

REQUIREMENTS OF THE ENHANCED MI AND RESPECTIVE IMPLEMENTATION DATES

	Enhanced MI Requirements	Implementation Date
Stage 1	a) Introduction of a co-payment element ¹ for employers and insurers for amounts above \$15,000, up to an annual claim limit of at least \$60,000	Applies to all MI policies, renewals or extensions that have a start date effective on or after <u>1 July 2023</u> .
Stage 2	b) Standardisation of allowable exclusion clauses	Applies to all MI policies, renewals or extensions that have a start date effective on or after <u>1 July 2025</u> .
	c) Introduction of age-differentiated premiums for those aged 50 and below, and those aged above 50	
	d) Requirement for insurers to reimburse hospitals directly upon the admissibility of the claim	

¹ Co-payment of 75% by insurers (and 25% for employers) for claim amounts above the first \$15,000.

ILLUSTRATIONS OF CO-PAYMENT BETWEEN EMPLOYER AND INSURERS

	Current MI	Enhanced MI
Scenario 1: Worker incurs \$15,000 bill from an colorectal surgery procedure	Insurer \$15K first dollar	Insurer \$15K first dollar
Scenario 2: Worker incurs \$70,000 bill from a cardiosurgery procedure	Insurer \$15K first dollar Employer \$55K	Employer (\$13,750) \$15K first dollar 25% 75% Insurer (\$15,000 + \$41,250) = \$56,250
Scenario 3: Worker incurs \$100,000 bill from a neurosurgery procedure	Insurer \$15K first dollar Employer \$85K	Employer (\$40K) \$15K first dollar 25% 75% Insurer = max annual claim limit of \$60K
Scenario 4: Worker incurs \$15,000 bill from a colorectal surgery procedure (bill 1) and a \$20,000 bill from a subsequent follow-up procedure (bill 2)	Bill 1: \$15K Insurer \$15K first dollar Bill 2: \$20K Employer \$20K	Bill 1: \$15K Insurer \$15K first dollar Bill 2: \$20K Employer (\$5,000) 25% 75% Insurer (\$15,000)

Note: Figures are for illustration purposes only. Actual bill sizes may vary depending on the medical assessment and condition of the patient.

LIST OF ALLOWABLE EXCLUSIONS

The standardisation of allowable exclusion clauses will apply to all MI policies, renewals, or extensions that have a start date effective on or after 1 July 2025. Insurers are only allowed to exclude the following treatment items, procedures, conditions and activities in their medical insurance product for Work Permit and S pass holders:

Group A: Treatment that is elective and not medically necessary

- Ambulance fees
- Cosmetic surgery
- Dental work (except due to accidental injuries)
- Vaccination
- Infertility, sub-fertility, assisted conception or any contraceptive operation, including their related complications
- Sex change operations, including their related complications
- Expenses incurred after the 7th calendar day from being certified to be medically fit for discharge from inpatient treatment and assessed to have a feasible discharge option by a medical practitioner
- Optional items which are outside the scope of treatment
- Health screening examinations for the purpose of diagnosis and any treatment of a preventive nature

Group B: Treatment resulting from employers'/workers' acts

- Treatment of conditions or injuries arising from any malicious / willful / illegal acts by employer or employer's family members
- Treatment for conditions or injuries arising from any criminal acts committed by worker
- Maternity charges (including Caesarean operations or abortions, and their related complications)
- Treatment for conditions or injuries arising from voluntary participation in hazardous sports
- Treatment of conditions or injuries arising directly or indirectly from nuclear fallout, war and related risk
- Treatment of venereal diseases and/or sexually transmitted diseases*
- Repeat occurrence of:
 - a. Treatment of conditions or injuries arising from drug addiction (except that of illicit drugs) or alcoholism
 - b. Treatment of conditions or injuries arising from participation in civil commotion, riot, or strike
 - c. Treatment of mental conditions and conditions or injuries arising from self-inflicted injuries and attempted suicide

Group C: Others

- Treatment of conditions deemed as pre-existing illnesses within the first 12 months of employment under the same employer

* New inclusion following MOM's review of the list of standardised exclusion clauses announced previously in March 2022.

- Treatment relating to birth defects, congenital abnormalities, hereditary conditions or conditions arising therefrom*
- Overseas medical treatment
- Private nursing charges
- Purchase of medical equipment
- Medical repatriation
- Outpatient rehabilitation such as physiotherapy, occupational therapy and speech therapy, unless recommended by a medical practitioner during hospitalisation period
- Traditional Chinese medicine or any forms of alternative treatment
- Treatment which has received reimbursement from Work Injury Compensation Insurance (WICI) and other forms of insurance coverage

* New inclusion following MOM's review of the list of standardised exclusion clauses announced in March 2022.