HEALTH INSURANCE (HI) STUDY GUIDE (6TH EDITION, OCTOBER 2016)

Version 1.2
Issued On: 3 April 2019

Note: (1) This Version 1.2 of the amendments below, as well as Version 1.1 of the amendments shall apply to any candidate who sits for the HI examination from 3 June 2019 onwards.

(2) Only Version 1.1 of the amendments shall apply to any candidate who sits for the HI examination before 3 June 2019.

(3) The next set of amendments, if any, will be issued on 1 October 2019.

Amendments are made to the HI Study Guide (6th Edition, October 2016) as follows:

1. **Chapter 1, Section 3, Paragraph 3.2, Page 4**
   By deleting the Paragraph 3.2, and substituting it with the following:

   “With MOH’s partners and stakeholders, MOH seeks to provide patients with holistic and integrated care. The Agency for Integrated Care (AIC) was set up to smoothen the transition of patients from one care setting to another. Each regional healthcare cluster is anchored by a regional hospital working with a variety of primary, ILTC and support services to deliver patient-centric care. The public healthcare system consists of three integrated clusters to better meet Singaporeans’ future healthcare needs. For more information on the regions and the healthcare institutions under each region, please visit the MOH website at: https://www.moh.gov.sg”

2. **Chapter 1, Section 3A, Paragraph 3.4, Page 4**
   By deleting Paragraph 3.4 and replacing it with the following:

   “In the public sector, primary healthcare services are provided through a network of outpatient polyclinics. Under the Community Health Assist Scheme (CHAS), Singapore Citizens from lower- to middle-income households, and the Pioneer Generation, can also receive subsidised treatments at participating GPs and dental clinics, without the need to travel to the polyclinics.”

3. **Chapter 1, Section 3A, Paragraph 3.6, Page 4**
   By deleting Paragraph 3.6 and replacing it with the following:

   “Patients under CHAS can enjoy subsidised rates at Specialist Outpatient Clinics (SOCs) and at specified Community Health Centres (CHCs) when referred by CHAS clinics. To find out more about CHAS, just visit: www.chas.sg”
4. **Chapter 1, Section 3B, Paragraph 3.7, Page 5**
By deleting the first sentence of Paragraph 3.7, and substituting it with the following:

“There are 10 public hospitals comprising general hospitals, a women’s and children’s hospital, and a psychiatric hospital.”

5. **Chapter 1, Section 4, Paragraph 4.2, Page 6**
Insert the following new paragraphs after Paragraph 4.2:

- **4.2A** The Government has accepted the recommendations of the ElderShield Review Committee to enhance the ElderShield scheme to the new “CareShield Life” scheme.

- **4.2B** From 2020, the Government will be introducing CareShield Life; a national long-term care insurance scheme designed to provide basic protection against long-term care costs.

- **4.2C** CareShield Life will feature higher payouts that increase over time with no cap on payout duration, to provide better protection against the uncertainty of long-term care costs if the insured becomes severely disabled.”

6. **Chapter 1, Section 4, Paragraph 4.3(c), Page 6**
By deleting the third bullet point in Paragraph 4.3(c) and substituting it with the following:

“▪ Severe old age disability insurance – ElderShield, ElderShield Supplements, and CareShield Life.”

7. **Chapter 2, Section 1, Paragraph 1.1, Page 8**
By deleting the second sentence and substituting it with the following:

“Today, many people may be relying on their Medisave, MediShield Life, ElderShield Schemes and CareShield Life (from 2020 onwards)¹ to pay the costs of their medical treatments.”

8. **Chapter 2, Section 1, Footnote 1, Page 8**
By deleting Footnote 1 and substituting it with the following:

“Medisave, MediShield Life, ElderShield and CareShield Life are applicable only to Singapore Citizens and Singapore Permanent Residents.”

9. **Chapter 3, Section 4E, Paragraph 4.31, Page 44**
By deleting Paragraph 4.31 and substituting it with the following:

“If the employer wishes to make additional Medisave contributions for the employees, the employer will need to register with the Employer and Accounts Management Section of the CPF board for a new CPF Submission Number. Such contributions are tax-free,
and are subject to a cap per employee per year. Refer to the MOM website under schemes for employers and employees for the cap amount: http://www.mom.gov.sg"

10. **Chapter 5, Section 7, Page 76**  
By inserting a new paragraph after paragraph 7.1 as follows:

>“7.2 CareShield Life, an enhancement of ElderShield schemes will be launched in 2020 to provide better protection and assurance in 4 ways as follows:

(a) Lifetime cash payouts;  
(b) Payouts increase over time;  
(c) Government subsidies to make it affordable; and  
(d) Premiums can be fully payable by MediSave.

Refer to the MOH website for more information prior to its implementation in 2020.”

11. **Chapter 8, Paragraph 3.7, Page 121**  
By deleting Paragraph 3.7 and substituting it with the following:

“As life expectancy and healthcare costs rise, successive cohorts of CPF members will need more Medisave savings for their healthcare expenses in their old age. Therefore, the BHS is adjusted yearly in January, to keep pace with the growth in Medisave use by the elderly people. Refer to the CPF website under the FAQ section of Medisave for the current BHS: https://www.cpf.gov.sg”

12. **Chapter 8, Footnote 2, Page 121**  
By deleting Footnote 2 and substituting with the following:

“2 All cohorts aged 65 years and above and in any respective years may refer to the CPF website at https://www.cpf.gov.sg for their applicable BHS.”

13. **Chapter 8, Section 3, Paragraph 3.13 (e), Page 123**  
By deleting Sub-point (i) in Paragraph 3.13 (e) and substituting with the following:

“(i) Medisave can be used to pay for outpatient treatment for a list of approved chronic diseases under the Chronic Disease Management Programme (CDMP), such as diabetes, hypertension, anxiety and dementia. These are chronic diseases and mental illnesses which can:

▪ result in serious complications like heart disease, kidney failure and leg amputations when not managed well;
▪ cause people to have difficulty functioning in daily life due to differences in behaviour and thought; and
▪ have high costs of treating the disease over the long term if poorly controlled.”
14. **Chapter 8, Section 3, Paragraph 3.13 (e), page 123**
   By deleting Sub-point (iii) in Paragraph 3.13 (e) and substituting with the following:
   
   “(iii) The CDMP programme can be accessed at more than 700 GP clinics and GP groups around Singapore, and you can log in to the CPF website to track the amount of Medisave used under this programme in a separate account summary in your CPF statement.”

15. **Chapter 8, Section 3, Paragraph 3.13 (f), page 124**
   By deleting Sub-points (ii), (iii), and (iv) in Paragraph 3.13 (f), and substituting with the following:
   
   “(ii) In addition, under the Flexi-Medisave scheme, elderly patients can also use up to S$200 of Medisave per patient per year from their own or their spouse’s MediSave Account for outpatient treatment at the public sector SOCs and national specialty centres, polyclinics and participating CHAS GP clinics.

   (iii) For more details on the Flexi-Medisave scheme and the full list of outpatient treatments approved for Medisave use, refer to the websites of MOH (https://www.moh.gov.sg) and CPF (https://www.cpf.gov.sg).”

16. **Chapter 8, Section 4, Paragraph 4.33, Page 134**
   To delete “and” at the end of Sub-point (c).

17. **Chapter 8, Section 4, Paragraph 4.33, Page 134**
   By deleting the “.” and inserting “; and;” at the end of Sub-point (d) in Paragraph 4.33.

18. **Chapter 8, Section 4, Paragraph 4.33, Page 134**
   By inserting a new Sub-point after Sub-point (d) with the following:
   
   “(e) enabling eligible Singaporeans to benefit from other Government healthcare-related schemes conveniently without the need for repeated applications.”

19. **Chapter 8, Section 6, Paragraph 6.1, Page 141**
   By deleting Paragraph 6.1 and substituting it with the following:
   
   "6.1 ElderShield is a Severe Old Age Disability Insurance Scheme launched in September 2002. It provides basic financial protection to those who need long-term care, especially during old age. While the Government will administer CareShield Life in 2020, it is still reviewing the administration of the current ElderShield scheme. Meanwhile, Singaporeans’ current ElderShield and Supplement policies will not be affected.”
20. Chapter 13, Appendix 13A, Page 262
By deleting the table and substituting it with the following:

**Top 10 Conditions of Hospitalisation**

<table>
<thead>
<tr>
<th>Total No. of Discharges (000)</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Total Discharges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Accident, poisoning &amp; violence</td>
<td>8.4</td>
<td>8.2</td>
<td>8.3</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>6.0</td>
<td>6.0</td>
<td>5.9</td>
</tr>
<tr>
<td>3. Pneumonia</td>
<td>2.8</td>
<td>3.0</td>
<td>3.2</td>
</tr>
<tr>
<td>4. Ischaemic heart diseases</td>
<td>3.3</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>5. Intestinal infectious diseases</td>
<td>2.8</td>
<td>2.6</td>
<td>2.8</td>
</tr>
<tr>
<td>6. Other heart diseases</td>
<td>2.7</td>
<td>2.7</td>
<td>2.5</td>
</tr>
<tr>
<td>7. Infections of the skin and subcutaneous tissue</td>
<td>1.9</td>
<td>2.0</td>
<td>2.1</td>
</tr>
<tr>
<td>8. Acute upper respiratory infections</td>
<td>1.6</td>
<td>1.6</td>
<td>1.9</td>
</tr>
<tr>
<td>9. Cerebrovascular diseases (including stroke)</td>
<td>1.9</td>
<td>1.9</td>
<td>1.8</td>
</tr>
<tr>
<td>10. Obstetric complications affecting fetus and newborn</td>
<td>2.1</td>
<td>2.0</td>
<td>1.7</td>
</tr>
</tbody>
</table>

*Source: MOH Website – “Top 10 Conditions of Hospitalisation”*

21. Chapter 13, Appendix 13B, Page 263
By deleting Appendix 13B and substituting it with the following:

“**Hospital Bill Size By Conditions/Procedures**

**Heart Surgery (Coronary Artery Bypass Graft) Without Angiography**

Admission For Open Heart Surgery Coronary Artery Bypass Graft (CABG) Without Angiography; Without Serious Complications

<table>
<thead>
<tr>
<th>Ward C</th>
<th>Hospital</th>
<th>Volume¹</th>
<th>Average Length of Stay (Days)²</th>
<th>Bill Size (Low) (S$)³</th>
<th>Bill Size (Middle) (S$)⁴</th>
<th>Bill Size (High) (S$)⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHC</td>
<td>112</td>
<td>7.4</td>
<td>4,808</td>
<td>5,135</td>
<td>5,742</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ward B2</th>
<th>Hospital</th>
<th>Volume¹</th>
<th>Average Length of Stay (Days)²</th>
<th>Bill Size (Low) (S$)³</th>
<th>Bill Size (Middle) (S$)⁴</th>
<th>Bill Size (High) (S$)⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHC</td>
<td>98</td>
<td>7.3</td>
<td>6,708</td>
<td>7,254</td>
<td>7,686</td>
</tr>
</tbody>
</table>

Copyright reserved by the Singapore College of Insurance Limited
Heart Attack With Angioplasty (PTCA)
Admission For Heart Attack With Percutaneous Transluminal Coronary Angioplasty (PTCA)
(Stenting) Performed; No Serious Complications

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Volume</th>
<th>Average Length of Stay (Days)</th>
<th>Bill Size (Low) (S$)</th>
<th>Bill Size (Middle) (S$)</th>
<th>Bill Size (High) (S$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHC</td>
<td>217</td>
<td>3.3</td>
<td>5,175</td>
<td>5,982</td>
<td>7,296</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Volume</th>
<th>Average Length of Stay (Days)</th>
<th>Bill Size (Low) (S$)</th>
<th>Bill Size (Middle) (S$)</th>
<th>Bill Size (High) (S$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHC</td>
<td>107</td>
<td>3.4</td>
<td>6,928</td>
<td>8,711</td>
<td>10,123</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Volume</th>
<th>Average Length of Stay (Days)</th>
<th>Bill Size (Low) (S$)</th>
<th>Bill Size (Middle) (S$)</th>
<th>Bill Size (High) (S$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHC</td>
<td>49</td>
<td>1.0</td>
<td>6,079</td>
<td>7,743</td>
<td>9,979</td>
</tr>
</tbody>
</table>

Reference
NHC: National Heart Centre

1 Number of cases from the period 1 July 2016 to 30 June 2017.
2 Average length of stay for the condition/procedure.
3 1 in 4 patients pay less than this amount.
4 1 in 2 patients pay less than this amount.
5 3 in 4 patients pay less than this amount.

Source: MOH Website – “Bill Estimator”

22. Chapter 14, Section 2.B, Paragraph 2.12, Page 268
By deleting Paragraph 2.12 and substituting it with the following:

“Angela has found out from the MOH Website that for a heart surgery (coronary artery bypass graft) in an A ward in public hospital, the inpatient cum surgical fees is in the range of S$36,091 and S$42,876. She has informed Tommy that there is cost data on B1 ward and is told that he wishes to base it on S$24,000 and only one hospitalisation in a year, to determine whether he has a need for further cover.”

23. Chapter 14, Footnote 1, Page 268
By deleting Footnote 1 and substituting it with the following:

“1 Source: MOH Website – www.moh.gov.sg”
Amendments are made to the HI Study Guide (6th Edition, October 2016) as follows:

1. **Chapter 3, Section 4.26, Page 43**  
   By deleting row 2 of the table “The employer can purchase … approved private insurer).” and substituting it with the following:

   "
<table>
<thead>
<tr>
<th>PMBS</th>
<th>TMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can purchase only a Medical Insurance policy approved under the Medisave Scheme (e.g. an Integrated Shield Plan from an approved private insurer).</td>
<td>Can purchase any Group Medical Expense Insurance policy offered in the market other than those approved under the Medisave Scheme.</td>
</tr>
</tbody>
</table>
   "

2. **Chapter 8, Section 3.7, Page 121**  
   By deleting the first sentence and substituting it with the following sentence:
   "The BHS is S$52,000 (as of 1 January 2017) for all CPF members.”

3. **Chapter 10, Section 2.2, Page 174**  
   Insert the following bullet point after the last bullet point:
   " ▪ extent of underwriting"