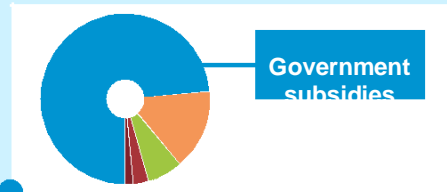


# How your outpatient bill may be covered



**Offset your bill with government subsidies first**  
E.g. Government subsidies at public specialist outpatient clinics and polyclinics, Community Health Assist Scheme (CHAS), Pioneer Generation (PG) and Merdeka Generation (MG) outpatient subsidies



Then, if available, **further reduce your bill by tapping on employee benefits or private medical insurance**



You can then **use your Medisave** through the **Chronic Disease Management Programme (CDMP)** to reduce out-of-pocket payment



After deduction from the sources above, you may still need to **cover the remaining bill with out-of-pocket payment**

# How your outpatient bill may be covered

## 1. Government Subsidies

Available at public specialist outpatient clinics (SOCs), polyclinics and CHAS GPs

- Refer to government subsidy pages for more information


## 2. Employee benefits/Private Medical Insurances (PMIs)


## 3. MediSave/Chronic Disease Management Programme (CDMP)

Refer to MediSave pages for more information

## 4. Out-of-pocket payment (OOP) This is determined after deducting government subsidies, available employee benefits and private medical insurances, and the amount that the patient wishes to deduct from MediSave

# Government subsidies at subsidised specialist outpatient clinics (SOCs) and polyclinics

Households with income				
Household Monthly Income Per Person	Subsidy at subsidised SOCs <sup>^</sup>		Subsidy at polyclinics	 Additional PG / MG subsidy
	Subsidised services	Subsidised medications	Subsidised medications for adults*	
\$1,200 and below	70%	75%	75%	PG: Additional 50% off the remaining bill  MG: Additional 25% off the remaining bill
\$1,201 to \$2,000	60%			
Above \$2,000/ Unassessed	50%	50%	50%	

Households with no income				
Annual Value <sup>#</sup> (AV) of Home	Subsidy at subsidised SOCs <sup>^</sup>		Subsidy at polyclinics	 Additional PG / MG subsidy
	Subsidised services	Subsidised medications	Subsidised medications for adults*	
\$13,000 and below	70%	75%	75%	PG: Additional 50% off the remaining bill  MG: Additional 25% off the remaining bill
\$13,001 to \$21,000	60%			
Above \$21,000/ Unassessed	50%	50%	50%	

# Government subsidies at subsidised specialist outpatient clinics (SOCs) and polyclinics






^To receive subsidies for Public SOC visits, you will first need to be assessed and referred by a CHAS clinic or polyclinic. The doctor will refer you to a Public SOC as a subsidised patient where eligible.

\*Children (18 years or younger) and elderly (65 or older) already receive 75% subsidy for subsidised medications at the polyclinics

#The AV of your home is the estimated annual rent if it is rented

# Government subsidies at CHAS GPs

From 1 November 2019

					
<b>PCHI (Per Capita Household Income)</b>	Above \$2,000	\$1,201 to \$2,000	\$1,200 and below	All Merdeka Generation seniors receive CHAS benefits, regardless of income or AV of home	All Pioneers receive CHAS benefits, regardless of income or AV of home
<b>AV (Annual Value) of Home (For households with no income)</b>	Above \$21,000	\$13,001 - \$21,000	\$13,000 and below		
<b>Acute (common illnesses)</b>	-	Up to \$10 per visit	Up to \$18.50 per visit	Up to \$23.50 per visit	Up to \$28.50 per visit
<b>Simple Chronic</b>	Up to \$28 per visit, capped at \$112 per year	Up to \$50 per visit, capped at \$200 per year	Up to \$80 per visit, capped at \$320 per year	Up to \$85 per visit, capped at \$340 per year	Up to \$90 per visit, capped at \$360 per year
<b>Complex Chronic</b>	Up to \$40 per visit, capped at \$160 per year	Up to \$80 per visit, capped at \$320 per year	Up to \$125 per visit, capped at \$500 per year	Up to \$130 per visit, capped at \$520 per year	Up to \$135 per visit, capped at \$540 per year
<b>Dental</b>	-	\$50 to \$170.50 subsidy per procedure (denture, crown, root canal treatment only)	\$11 to \$256.50 subsidy per procedure (dependent on procedure)	\$16 to \$261.50 subsidy per procedure (dependent on procedure)	\$21 to \$266.50 subsidy per procedure (dependent on procedure)
<b>Recommended Health Screening under Screen for Life (SFL)</b>	A fixed fee of \$5 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required	A fixed fee of \$2 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required		A fixed fee of \$2 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required	Free with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required



# Government subsidies at CHAS GPs

## Pioneer Generation eligibility

- Born on or before 31 December 1949
- Received citizenship by 31 December 1986

## Merdeka Generation eligibility

- Born from 1 Jan 1950 to 31 Dec 1959; and
- Received citizenship on or before 31 Dec 1996

OR

- Born on or before 31 Dec 1949; and
- Received citizenship on or before 31 Dec 1996; and
- Did not receive Pioneer Generation Package

## Type of visit

### Acute (common illnesses)

- Capped at 24 visits for common illnesses per patient per calendar year, across all CHAS clinics, from 2020 onwards

### Simple

- “Simple” refers to visits for a single chronic condition

### Complex

- “Complex” refers to visits for multiple chronic conditions, or a single chronic condition with complication(s)

*Refer to MediSave pages for the list of chronic conditions under the Chronic Disease Management Programme (CDMP) for CHAS Chronic conditions*

### Screen for Life

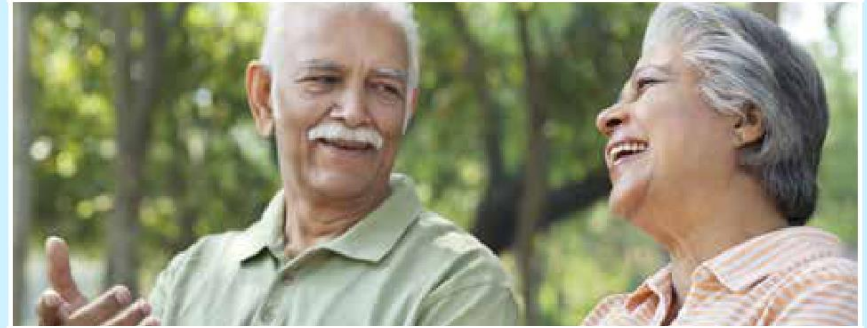
- Recommended health screening refers to screening for diabetes, high blood pressure, high blood cholesterol, colorectal cancer and cervical cancer

# MediSave for outpatient bills



## Chronic Disease Management Programme (CDMP)

- Specific chronic diseases
- Requires 15% co-payment
- Part of MediSave500, i.e. up to \$500 per year
  - Patients can tap on accounts of immediate family members (i.e. spouse, parents and children)
  - Patients who are SC/PR can tap on grandchildren's and sibling's MediSave



## Flexi-MediSave

- For patients  $\geq 60$  years old
- Can be used for the 15% co-payment under CDMP
- Up to \$200 per patient per year
  - Patient's own and spouse's account may be used, provided spouse is also  $\geq 60$  years old

# MediSave for outpatient bills

## MediSave

- National medical savings scheme
- Can help to pay for personal or immediate family members' hospitalisation, day surgery, and certain outpatient expenses

## MediSave500

- Scheme for outpatient care

## Flexi-MediSave

- Can be used at Specialist Outpatient Clinics (SOC) in public hospitals and national specialty centres, polyclinics, and participating Community Health Assist Scheme (CHAS) Medical GP clinics

## Chronic Disease Management Programme (CDMP)

### 20 conditions for outpatient treatment

- Diabetes (including pre-diabetes)
- Hypertension
- Lipid disorders
- Stroke
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Schizophrenia
- Major depression
- Bipolar disorder
- Dementia
- Osteoporosis
- Benign Prostatic Hyperplasia (BPH)
- Anxiety
- Parkinson's disease
- Chronic kidney disease (nephrosis/nephritis)
- Epilepsy
- Osteoarthritis
- Psoriasis
- Rheumatoid arthritis
- Ischaemic heart disease

### Patients can tap on CDMP after

- Certification by a doctor that they have one of the listed chronic conditions
- Signing the MediSave authorisation form