

Table A**MediShield Benefits**

BENEFITS	CLAIM LIMITS
Inpatient/Day Surgery	
Daily Ward & Treatment Charges ¹	
- Normal ward	\$450 per day
- ICU ward	\$900 per day
- Community Hospital	\$250 per day
Surgical Operations ²	
Table 1	\$150
Table 2	\$360
Table 3	\$720
Table 4	\$800
Table 5	\$840
Table 6	\$960
Table 7	\$1,100
Implants/approved medical consumables ³	\$7,000 per treatment
Radiosurgery ⁴	\$4,800 per procedure
Outpatient Treatments⁵	
Chemotherapy for Cancer/Certain Benign Neoplasms	
- Per 7-day treatment cycle	\$270
- Per 21- or 28-day treatment cycle	\$1240
Stereotactic Radiotherapy for Cancer	\$1,800 per treatment
Radiotherapy for Cancer	
- External or Superficial	\$80 per treatment day
- Brachytherapy with or without external	\$160 per treatment day
Kidney Dialysis	\$1,000 per month
Immunosuppressant drugs for organ transplant	\$200 per month
Erythropoietin drug for chronic kidney failure	\$200 per month
Maximum Claim Limits	
Per Policy Year	\$50,000
Lifetime	\$200,000
Last Entry Age	Below 75 when cover commences
Maximum Coverage Age	85 (age next birthday)

¹ Inclusive of meal charges, prescriptions, professional charges, investigations and other miscellaneous charges.

² Surgical operations are classified according to their level of complexity, which increases from Table 1 to Table 7.

³ Approved medical consumables are:

- Intravascular electrodes used for electrophysiological procedures.
- Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons.
- Intra-aortic balloons (or Balloon Catheters).

⁴ Radiosurgery includes Novalis radiosurgery and Gamma Knife treatment.

⁵ Deductibles are not applicable for Outpatient Treatment.