

**Table A****MediShield Benefits**

<b>BENEFITS</b>	<b>CLAIM LIMITS</b>
<b>Inpatient/Day Surgery</b>	
Daily Ward & Treatment Charges <sup>1</sup>	
- Normal ward	\$450 per day
- ICU ward	\$900 per day
- Community Hospital	\$250 per day
Surgical Operations <sup>2</sup>	
<b>Table 1</b>	\$150
<b>Table 2</b>	\$360
<b>Table 3</b>	\$720
<b>Table 4</b>	\$800
<b>Table 5</b>	\$840
<b>Table 6</b>	\$960
<b>Table 7</b>	\$1,100
Implants/approved medical consumables <sup>3</sup>	\$7,000 per treatment
Radiosurgery <sup>4</sup>	\$4,800 per procedure
<b>Outpatient Treatments<sup>5</sup></b>	
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
<b>Maximum Claim Limits</b>	
Per Policy Year	\$50,000
Lifetime	\$200,000
<b>Last Entry Age</b>	Below 75 when cover commences
<b>Maximum Coverage Age</b>	85 (age next birthday)

<sup>1</sup> Inclusive of meal charges, prescriptions, professional charges, investigations and other miscellaneous charges.

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

<sup>3</sup> Approved medical consumables are:

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

<sup>4</sup> Radiosurgery includes Novalis radiosurgery and Gamma Knife treatment.

<sup>5</sup> Deductibles are not applicable for Outpatient Treatment.