integrated medical insurance plan with an integrated shield plan with an insurance period of 12 months commencing on 1 November 2015; and
 - (B) the insured person's MediShield Life cover forms the MediShield Life Component of the insured person's integrated shield plan; or
- (ii) if the insured person has no MediShield Life cover on 1 November 2015, the integrated medical insurance plan continues as a non-integrated shield plan for the unexpired period of the integrated medical insurance plan.

(4) If —

- (a) an insured person had in force, immediately before 1 November 2015, an integrated medical insurance plan without a MediShield Component; and
- (b) the last day of the policy year of that plan is on 31 October 2015,

then —

- (i) if the insured person's MediShield Life cover commences on 1 November 2015 —
 - (A) the integrated medical insurance plan (if renewed) is replaced by an integrated shield plan with an insurance period of 12 months commencing on 1 November 2015; and
 - (B) the insured person's MediShield Life cover forms the MediShield Life Component of the insured person's integrated shield plan; or
- (ii) if the insured person has no MediShield Life cover on 1 November 2015, the integrated medical insurance plan is

replaced by a non-integrated shield plan with an insurance period of 12 months commencing on 1 November 2015.

(5) The insurance periods specified in paragraphs (1) to (4) apply, unless —

- (a) shorter periods apply under these Regulations or the MediShield Life Scheme Regulations 2015; or
- (b) the integrated shield plan or non-integrated shield plan, as the case may be, is earlier terminated or cancelled.

(6) If regulation 4(11) or (12) or 9 is applied to an insured person's integrated shield plan or non-integrated shield plan, as the case may be, which continued or replaced the insured person's integrated medical insurance plan under this regulation (called in this paragraph the replaced plan) —

- (a) any reference in regulation 4(11) or (12) or 9 to a person's medisave-approved plan, integrated shield plan or non-integrated shield plan, as the case may be, is taken to include a reference to the insured person's replaced plan; and
- (b) in relation to a replaced plan, regulation 4(11)(a) refers to a breach of the revoked PMIS Regulations or revoked MediShield Regulations, as the case may be.

(7) Without limiting the provisions of the Interpretation Act (Cap. 1) and subject to these Regulations —

- (a) the revocation of the Central Provident Fund (Private Medical Insurance Scheme) Regulations (Cap. 36, Rg 26) does not affect anything done under any provision of those revoked Regulations before 1 November 2015;
- (b) the revoked PMIS Regulations continue to apply in relation to every integrated medical insurance plan which was in force before 1 November 2015 as if those Regulations had not been revoked; and
- (c) moneys may continue to be withdrawn from the CPF member's medisave account, in accordance with the Board's grant of permission under regulation 4(1) of the

revoked PMIS Regulations (where such permission has not been cancelled), for payments due before, on or after 1 November 2015, as if those Regulations had not been revoked.

(8) This regulation applies subject to regulations 16, 20 and 21 of the MediShield Life Scheme Regulations 2015.

FIRST SCHEDULE

Regulation 5(1)(a) and (2)
and Second Schedule

WITHDRAWAL LIMITS FOR ADDITIONAL PRIVATE INSURANCE COVERAGE

(For integrated shield plan which commences or is renewed
on or after 1 November 2015)

<i>First column</i>	<i>Second column</i>
Insured person's age on relevant date	Maximum withdrawal per insured person per insurance period
40 years or younger	\$300
41 to 70 years	\$600
71 years or older	\$900

Note:

1. In this Schedule, "relevant date", in relation to the withdrawal limit for an insured person's additional private insurance coverage during an insurance period, means the insured person's next birthday falling after the first day of that insurance period.

2. The premium payable for an insured person's MediShield Life cover may be fully withdrawn from a CPF member's medisave account, in accordance with the MediShield Life Scheme Regulations 2015.

SECOND SCHEDULE

Regulation 5(1)(b) and (3)

**WITHDRAWAL LIMITS FOR
NON-INTEGRATED SHIELD PLAN**

1. The medisave withdrawal limit for an insured person's non-integrated shield plan which commences or is renewed on or after 1 November 2015 is the sum of —

(a) the standard premium specified in the First Schedule to the MediShield Life Scheme Regulations 2015; and

(b) the amount specified in the second column of the First Schedule,

corresponding to the insured person's age on that person's next birthday falling after the first day of the insurance period to which the premium relates.

Made on 28 October 2015.

TAN CHING YEE
*Permanent Secretary,
Ministry of Health,
Singapore.*

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