Central Provident Fund (MediShield Scheme) Regulations 2005

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No. S 427

CENTRAL PROVIDENT FUND ACT
(CHAPTER 36)

CENTRAL PROVIDENT FUND (MEDISHIELD SCHEME) REGULATIONS 2005

In exercise of the powers conferred by section 57 of the Central Provident Fund Act, the Minister for Manpower hereby makes the following Regulations:

PART I

PRELIMINARY

Citation and commencement

1. These Regulations may be cited as the Central Provident Fund (MediShield Scheme) Regulations 2005 and shall come into operation on 1st July 2005.

Definitions

2. In these Regulations, unless the context otherwise requires —

"approved community hospital" means any premises which, in the opinion of the

Minister for Health, provides an intermediate level of care for out-patients and in-patients who have simple ailments that do not require specialist medical and nursing care and which is approved by that Minister for the purposes of these Regulations;

"approved hospital" means any hospital, clinic or centre which provides medical treatment and which is approved by the Minister for Health for the purposes of these Regulations;

"approved medical practitioner" means any medical practitioner who is approved by the Minister for Health or such other person as he may appoint for the purposes of these Regulations;

"approved private hospital" means any private hospital approved by the Minister for Health for the purposes of these Regulations;

"approved restructured hospital" means any restructured hospital approved by the Minister for Health for the purposes of these Regulations;

"assured amount" —

(*a*) in relation to each item of medical treatment received by a person insured under the Scheme in Division 2 of Part II, means the amount specified in the second column of the Third Schedule in respect of that item of medical treatment;

(*b*) in relation to each item of medical treatment received by a person insured under Plan A of the Scheme in Division 3 of Part II, means the amount specified in the third column of the Third Schedule in respect of that item of medical treatment;

(*c*) in relation to each item of medical treatment received by a person insured under Plan B of the Scheme in Division 3 of Part II, means the amount specified in the fourth column of the Third Schedule in respect of that item of medical treatment;

"claim limit", in relation to each item of medical treatment, means the charge levied by the approved hospital for that item of medical treatment or the assured amount for that item of medical treatment, whichever is the lower;

"day surgical treatment" means any surgical treatment received by a person who is admitted and discharged on the same day, and includes any ancillary medical treatment received by that person between such admission and discharge, but shall not include any excluded medical treatment;

"dependant", in relation to a member, means —

(*a*) a member's spouse, child, parent or grandparent; or

(*b*) any other person who is dependent on the member and whom the Board may approve for the purpose of these Regulations;

"excluded medical treatment" means any medical treatment specified in the First Schedule;

"gamma knife treatment" has the same meaning as in the Central Provident Fund (Medisave Account Withdrawals) Regulations (Rg 17, 2005 Ed.) and shall not include any excluded medical treatment;

"Government premium rebate" means the sum of money, equivalent to the amount of premium payable under the Scheme in Division 2 of Part II after deducting any premium rebate in regulation 17, which may be paid by the Government to a person under the MediShield Scheme for the Elderly;

"incapacitated" has the same meaning as in section 28 of the Act;

"insured's contribution", in relation to any claim by an insured person, means the amount specified in the Fourth Schedule for which the insured person is responsible under the Scheme in respect of any one or more claims in a policy year;

"insured out-patient medical treatment" means any of the following medical treatment as an out-patient of any approved hospital:

(*a*) renal dialysis;

(*b*) treatment of neoplasms by chemotherapy;

(*c*) radiotherapy for cancer;

(*d*) administration of cyclosporin or tacrolimus for organ transplant;

(*e*) administration of erythropoietin for dialysis and chronic renal failure;

(*f*) gamma knife treatment;

"insurer" means any insurer which is registered under the Insurance Act (Cap. 142);

"integrated medical insurance plan" means any plan under which a person is insured —