

Central Provident Fund (MediShield Scheme) (Amendment) Regulations 2002

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CENTRAL PROVIDENT FUND ACT (CHAPTER 36)

CENTRAL PROVIDENT FUND (MEDISHIELD SCHEME) (AMENDMENT) REGULATIONS 2002

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

Citation and commencement

1. These Regulations may be cited as the Central Provident Fund (MediShield Scheme) (Amendment) Regulations 2002 and shall be deemed to have come into operation on 1st December 2001.

Amendment of regulation 2

2. Regulation 2(1) of the Central Provident Fund (MediShield Scheme) Regulations (Rg 20) (referred to in these Regulations as the principal Regulations) is amended —

- (a) by deleting the words “75 years” in the definition of “dependant” and substituting the words “80 years”;
- (b) by inserting, immediately after the word “dialysis” in paragraph (e) of the definition of “insured out-patient medical treatment”, the words “and chronic renal failure”; and
- (c) by inserting, immediately after the definition of “policy year”, the following definition:

“ “policy year limit” means the total amount that may be claimed by an insured person in a policy year;”.

Amendment of regulation 3

3. Regulation 3 (1) of the principal Regulations is amended by deleting the words “75 years” in sub-paragraph (a) and substituting the words “80 years”.

Amendment of regulation 6

4. Regulation 6 of the principal Regulations is amended —

- (a) by deleting the words “70 years” in the 2nd line of paragraph (1) and substituting the words “75 years”;
- (b) by deleting the words “70 years on or after 1st July 1996” in the 2nd and 3rd lines of paragraph (2) and substituting the words “75 years on or after 1st December 2001”; and

(c) by inserting, immediately after paragraph (3), the following paragraphs:

“(4) Every member of the Fund who was insured under the Scheme in this Division and —

- (a) whose cover had expired on the ground that he had attained the age of 75 years on or after 1st July 1996 but before 1st December 2001; and
- (b) who has moneys standing to his credit in the Fund in his medisave account on 1st December 2001,

may apply to the Board to be issued with a new cover under the Scheme in this Division.

(5) Unless otherwise stipulated by the Board, the new cover that may be issued by the Board to a member pursuant to an application under paragraph (4) shall exclude any illness that was excluded under his expired cover.”.

Amendment of regulation 7

5. Regulation 7 (1) of the principal Regulations is amended by deleting the words “70 years” and substituting the words “75 years on or before 1st December 2001”.

Amendment of regulation 9

6. Regulation 9 of the principal Regulations is amended by deleting paragraph (2) and substituting the following paragraph:

“(2) Subject to these Regulations, any person who is insured under the Scheme by virtue of regulation 6 (1)(b) or (4) shall, upon payment of the appropriate premium specified in the Second Schedule, be covered under the Scheme in this Division for a period of 12 months from the 1st day of the month in which such payment is made.”.

Amendment of regulation 10

7. Regulation 10 of the principal Regulations is amended —

(a) by deleting paragraph (1) and substituting the following paragraphs:

“(1) Subject to paragraphs (1A) and (1B) —

- (a) the total amount that may be claimed by an insured person under the Scheme in this Division in respect of any claim made before 1st December 2001 shall be an amount not exceeding \$80,000; and

- (b) the total amount that may be claimed by an insured person under the Scheme in this Division in respect of any claim made on or after 1st December 2001 shall be an amount not exceeding \$120,000.

(1A) The claim limit specified in paragraph (1) shall include —

- (a) any previous claim made by an insured person under his existing cover under the Scheme in this Division since the date of commencement of the cover; and
- (b) in the case of a person insured pursuant to regulation 6 (4), any previous claim made under his expired cover under the Scheme in this Division since the date of commencement of the cover.

(1B) Where —

- (a) an insured person makes a claim on or after 1st December 2001 in respect of any medical treatment received before that date; and
- (b) the claim limit specified in paragraph (1)(a) would have been exceeded had the claim been made before 1st December 2001,

the claim limit specified in paragraph (1)(a) shall continue to apply to that claim.

(1C) Notwithstanding paragraph (1) —

- (a) the policy year limit for policies ending before 1st December 2001 shall be \$20,000; and
 - (b) the policy year limit for policies ending on or after 1st December 2001 shall be \$30,000.”;
- (b) by deleting the words “paragraph (1)” in the 1st line of paragraphs (2), (3) and (5) and substituting in each case the words “paragraphs (1), (1A), (1B) and (1C)”;
 - (c) by deleting the words “stereotactic radiotherapy” in the 3rd line of paragraph (5) and substituting the words “any chemotherapy or radiotherapy treatment”.

Amendment of regulation 11

8. Regulation 11 of the principal Regulations is amended —

(a) by deleting the words “70 years” in paragraph (1) and substituting the words “75 years”; and

(b) by inserting, immediately after paragraph (5), the following paragraphs:

“(6) Every member of the Fund who was insured under the Scheme and —

(a) whose cover had expired on the ground that he had attained the age of 75 years on or after 1st July 1996 but before 1st December 2001; and

(b) who has moneys standing to his credit in the Fund in his medisave account on 1st December 2001,

may apply to the Board to be issued with a new cover under the Scheme in this Division.

(7) Unless otherwise stipulated by the Board, the new cover that may be issued by the Board to a member pursuant to an application under paragraph (6) shall exclude any illness that was excluded under his expired cover.”.

Amendment of regulation 15

9. Regulation 15 of the principal Regulations is amended —

(a) by deleting paragraphs (1) and (2) and substituting the following paragraphs:

“(1) Subject to paragraphs (1A) and (1B) —

(a) the total amount that may be claimed by an insured person under the Scheme in this Division in respect of any claim made before 1st December 2001 shall be as follows:

(i) in the case of a person insured under Plan A — an amount not exceeding \$200,000; and

(ii) in the case of a person insured under Plan B — an amount not exceeding \$150,000; and

(b) the total amount that may be claimed by an insured person under the Scheme in this Division in respect of any claim made on or after 1st December 2001