



PRODUCT SUMMARY

Date: / / (DD/MM/YY)

Presented to: Name of Financial Adviser Representative:
(Name of Proposer)

Signature of Proposer: Signature of Financial Adviser Representative:

'You/ Your' means the owner of the policy who is named as the assured in the policy schedule. 'Life assured' means the person named as the life assured in the policy schedule. 'We/ Us/ Our' means Aviva Ltd.

Warning:

Anyone who pays for, or is insured under MyShield is not eligible for Additional Premium Support (APS) from the Government.*
If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this MyShield policy, you will stop receiving APS. This applies even if you are not the person paying for this MyShield policy.
In addition, if you choose to be insured under this MyShield policy, the person paying for MyShield will stop receiving APS, if he or she is currently receiving APS.
*APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

DESCRIPTION OF PRODUCT

MyShield is a medical insurance plan which covers the life assured for costs associated with hospital stay, surgery and major outpatient treatment. If your policy is integrated with MediShield Life, it adds to the MediShield Life tier operated by the CPF (Central Provident Fund) Board and provides extra benefits for those who would like more coverage and medical insurance protection. For more details on MediShield Life and how it works with Aviva's MyShield, you can visit <https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medishield-life>.

All benefits only pay reimbursement for reasonable expenses for necessary medical treatment received by the life assured due to illness or injury and depend on the terms and conditions in your policy, the limits shown in the benefits schedule and the exclusions in your policy. Treatment must be provided by a hospital or licensed medical centre or clinic.

Product At-a-glance

- 'As-charged' medical coverage.
- Guaranteed renewability and unlimited lifetime cover.
- Family Discount for Child(ren) under plan 2 coverage for up to 4 children until age 20 at age next birthday if both parents are covered under MyShield plan 1 or 2.
- Receive higher policy coverage and benefits under MyShield plan 1 when you seek treatment at our panel specialist.

PLAN FEATURES AND BENEFITS

1. Comparison of Benefits between MediShield Life and MyShield plan

A MyShield policy is made up of two parts – the MediShield Life portion provided by the CPF Board and additional private insurance coverage provided by us. The full MyShield premium comprises the MediShield Life premium and your MyShield's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will comprise the MediShield Life payout and the MyShield additional coverage payout. For example, if the payout computed based on the full MyShield benefits is S\$2,000, and the payout based on MediShield Life benefits is S\$500, the policyholder will receive S\$2,000, which comprises S\$500 from the MediShield Life payout, and S\$1,500 from the MyShield additional coverage payout. In the case where the payout based on MediShield Life benefits is higher than that from the MyShield benefits, the eventual payout will be based on the MediShield Life benefits.

Benefits Schedule in SG Dollars				
Benefit Parameters	MyShield (payout includes MediShield Life payout)			MediShield Life
	Plan 1	Plan 2	Plan 3	
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital	Any 6-bed (B2) standard ward of a restructured hospital
Inpatient hospital treatment				
Daily room, board and medical related services ¹	As charged			S\$800 per day (S\$1,000 per day for first 2 days)
Intensive care unit (ICU) ¹				S\$2,200 per day (S\$2,400 per day for first 2 days)

Benefits Schedule in SG Dollars (continued)

Benefit Parameters	MyShield (payout includes MediShield Life payout)			MediShield Life		
	Plan 1	Plan 2	Plan 3			
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital	Any 6-bed (B2) standard ward of a restructured hospital		
Inpatient hospital treatment						
Surgical benefit² (per surgery)				A	B	C
Table 1 A/B/C (less complex procedures)	As charged			S\$240	S\$340	S\$340
Table 2 A/B/C				S\$580	S\$760	S\$760
Table 3 A/B/C				S\$1,060	S\$1,160	S\$1,280
Table 4 A/B/C				S\$1,540	S\$1,580	S\$1,640
Table 5 A/B/C				S\$1,800	S\$2,180	S\$2,180
Table 6 A/B/C				S\$2,360	S\$2,360	S\$2,360
Table 7 A/B/C (more complex procedures)				S\$2,600	S\$2,600	S\$2,600
Surgical implants ³						
Radiosurgery ^{4,5}				S\$10,000 per treatment course		
Major organ transplant benefit ⁶				Covered under inpatient hospital treatment		
Stem cell transplant benefit ⁵	As charged			Covered under inpatient hospital treatment (S\$6,000 per treatment for continuation of autologous bone marrow transplant treatment for multiple myeloma)		
Accident inpatient dental treatment ⁷	As charged			Covered under inpatient hospital treatment		
Pre-hospital treatment ⁸ (Accident and emergency (A&E) treatment within 24 hours prior to an inpatient treatment for the same injury or illness is covered.)	As charged up to 90 days prior to admission. or As charged up to 180 days prior to admission (panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital).			N.A.		
Post-hospital treatment ⁸	As charged up to 180 days after discharge. or As charged up to 365 days after discharge (panel specialist ⁸ in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital).			N.A.		
Stay in a community hospital ⁹ (Rehab)	As charged			S\$350 per day		
Stay in a community hospital ⁹ (Sub-acute)				S\$430 per day		
Inpatient congenital anomalies (first diagnosed after a waiting period of 12 months)	As charged			Covered under inpatient hospital treatment		
Inpatient congenital anomalies (first diagnosed within a waiting period of 12 months)	N.A.			Covered under inpatient hospital treatment		
Inpatient pregnancy complications ¹⁰ (after a waiting period of 10 months)	As charged			Covered under inpatient hospital treatment		
Living donor organ transplant ¹¹ (after a waiting period of 24 months)	S\$50,000 per lifetime	S\$30,000 per lifetime	S\$20,000 per lifetime	Covered under inpatient hospital treatment		

Benefits Schedule in SG Dollars (continued)

Benefit Parameters	MyShield (payout includes MediShield Life payout)			MediShield Life
	Plan 1	Plan 2	Plan 3	
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital	Any 6-bed (B2) standard ward of a restructured hospital
Major outpatient treatment				
Outpatient kidney dialysis	As charged			S\$1,100 per month
Outpatient erythropoietin				S\$200 per month
Outpatient cancer treatment ⁵ which includes:	As charged			
– Chemotherapy				S\$3,000 per month
– External or superficial radiotherapy (hemi-body radiotherapy)				S\$900 per treatment
– External or superficial radiotherapy (except hemi-body radiotherapy)				S\$300 per treatment
– Brachytherapy, with or without external radiotherapy				S\$500 per treatment
– Immunotherapy				N.A.
– Stereotactic radiotherapy				S\$1,800 per treatment
Major organ transplant – approved Immunosuppressant drugs				
Special benefits				
Extra inpatient benefit for 5 critical illnesses - heart attack of specified severity, major cancer ⁵ , stroke with permanent neurological deficit, end stage lung disease and end stage liver disease	S\$150,000 per policy year	S\$100,000 per policy year	S\$50,000 per policy year	N.A.
Inpatient psychiatric treatment ¹² (after 10 months of continuous cover)	As charged up to 60 days per policy year	As charged up to 45 days per policy year	S\$500 per day up to 35 days per policy year	S\$160 per day up to 60 days per policy year
Inpatient psychiatric treatment ¹² (within 10 months of continuous cover)	S\$500 per day up to 35 days per policy year			
Family discount for child(ren)	Yes	Yes	N.A.	N.A.
Free new-born benefit ¹³	S\$50,000 per policy year			N.A.
Emergency overseas treatment ¹⁴	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	N.A.
Planned overseas treatment ¹⁴	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	N.A.
Inpatient and outpatient Proton Beam Therapy treatment ¹⁵	S\$25,000 per policy year	S\$15,000 per policy year	S\$10,000 per policy year	N.A.
Inpatient and outpatient Cell, Tissue and Gene Therapy ¹⁵	S\$70,000 per policy year	S\$45,000 per policy year	S\$30,000 per policy year	N.A.
Waiver of pro-ration factor benefit for outpatient kidney dialysis	N.A.	As charged (if kidney dialysis is received at a panel private dialysis centre ¹⁶)		N.A.
Preventive treatment for cancer ¹⁷	As charged			N.A.
Final Expenses Benefit¹⁸	S\$10,000			N.A.

Benefits Schedule in SG Dollars (continued)

Benefit Parameters		MyShield (payout includes MediShield Life payout)			MediShield Life			
		Plan 1	Plan 2	Plan 3				
Pro-ration factor								
		Singapore Citizen (SC) / Singapore Permanent Resident (SPR) / Foreigner			SC	SPR		
Restructured hospital	Class C ward	100%	100%	100%	100%	44%		
	Class B2 ward / Subsidised short stay ward				100%	58%		
	Class B2+ ward				70%	47%		
	Class B1 ward					85% ¹⁹	43%	38%
	Class A ward / Unsubsidised short stay ward						35%	35%
	Subsidised day surgery						100%	58%
	Unsubsidised day surgery					100%	35%	35%
	Subsidised major outpatient treatment						100%	67%
	Unsubsidised major outpatient treatment						50%*	50%*
Private hospital	Inpatient (including day surgery)		50% ¹⁹	35% ¹⁹	25%	25%		
	Major outpatient treatment				50%*	50%*		
Community hospital	Subsidised ward		100%	100%	100%	50%		
	Unsubsidised ward			85% ²⁰	50%	50%		
Hospital outside Singapore			50% ¹⁹	35% ¹⁹	N.A.			
MyShield annual deductible²¹ for life assured age 80 years and below next birthday								
Inpatient								
Class C ward				S\$1,500	S\$1,500			
Class B2 / B2+ ward				S\$2,000				
Class B1 ward				S\$2,500	S\$2,000			
Class A ward / Private hospital				S\$3,500				
Hospital outside Singapore					N.A.			
Subsidised short stay ward				S\$2,000				
Unsubsidised short stay ward				S\$3,500	S\$1,500			
Day surgery		S\$3,000	S\$3,000	S\$2,000				
MyShield annual deductible²¹ for life assured age 81 years and above next birthday								
Inpatient								
Class C ward				S\$2,250	S\$2,000			
Class B2 / B2+ ward				S\$3,000				
Class B1 ward				S\$3,750	S\$3,000			
Class A ward / Private hospital				S\$5,250				
Hospital outside Singapore				S\$5,250	N.A.			
Subsidised short stay ward				S\$3,000				
Unsubsidised short stay ward				S\$5,250	S\$2,000			
Day surgery		S\$4,500	S\$4,500	S\$3,000				
Co-insurance								
All ward classes and day surgery claimable amount ²²								
Inpatient (including day surgery)	S\$0 - S\$5,000				10%			
	S\$5,001 - S\$10,000	(applicable to claimable amount after MyShield annual deductible)			5%			
	>S\$10,000	Maximum S\$25,500 per policy year.			3%			
Major outpatient treatment ²³					10%			
Maximum Claim Limits								
Policy year limit		S\$1,000,000 or S\$2,000,000 ²⁴ (Panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital)	S\$1,000,000	S\$500,000	S\$150,000			
Lifetime limit		Unlimited			Unlimited			

Benefits Schedule in SG Dollars				
Benefit Parameters	MyShield (payout includes MediShield Life payout)			MediShield Life (as of March 2021)
	Plan 1	Plan 2	Plan 3	
Age Limits (age next birthday)				
Last entry age	75 years old			None
Maximum cover age	Lifetime			Lifetime

Footnotes

- 1 Includes treatment fees, meals, prescriptions, medical consumables, doctor's attendance fees, medical examinations, laboratory tests and miscellaneous medical charges.
- 2 Classified according to their level of complexity, which increases from Table 1 to Table 7.
- 3 Includes:
 - Intravascular electrodes used for electrophysiological procedures
 - Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons
 - Intra-aortic balloons (or Balloon Catheters)
 - Intraocular lens for cataracts
- 4 Radiosurgery includes Novalis radiosurgery and Gamma Knife treatments which can be performed as an inpatient or day surgery procedure. The applicable MyShield annual deductible and pro-ration factor for radiosurgery will depend on its classification as an inpatient or day surgery procedure.
- 5 Proton Beam Therapy and Cell, Tissue and Gene Therapy are excluded from this benefit.
- 6 Major organ transplant benefit covers charges for transplant of cornea, kidney, heart, liver, lung, skin or musculoskeletal tissue and includes costs of acquiring the organ from a donor.
- 7 Treatment must be received within 31 days following the accident.
- 8 The benefit will be covered based on the type of specialist and hospital on the date of the life assured's admission. The approved list of panel specialists can be found at www.aviva.com.sg.
- 9 Upon referral from the attending doctor in a restructured hospital/private hospital for immediate admission to a community hospital for continuous stay. The treatment in the community hospital must arise from the same injury or illness that resulted in the life assured's inpatient treatment in the restructured hospital or private hospital. Rehabilitative care refers to therapy to improve the life assured's post-illness disability and functional impairment. Sub-acute care is for complicated medical conditions that require additional medical and nursing care at a lower intensity compared to that provided at the acute hospitals.
- 10 Inpatient pregnancy complications benefit covers charges the life assured has to pay for the following complications in pregnancy:
 - ectopic pregnancy;
 - pre-eclampsia or eclampsia;
 - disseminated intravascular coagulation; or
 - miscarriage after 13 weeks of pregnancy which must not be due to a voluntary or malicious act.
 Pre-hospital treatment received before and post-hospital treatment received after inpatient pregnancy complications treatment are not covered.
- 11 Living donor organ transplant benefit covers charges for major organ transplants of the kidney or liver where the life assured is a living donor. Pre-hospital treatment received before and post-hospital treatment received after living donor organ transplant are not covered.
- 12 Pre-hospital treatment received before and post-hospital treatment received after inpatient psychiatric treatment are not covered.
- 13 Free new-born benefit applies to a new-born child(ren) from 15 days old or the date of discharge from hospital after birth, whichever is later. The benefit ends on the date the new-born is 6 months old or takes up a Medisave-approved Integrated Shield Plan, whichever is earlier. Both parents must be covered under plan 1 or plan 2 continuously for at least 10 months from the cover start date of their respective policies on the new-born's date of birth. Pre-hospital treatment received before and post-hospital treatment received after free new-born benefit are not covered.
- 14 Planned overseas treatment applies to an overseas hospital that has an approved working arrangement with a Medisave-accredited institution/referral centre in Singapore or emergency overseas treatment. Pre-hospital treatment received before and post-hospital treatment received after emergency overseas treatment is not covered. We will pay this benefit only if residency of the life assured is Singapore on the date of the life assured's admission.
- 15 Proton Beam Therapy benefit or Cell, Tissue and Gene Therapy benefit apply if Proton Beam Therapy treatment or Cell, Tissue and Gene Therapy treatment are received as an inpatient, outpatient or day surgery procedure.
- 16 The approved list of panel private kidney dialysis centres and subsidised centres can be found at www.aviva.com.sg.
- 17 Preventive treatment for cancer covers surgery to prevent further cancer if the life assured already had treatment for cancer and we have paid for the treatment.
- 18 Final expenses benefit is a waiver of MyShield annual deductible and co-insurance amounts, up to the limits stated, upon death taking place during hospitalisation or within 30 days of discharge from hospitalisation and provided death takes place as a result of the cause of the hospitalisation.
- 19 Pro-ration factor is applied to reduce overseas/higher class wards/private hospital bills to:
 - (a) a restructured hospital in Singapore equivalent in the claims computation of plan 2; or
 - (b) 4-bed ward equivalent in a restructured hospital in Singapore in the claims computation of plan 3.
 This is not applicable to expenses incurred for major outpatient treatment and day surgery at a restructured hospital in Singapore and for major outpatient treatment at a subsidised dialysis or cancer centre in Singapore.
- 20 Pro-ration factor is applied to reduce the unsubsidised hospital charges to equivalent subsidised charges in a community hospital.
- 21 MyShield annual deductible is waived for major outpatient treatments.
- 22 Claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ration, if needed.
- 23 Co-insurance for major outpatient treatments is 10% of a percentage of the charges incurred.
- 24 The policy year limit of S\$2,000,000 assumes that all treatment(s) in the policy year is made through panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital.

*Note: Pro-ration for unsubsidised outpatient cancer treatments will be applicable from 1 Nov 2016 onwards. Dialysis-related treatment and immunosuppressants will not be pro-rated.

2. Premium Rates

We calculate the premium you have to pay based on the life assured's age next birthday.

We may deduct your premium from the designated Medisave account according to the MediShield Life Scheme Act and Regulations.

You must pay the premium or any part of it in cash if:

- a. the premium you owe is more than the maximum Additional Withdrawal Limit (for Singapore citizens or Singapore permanent residents) or Medisave Withdrawal Limit (for foreigners) set by the CPF Board;
- b. there are not enough funds in your Medisave account to pay the premium due; or
- c. the premium, or part of it is not taken from the designated Medisave account for any reason.

PLAN FEATURES AND BENEFITS

Breakdown of Standard Premiums for MyShield

The tables below show the breakdown of premiums for a standard life[^] under your plan type:

For Singapore Citizens / Singapore Permanent Residents

(For foreigners, please refer to www.aviva.com.sg for the premiums and Medisave Withdrawal Limits)

MyShield Plan 1				
Annual premium per person in SG Dollars (inclusive of 7% GST). Premium rates are non-guaranteed.				
Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1 to 20	145.00	192.00	300.00	0
21 to 30	250.00	232.00	300.00	0
31 to 40	390.00	409.00	300.00	109.00
41 to 45	525.00	714.00	600.00	114.00
46 to 50	525.00	924.00	600.00	324.00
51 to 55	800.00	1,166.00	600.00	566.00
56 to 60	800.00	1,483.00	600.00	883.00
61 to 65	1,020.00	1,957.00	600.00	1,357.00
66 to 70	1,100.00	2,774.00	600.00	2,174.00
71 to 73	1,195.00	3,750.00	900.00	2,850.00
74 to 75	1,320.00	4,401.00	900.00	3,501.00
76 to 78	1,530.00	4,897.00 [#]	900.00	3,997.00
79 to 80	1,590.00	5,546.00 [#]	900.00	4,646.00
81 to 83	1,675.00	6,530.00 [#]	900.00	5,630.00
84 to 85	1,935.00	7,149.00 [#]	900.00	6,249.00
86 to 88	2,025.00	7,736.00 [#]	900.00	6,836.00
89 to 90	2,025.00	7,995.00 [#]	900.00	7,095.00
91 to 93	2,055.00	8,231.00 [#]	900.00	7,331.00
94 to 95	2,055.00	8,425.00 [#]	900.00	7,525.00
96 to 98	2,055.00	8,721.00 [#]	900.00	7,821.00
99 and above	2,055.00	9,097.00 [#]	900.00	8,197.00

MyShield Plan 2				
Annual premium per person in SG Dollars (inclusive of 7% GST). Premium rates are non-guaranteed.				
Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1 to 20	145.00	86.00	300.00	0
21 to 30	250.00	99.00	300.00	0
31 to 40	390.00	168.00	300.00	0
41 to 45	525.00	312.00	600.00	0
46 to 50	525.00	340.00	600.00	0
51 to 55	800.00	468.00	600.00	0
56 to 60	800.00	494.00	600.00	0
61 to 65	1,020.00	773.00	600.00	173.00
66 to 70	1,100.00	1,219.00	600.00	619.00
71 to 73	1,195.00	1,806.00	900.00	906.00
74 to 75	1,320.00	2,107.00	900.00	1,207.00
76 to 78	1,530.00	2,736.00 [#]	900.00	1,836.00
79 to 80	1,590.00	2,968.00 [#]	900.00	2,068.00
81 to 83	1,675.00	3,724.00 [#]	900.00	2,824.00
84 to 85	1,935.00	3,786.00 [#]	900.00	2,886.00
86 to 88	2,025.00	4,505.00 [#]	900.00	3,605.00
89 to 90	2,025.00	4,614.00 [#]	900.00	3,714.00
91 to 93	2,055.00	4,657.00 [#]	900.00	3,757.00
94 to 95	2,055.00	4,773.00 [#]	900.00	3,873.00
96 to 98	2,055.00	4,894.00 [#]	900.00	3,994.00
99 and above	2,055.00	5,018.00 [#]	900.00	4,118.00

MyShield Plan 3

Annual premium per person in SG Dollars (inclusive of 7% GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1 to 20	145.00	70.00	300.00	0
21 to 30	250.00	73.00	300.00	0
31 to 40	390.00	100.00	300.00	0
41 to 45	525.00	180.00	600.00	0
46 to 50	525.00	196.00	600.00	0
51 to 55	800.00	278.00	600.00	0
56 to 60	800.00	286.00	600.00	0
61 to 65	1,020.00	480.00	600.00	0
66 to 70	1,100.00	719.00	600.00	119.00
71 to 73	1,195.00	1,151.00	900.00	251.00
74 to 75	1,320.00	1,341.00	900.00	441.00
76 to 78	1,530.00	1,912.00 [#]	900.00	1,012.00
79 to 80	1,590.00	1,924.00 [#]	900.00	1,024.00
81 to 83	1,675.00	2,550.00 [#]	900.00	1,650.00
84 to 85	1,935.00	2,571.00 [#]	900.00	1,671.00
86 to 88	2,025.00	3,020.00 [#]	900.00	2,120.00
89 to 90	2,025.00	3,147.00 [#]	900.00	2,247.00
91 to 93	2,055.00	3,407.00 [#]	900.00	2,507.00
94 to 95	2,055.00	3,547.00 [#]	900.00	2,647.00
96 to 98	2,055.00	3,689.00 [#]	900.00	2,789.00
99 and above	2,055.00	3,835.00 [#]	900.00	2,935.00

[^] A standard life is a life assured who, at point of proposal, does not have any pre-existing conditions.

^{*} Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MediShield Life Premium Payable after accounting for these is fully payable by Medisave.

[#] For renewal only.

The total distribution cost of this product is 41% to 54% of additional private insurance premium for the first year and 5% to 10% of additional private insurance premium for renewal years.

3. Family discount for child(ren)

- 3.1. For Singapore citizens or Singapore permanent residents
If both parents of an eligible child life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, we will waive the eligible child life assured's premium for the additional private insurance cover until the eligible child life assured reaches 20 years old at age next birthday. The MediShield Life premium will continue to be payable under plan 2 until the eligible child life assured reaches 20 years old at age next birthday.
- 3.2. For foreign dependants
If both parents of an eligible child life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, the premium for the eligible child life assured based on the family discount for child(ren) as stated in our premium tables will be payable under plan 2 until the eligible child life assured reaches 20 years old at age next birthday.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases. This benefit is limited to a maximum of four child life assureds who must all have the same biological parents.

4. Pro-ration Factor

Except for final expenses benefit, we will apply the pro-ration factor if the life assured is admitted as an inpatient to a room or hospital above what the life assured is entitled to under your policy or at a hospital outside Singapore or receive major outpatient treatment at a private hospital or medical institution. Pro-ration factor means the percentage shown in the benefits schedule.

5. MyShield Annual Deductible

MyShield annual deductible applies to all claims made under your policy except for major outpatient treatment and final expenses benefit. MyShield annual deductible means the cumulative total amount of medical expenses which you have to bear during any one policy year before any benefits are payable under your policy as shown in the benefits schedule.

6. Co-insurance

Co-insurance applies to all claims made under your policy except for final expenses benefit. Co-insurance means the amount that you need to co-pay on the claimable amount after MyShield annual deductibles have been paid. The co-insurance percentages for the benefits are shown in the benefits schedule.

7. Eligibility

To be eligible for MyShield, you must:

- be a Singapore citizen or Singapore permanent resident; and
- have a Medisave account;

and the life assured must be 75 years old or below at age next birthday at the cover start date.

Only life assured who are Singapore citizens and Singapore permanent residents are eligible to be covered under MyShield plan 3.

Your dependants are also eligible for cover under MyShield plan 1 or plan 2 as long as they are Singapore citizens, Singapore permanent residents or foreigners who hold eligible valid passes. A new-born is eligible for cover 15 days after birth or after discharge from hospital, whichever is later.

PLAN FEATURES AND BENEFITS

8. Guaranteed renewal

We will renew your policy automatically every year. We guarantee to do this for life as long as:

- a. we receive the premium before the grace period ends;
- b. the cover for the life assured has not been ended.

9. When your policy ends

Your policy automatically ends on the date:

- a. the life assured dies;
 - b. we receive your written notice requesting cancellation of your policy;
 - c. we do not receive your premium after the grace period;
 - d. you fail to give us any information or document which we require from you, which date will be determined by us;
 - e. you fail or refuse to refund any amount you owe us, which date will be determined by us;
 - f. fraud takes place;
 - g. you do not reveal information or misrepresent to us;
 - h. you or the life assured does not fulfill the eligibility requirements;
 - i. the cover of your policy ends; or
 - j. the life assured is covered under another Medisave-approved Integrated Shield Plan;
- whichever is earlier.

10. Waiting period

Waiting period means the period of time that applies to specific benefits under the policy as set out in the benefit provisions and benefits schedule, during which your policy will not provide for those specific benefits regardless of whether treatment was made necessary by any cause. The waiting period starts from:

- the date the benefit first becomes effective under the policy;
- the cover start date;
- the last reinstatement date;
- the date of upgrade;

whichever is the latest.

ADDITIONAL INFORMATION

1. The Contract

This Product Summary provides you with an overview of the plan. The Policy Terms and Conditions provides the full terms and conditions of this plan.

2. Pre-existing Conditions

'Pre-existing condition' means any illness, injury, condition or symptom:

- for which the life assured asked for or received treatment, medication, advice or diagnosis from a doctor before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later;
- which existed or were evident before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment; or
- which was foreseeable or known, by you or the life assured, to exist before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, whether or not the life assured asked for treatment, medication, advice or diagnosis.

All pre-existing conditions are excluded under your policy unless you have declared the pre-existing condition and it has been accepted by us in writing.

3. Exclusions

The following treatment items, procedures, conditions, activities and their related or consequential expenses are not covered under your policy. However, some of these exclusions may be covered under MediShield Life. For exclusions that are covered under MediShield Life, we will deal with your claim according to the terms and conditions and benefit limits of MediShield Life. If we say that because of an exclusion or any other term or condition of your policy, any loss, damage, cost or expense is not covered by your policy, the burden is on you to prove otherwise.

- a. all expenses for treatment as an inpatient, if the life assured was admitted to the hospital before the cover start date;
- b. any pre-existing condition (unless we cover it);
- c. overseas medical treatment (unless we cover it under emergency overseas treatment or planned overseas treatment);
- d. transport for trips made to obtain medical treatment such as ambulance fees, emergency evacuation, or send home a body or ashes;
- e. private nursing charges and nursing home services;
- f. inpatient room and board charges for surgery which can be done as a day surgery;
- g. admission as an inpatient for medical services, examination or treatment which can be done on an outpatient basis including but not limited to X-ray, CT scan or MRI scan (unless we cover it under pre-hospital treatment, inpatient hospital treatment, surgery (including day surgery), post-hospital treatment or major outpatient treatment);
- h. health screenings (including endoscopy for health screening purposes) and primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical/health screening packages, general physical checkups, vaccinations, etc.);
- i. medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye;
- j. elective cosmetic treatments and plastic surgery unless the surgery is necessary for:
 - the repair of damage caused by an accident. The surgery must be done within 365 days from the date of accident; or
 - breast reconstruction after mastectomy due to breast cancer. The breast reconstruction must be done within 365 days from the date of mastectomy. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered;
- k. any treatment claimed to prevent illness (unless we cover it under preventive treatment for cancer), promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers;
- l. dental treatment or oral surgery related to teeth (unless this is covered under accident inpatient dental treatment);
- m. palliative care, rest cures and services or treatment at any home, spa, hydro or aqua clinic, sanatorium, hospice or long-term care facility that is not a hospital;
- n. infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations;
- o. treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres;

3. Exclusions (continued)

- p. pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related hospitalisation or treatment (unless we cover this under inpatient pregnancy complications benefit);
- q. treatment for obesity, weight reduction, weight improvement or procedure for weight management;
- r. treatment for birth defects, including hereditary conditions and disorders and congenital anomalies (unless we cover it under inpatient congenital anomalies benefit);
- s. prosthesis, corrective devices and medical appliances which are not surgically required including the buying or renting of the following for use at home or as an outpatient:
 - braces;
 - special/medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances;
 - durable medical equipment and machines;
 - corrective devices;
 - wheelchairs;
 - walking aids;
 - home aids;
 - kidney dialysis machines;
 - iron lungs;
 - oxygen machines;
 - hospital beds;
 - any other hospital type equipment;
 - replacement organs.
- t. alternative or complementary treatments, including traditional Chinese medicine (TCM), naturopathic, homeopathic, podiatric, chiropractic or osteopathic treatment or a stay in any health-care establishment for social or non-medical reasons;
- u. costs relating to cornea, muscular, skeletal or human organ or tissue transplant (unless we cover it under living donor organ transplant, major organ transplant, major organ transplant – approved immunosuppressant drugs or stem cell transplant);
- v. treatment for self-inflicted injury, suicide, alcohol abuse, drug addiction or abuse;
- w. treatment for psychological, emotional or mental problems or conditions (unless we cover it under inpatient psychiatric treatment);
- x. experimental or pioneering medical or surgical techniques; and medical devices including medical treatments that were of an investigational or research nature, not approved by Health Sciences Authority and the Centre of Medical Device Regulation; as well as clinical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority;
- y. medical devices, drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved by Health Sciences Authority (unless approved by European Medicines Agency (EMA) or United States Food and Drug Administration (FDA) for necessary medical treatment);
- z. injury or illness arising from or in connection with any illegal act such as imprisonment;
- aa. injury or illness arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby;
- bb. costs arising out of any litigation or dispute between the life assured and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by your policy;
- cc. any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:
 - (i) ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel;
 - (ii) radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component;
 - (iii) any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter;
- dd. death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:
 - (i) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power; or
 - (ii) any act of terrorism including but not limited to:
 - the use or threat of force or violence;
 - harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear; or
 - any action taken to control, prevent, suppress or in any way relating to (i) or (ii);
- ee. sexually transmitted diseases and any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except
 - (i) HIV infection acquired through blood transfusion in Singapore; or
 - (ii) HIV acquired while performing regular professional duties in a medical profession in Singapore;
- ff. charges for non-necessary medical goods or services such as telephone, television or newspapers;
- gg. fees or payment made to third party administrators or patient referral services;
- hh. claims incurred directly or indirectly as a result of violation or attempted violation of any law, subsidiary legislation, governmental notice, policy or other statutory requirement, or any change thereof.

4. Full Disclosure

Up to the cover start date or the upgrade effective date or the last reinstatement date, whichever is later, you and the life assured must disclose to us fully and truthfully, all material facts and circumstances about the life assured that may influence our decision whether or not to cover him or to impose further terms and conditions on your policy.

If you do not give us this information or misrepresent any information, we may:

- (i) declare your policy "void" from the cover start date or the last reinstatement date (whichever is applicable);
- (ii) end the cover for the life assured; or
- (iii) add extra terms and conditions, amend and/or adjust the benefits as we may deem fit.

If event (i) or (ii) above happens, we will refund you all premiums paid to us only if you have not made any claim under your policy. If you have made a claim under your policy before event (i) or (ii) happens, we will calculate the premium to be refunded from the first policy year immediately following the policy year in which you made the last claim under your policy. If the life assured is a Singapore citizen or a Singapore permanent resident, the life assured will continue to be covered under MediShield Life without any exclusion.

4. Full Disclosure

Up to the cover start date or the upgrade effective date or the last reinstatement date, whichever is later, you and the life assured must disclose to us fully and truthfully, all material facts and circumstances about the life assured that may influence our decision whether or not to cover him or to impose further terms and conditions on your policy.

If you do not give us this information or misrepresent any information, we may:

- (i) declare your policy “void” from the cover start date or the last reinstatement date (whichever is applicable);
- (ii) end the cover for the life assured; or
- (iii) add extra terms and conditions, amend and/or adjust the benefits as we may deem fit.

If event (i) or (ii) above happens, we will refund you all premiums paid to us only if you have not made any claim under your policy. If you have made a claim under your policy before event (i) or (ii) happens, we will calculate the premium to be refunded from the first policy year immediately following the policy year in which you made the last claim under your policy. If the life assured is a Singapore citizen or a Singapore permanent resident, the life assured will continue to be covered under MediShield Life without any exclusion.

5. Upgrading or Switching of Plan

The life assured can only have one Integrated Shield Plan. Once this policy commences, the life assured’s previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, the life assured’s health will be assessed by us. If the life assured is not in good health, we may:

- decline your application; or
- not provide the life assured with certain benefits.

If the life assured is currently holding an Integrated Shield Plan with us and is upgrading his plan, he may not be given the enhanced benefits due to his existing medical conditions.

If the life assured is currently holding an Integrated Shield Plan with another insurer and is switching to this plan with us, and he has existing medical conditions that are currently covered by the existing plan, he may lose coverage for his existing medical conditions.

In the event that you cannot afford, or do not wish to continue paying the premiums for the life assured’s Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us, or cease the life assured’s Integrated Shield Plan. If you are a Singaporean citizen or Singapore permanent resident, regardless of your decision, the life assured will continue to be covered by MediShield Life for life without any exclusion.

6. Change of Policy Terms or Conditions

We may change the benefits, cover, premiums or terms and conditions of your policy (as long as the changes apply to all policies of the same class). We will give you at least 30 days’ written notice before we do so. However, such notice shall be waived and we may change the benefits, cover, premiums or terms and conditions of the policy with immediate effect without giving you notice if such changes are required by any law, regulation, governmental notices, policies or other statutory requirements.

7. Cancel Your Policy

You may cancel the policy with effect from any renewal date by giving us at least 30 days’ written notice of your intention not to renew your policy. The life assured’s cover under your policy will end on the renewal date.

You may also cancel your policy during the policy year and after the free look period by giving us at least 30 days’ written notice. We will refund you the pro-rated premium for the unexpired period of cover.

8. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit the FAQs section in www.aviva.com.sg/myshield for claim procedures.

9. Other Insurance

If you or the life assured have other medical insurance policies (including medical benefits under any employment contract) which allows you or them to claim a refund for medical expenses, you or the life assured, must first claim from these policies before making any claim under your policy. Our obligations to pay under your policy will only arise after you have fully claimed under these policies.

If we have paid any benefit to you first before you make a claim under the other medical insurance policies, the other medical insurers or your employer must refund us their share. You must file your claim with the other medical insurers or your employer so that we can get back their share of the claim we have paid.

For every claim, the total reimbursement we make will not be more than the expenses actually paid.

10. Free Look

If we are issuing this policy to you for the first time, we give you a free-look period of 21 days from the date you received your policy to decide if you want to continue with your policy. If you do not want to continue with your policy, you may write to us to cancel it. As long as you have not made any claim under your policy, we will cancel your policy from its cover start date and refund all premiums paid, without interest. You are assumed to have received the policy within seven days after we have sent it by post.

11. Point-of-Sale Documents

A copy of the following documents is provided at the point-of-sale:

- Product Summary
- Fact Find
- Your Guide to Health Insurance and Infographic “Evaluating My Health Insurance Coverage” (if applicable)

12. Note

The above is merely a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract.

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. In the event that you choose not to seek advice from a Financial Adviser Representative, you should consider whether the plan in question is suitable for you. Buying a health insurance policy that is not suitable for you may impact your ability to finance your future healthcare needs.

13. Policy Owners’ Protection Scheme

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

14. Details of Insurer

This plan is underwritten by Aviva Ltd, part of Aviva plc. Website: www.aviva.com.sg