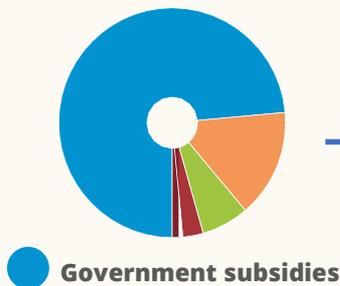


A woman with dark hair tied back, wearing a dark blue shirt with white polka dots, is smiling as she looks at a white document she is holding. She is sitting at a desk with a laptop in front of her. The background shows a home office setting with a bookshelf, a window with grey curtains, and a brass desk lamp.

FINANCE

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 costs



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 Insurance (PMI)**

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 insurance, 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 [^]		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
\$1,201 to \$2,000	60%			
Above \$2,000/ Unassessed	50%	50%	50%	MG: Additional 25% off the remaining bill

Households with no income				
Annual Value [#] (AV) of Home	Subsidy at subsidised SOCs [^]		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
\$13,001 to \$21,000	60%			
Above \$21,000/ Unassessed	50%	50%	50%	MG: Additional 25% off the remaining bill

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



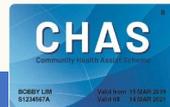
^To receive subsidies for public SOC visits, you will first need to be assessed and referred by a CHAS clinic or polyclinic. The doctor will refer you to a public SOC as a subsidised patient where eligible.

*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



PCHI (Per Capita Household Income)	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
AV (Annual Value) of Home (For households with no income)	Above \$21,000	\$13,001 - \$21,000	\$13,000 and below		
Acute (common illnesses)	-	Up to \$10 per visit	Up to \$18.50 per visit	Up to \$23.50 per visit	Up to \$28.50 per visit
Simple Chronic	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
Complex Chronic	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
Dental	-	\$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)
Recommended Health Screening under Screen for Life (SFL)	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
	Free for all Healthier SG Enrollees at their enrolled clinic, for recommended screening test(s) and first post-screening consultation, if required (from Jul 2023)				



Government subsidies at CHAS GPs

Type of visit

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

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)

- Covers 23 chronic conditions
- Requires 15% co-payment
- Part of MediSave500/700, i.e., can use up to \$500 or \$700 per year, depending on complexity of chronic condition
 - ↳ 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 ≥ 60 years old
- Can be used for the 15% co-payment under CDMP

Up to \$300 per patient per year

- ↳ Patient's own and spouse's accounts may be used, provided spouse is also ≥ 60 years old

MediSave for outpatient bills



MediSave

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



MediSave 500/700

- Can help to pay for outpatient treatment of CDMP conditions and approved vaccinations and screenings



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) GP clinics

MediSave for outpatient bills

Chronic Disease Management Programme (CDMP)

23 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
- Allergic rhinitis
- Chronic hepatitis B
- Gout

Patients can tap on CDMP after

- Certification by a doctor that they have at least one of the listed chronic conditions
- Authorising the use of MediSave through the Medical Claims Authorisation Form