

Central Provident Fund (MediShield Scheme) (Amendment) Regulations 1997

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No. S 343

CENTRAL PROVIDENT FUND ACT (CHAPTER 36)

CENTRAL PROVIDENT FUND (MEDISHIELD SCHEME) (AMENDMENT) REGULATIONS 1997

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

Citation and commencement

1.—(1) These Regulations may be cited as the Central Provident Fund (MediShield Scheme) (Amendment) Regulations 1997 and, with the exception of regulations 5 and 6, shall be deemed to have come into operation on 27th November 1995.

(2) Regulations 5 and 6 shall be deemed to have come into operation on 1st July 1997.

Amendment of regulation 2

2. Regulation 2(1) of the Central Provident Fund (MediShield Scheme) Regulations 1995 (G.N. No. S 361/95) (referred to in these Regulations as the principal Regulations) is amended —

(a) by deleting the definition of “assured amount” and substituting the following definitions:

““approved hospital” means any hospital, clinic or centre providing medical treatment approved by the Minister for Health for the purposes of these Regulations;

“assured amount”, in relation to each item of medical treatment received by a person insured under —

(a) 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) 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) 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 but not exceeding the assured amount for that item of medical treatment;

“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;”;

- (b) by inserting, immediately after the definition of “excluded medical treatment”, the following definition:

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

- (c) by inserting, immediately after paragraph (e) in the definition of “insured out-patient medical treatment”, the following paragraph:

“(f) gamma knife treatment;”;

- (d) by deleting the words “or renal dialysis treatment” in the second line of the definition of “medical treatment” and substituting the words “, renal dialysis treatment or gamma knife treatment”.

Amendment of regulation 10

3. Regulation 10 of the principal Regulations is amended by deleting paragraphs (2) and (3) and substituting the following paragraphs:

“(2) Subject to paragraph (1), where in any policy year an insured person has received at an approved hospital any medical treatment as an in-patient or day surgical treatment or gamma knife treatment, he shall be entitled to claim from the Board in respect of such medical treatment an amount ascertained in accordance with the formula:

$$(A-B) \times \frac{80}{100},$$

where A is the total of the claim limits for each item of such medical treatment;

B is the insured’s contribution specified in item (I) of the Fourth Schedule.

(3) Subject to paragraph (1), where in any policy year an insured person has received any insured out-patient medical treatment (excluding gamma knife treatment), he shall be entitled to claim from the Board in respect of such medical treatment an amount equal to 80% of the total of the claim limits for each item of