

CENTRAL PROVIDENT FUND ACT 1953  
(SECTION 77(1))

CENTRAL PROVIDENT FUND  
(MEDISAVE ACCOUNT WITHDRAWALS)  
REGULATIONS 2001

ARRANGEMENT OF REGULATIONS

Regulation

1. Citation

PART 1

WITHDRAWAL FROM MEDISAVE ACCOUNT FOR  
PAYMENT OF MEDICAL TREATMENT, ETC.

2. Definitions for this Part
3. Application for withdrawal for payment of medical treatment, etc.
4. Limits on withdrawal for payment of medical treatment, etc.
5. In-patient medical treatment in approved hospitals
6. In-patient medical treatment in approved community hospitals
7. In-patient medical treatment in approved day hospitals
8. In-patient medical treatment in approved convalescent hospitals
9. In-patient medical treatment in approved in-patient hospices for admission before 1 April 2020
- 9AA. In-patient medical treatment in approved IPC provider for admission on or after 1 April 2020
- 9A. Out-patient medical treatment from approved home palliative care providers or in approved day hospices
- 9B. Approved out-patient parenteral nutrition
10. Approved day rehabilitation centres
11. Hepatitis B vaccinations received as in-patient in approved hospitals
12. Surgical treatment to reverse any sexual sterilisation and for plastic surgery
- 12A. Qualifying combined treatment

## Regulation

13. Out-patient medical treatment, etc.
- 13A. Out-patient scans
- 13B. MIC@Home treatment on or after 1 April 2024
- 13C. Out-patient repetitive transcranial magnetic stimulation in approved clinics or approved hospitals
- 13D. CTGTP treatment
- 13E. High-cost drug treatment
14. Approved chronic illness treatment
- 14A. Approved vaccination
- 14B. Approved screening
- 14C. Total limit on withdrawal under regulations 14, 14A and 14B
15. Delivery charges
16. Pre-delivery medical treatment
17. Overseas medical treatment
18. Medical treatment for conception
- 18A. Medical treatment for fertility preservation
- 18B. Total limit for withdrawal under regulations 18 and 18A(2)(b) and (3)
19. Renal dialysis treatment
20. Psychiatric treatment
21. Day surgical treatment
- 21A. Organ transplantation costs
- 21B. Withdrawal for specified out-patient treatment
- 21C. Additional withdrawal for treatment, etc., received as out-patient
- 21D. Total limit for withdrawal under regulations 21B and 21C
- 21E. Additional withdrawal for payment of outpatient contribution under MediShield Life Scheme
22. Authorisation of withdrawal from future contributions
23. Reimbursement by another person
24. Medical treatment provided to person other than dependant
25. Payment by Board
- 25A. Repayment of moneys withdrawn and paid under section 67D(1) of Act
26. Revocation of approval of medical practitioner

## PART 2

### WITHDRAWAL FROM MEDISAVE ACCOUNT FOR LONG-TERM CARE SCHEME

27. Definitions for this Part

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**Regulation**

28. Prescribed person to determine circumstances for withdrawal
  29. Prescribed amount for purposes of section 16B(1)(a) of Act
  30. Conditions for long-term care
  31. Prescribed age for purposes of section 16B(2)(a)(ii) and (b)(ii) of Act
  32. Limits on withdrawal for long-term care
  33. Manner of payment
  34. Repayment of excess withdrawal, etc.  
The Schedules
- 

[1 November 2001]

**Citation**

1. These Regulations are the Central Provident Fund (Medisave Account Withdrawals) Regulations 2001.

**PART 1**

**WITHDRAWAL FROM MEDISAVE ACCOUNT FOR  
PAYMENT OF MEDICAL TREATMENT, ETC.**

**Definitions for this Part**

2.—(1) In this Part —

“allied health professional” has the meaning given by section 2 of the Allied Health Professions Act 2011;

“approved allied health professional” means any allied health professional who is approved by the Minister for Health for the purposes of this Part;

“approved cancer drug” means any active ingredient (or combination of active ingredients) in the dosage form and strength listed in the CDL and administered for the corresponding clinical indication listed in the CDL;

“approved centre” means any centre in a hospital or clinic approved by the Minister for Health for renal dialysis treatment;

“approved chronic illness treatment” means any medical treatment or psychiatric treatment in respect of any chronic illness which is approved by the Minister for Health for the purposes of this Part;

“approved CIT medical institution” means any centre, clinic, hospital or other premises which offers medical treatment or psychiatric treatment and which the Minister for Health has approved for the purposes of approved chronic illness treatments under this Part;

“approved clinic” means any medical clinic approved by the Minister for Health for the purposes of this Part;

“approved community hospital” means any premises which, in the opinion of the Minister for Health, provide an intermediate level of care for out-patients and in-patients who have simple ailments which do not require specialist medical and nursing care and are approved by that Minister for the purposes of this Part;

“approved convalescent hospital” means any premises which provide in-patient medical care for the recovery or rehabilitation of patients and are approved by the Minister for Health for the purposes of this Part;

“approved day hospice” means any premises (other than a home) which are used for out-patient medical treatment and care of terminally ill patients and are approved by the Minister for Health for the purposes of this Part;

“approved day hospital” means any premises which provide day rehabilitative assessment and treatment of patients and are approved by the Minister for Health for the purposes of this Part;

“approved day rehabilitation centre” means any centre operating at or within a location other than an approved hospital, which provides approved rehabilitation treatment and is approved by the Minister for Health for the purposes of this Part;

“approved day surgery centre” means any centre which provides day surgical treatment to a member or the member’s

dependant and is approved by the Minister for Health for the purposes of this Part;

“approved high-cost drug”, in relation to a clinical indication specified in the first column of the Eighth Schedule, means any active ingredient (or combination of active ingredients) specified in the HCDL and administered in the dosage form and strength specified in the HCDL for that clinical indication;

“approved home palliative care provider” means any person who provides home palliative care and is approved by the Minister for Health for the purposes of this Part;

“approved hospital” means any hospital approved by the Minister for Health for the purposes of this Part;

“approved in-patient hospice” means any premises which are used for in-patient medical treatment and care of terminally ill patients and are approved by the Minister for Health for the purposes of this Part;

“approved in-patient palliative care service provider” or “approved IPC provider” means any premises that provide in-patient palliative care and are approved by the Minister for Health for the purposes of this Part;

“Approved Indications for PBT” means Approved Indications for Use of Proton Beam Therapy in Treatment published on the website of the Ministry of Health at <https://www.moh.gov.sg>;

“approved medical institution” means any of the following:

- (a) approved centre;
- (b) approved CIT medical institution;
- (c) approved clinic;
- (d) approved screening centre;
- (e) approved community hospital;
- (f) approved convalescent hospital;

- (g) approved day hospice;
- (h) approved day hospital;
- (i) approved day rehabilitation centre;
- (j) approved day surgery centre;
- (k) approved hospital;
- (l) approved in-patient hospice;
- (m) approved IPC provider;
- (n) approved Third Schedule treatment provider;
- (o) School Health Service;
- (p) Singapore Gamma Knife Centre;

“approved medical practitioner” means any medical practitioner who is approved by the Minister for Health or such other person as the Minister for Health may appoint for the purposes of this Part;

“approved MIC@Home treatment provider” means any approved hospital designated by the Minister for Health for the purposes of the MIC@Home programme;

“approved out-patient parenteral nutrition” means any parenteral nutrition that is provided by an approved hospital to an out-patient, and is approved by the Minister for Health for the purposes of this Part;

“approved rehabilitation treatment” means any of the following types of rehabilitation treatments provided by an approved day rehabilitation centre to an out-patient:

- (a) physiotherapy;
- (b) occupational therapy;
- (c) speech therapy;
- (d) any other type of rehabilitation treatment that is approved by the Minister for Health for the purposes of this Part;

“approved remote consultation”, in relation to any Sixth Schedule treatment, means the Sixth Schedule treatment, including any consultation for that Sixth Schedule treatment, received by remote provision approved under section 11B of the Healthcare Services Act 2020 as a service delivery mode for that Sixth Schedule treatment;

“approved renal dialysis premises” means any premises that the Minister for Health approves for the type of renal dialysis treatment received;

“approved screening” means any health screening which is approved by the Minister for Health for the purposes of this Part;

“approved screening centre” means any premises or conveyance specified in a licence granted or deemed to be granted under the Healthcare Services Act 2020 for the provision of any of the following licensable healthcare services, in respect of which there is a valid approval by the Minister for Health for the purposes of this Part, whether approved before, on or after 3 January 2022:

(a) a clinical laboratory service;

(b) a radiological service;

“approved Third Schedule treatment provider” means any hospital or medical clinic that provides any Third Schedule treatment and is approved by the Minister for Health for the purposes of this Part;

“approved treatment package” means a course of one or more of the following which lasts not more than one year, which is approved by the Minister for Health for the purposes of this Part, and which complies with such terms and conditions as the Minister for Health may impose:

(a) medical treatments;

(b) psychiatric treatments;

(c) approved rehabilitation treatments;

(d) home palliative care;

(e) approved screenings;

“approved vaccination” means any vaccination (including any vaccination against Hepatitis B or pneumococcal disease) which is approved by the Minister for Health for the purposes of this Part;

“cancer drug” means any drug, including any approved cancer drug, used for the treatment of neoplasms;

“cancer drug treatment” means —

(a) the administration of any cancer drug for the treatment of neoplasms; or

(b) any other medical treatment or services ancillary to the administration of any cancer drug for the treatment of neoplasms;

“cancer scan or diagnostic test” means any scan or diagnostic test (which may include magnetic resonance imaging (MRI), computerised tomography (CT) scans, positron emission tomography (PET) scans, ultrasound imaging, x-rays, mammograms and blood tests) performed —

(a) for the purpose of investigating any known neoplasms in a patient; or

(b) in relation to any treatment of neoplasms received by a patient;

“CDL” means the Cancer Drug List published on the website of the Ministry of Health at <https://www.moh.gov.sg>;

“chemotherapy”, in relation to the treatment of neoplasms, means the administration of tested and approved chemotherapeutic agents by the usual and known routes;

“co-payment amount”, in relation to a member or the member’s dependant, means the amount which the member or the member’s dependant (as the case may be) is responsible for paying in respect of any approved chronic illness treatment or

approved treatment package, as specified in regulation 14(1)(a);

“co-payment percentage”, in relation to a member or the member’s dependant, means the percentage of the charge for any approved chronic illness treatment or approved treatment package which the member or the member’s dependant (as the case may be) is responsible for paying, as specified in regulation 14(1)(a) and (b);

“CTGTP” means any health product (within the meaning of the Health Products Act 2007) categorised as a cell, tissue or gene therapy product in the First Schedule to the Health Products Act 2007;

“CTGTP treatment” means the administration of a CTGTP for a clinical indication, as specified in the Seventh Schedule;

“day surgical treatment” means any surgical treatment received by a person who is admitted and discharged on the same day;

“dependant”, in relation to a member, means any of the following:

- (a) the member’s spouse;
- (b) the member’s child;
- (c) the member’s parent;
- (d) the member’s grandparent who is a citizen or permanent resident of Singapore;
- (e) the member’s sibling who is a citizen or permanent resident of Singapore;

“First Schedule treatment” means any medical treatment specified in the First Schedule;

“HCDL” means the High-Cost Drug List published on the website of the Ministry of Health at <https://www.moh.gov.sg>;

“high-cost drug treatment” means the administration of any approved high-cost drug for a clinical indication as specified in the first column of the Eighth Schedule;

“home”, in relation to a person, means any premises (other than an approved medical institution) in which the person is residing;

“home palliative care” means any palliative care for a terminally ill patient provided at the home of the patient;

“home ventilation and respiratory support programme” means a programme administered by Tan Tock Seng Hospital Pte Ltd that provides ventilation or respiratory support equipment for use by a patient at the patient’s home, and any ancillary medical care or service relating to the use of the equipment;

“in-patient” means a patient who —

- (a) is hospitalised, for any treatment other than day surgical treatment, for a period of at least 8 hours; or
- (b) has died within 8 hours after being hospitalised for any treatment other than day surgical treatment;

“last medical bill”, in relation to a member who has died on or after 1 July 2006 in an approved medical institution before the member’s discharge from the approved medical institution, means the bill for charges incurred in respect of the medical or psychiatric treatments which the member received in the approved medical institution;

“life support home care” means the provision of —

- (a) any of the following medical equipment for use by a patient at the patient’s home, for the purposes of life support, and any ancillary medical care or service relating to the use of the equipment:
  - (i) a bi-level positive airway pressure machine;
  - (ii) a continuous positive airway pressure machine;
  - (iii) a cough assist machine;
  - (iv) a feeding pump;
  - (v) an invasive ventilator;
  - (vi) an oxygen concentrator;

- (vii) an oxygen cylinder;
- (viii) a pulse oximeter;
- (ix) a suction machine; or
- (b) medical care or service to a patient in the patient's home, for the purposes of life support, where the patient —
  - (i) has had a tracheostomy procedure;
  - (ii) has a stoma;
  - (iii) requires total parenteral nutrition;
  - (iv) requires a feeding tube; or
  - (v) requires urine catheterisation;

“living donor organ transplant” has the meaning given by the Human Organ Transplant Act 1987;

“medical clinic” means any premises used by one or more approved medical practitioners for the diagnosis or treatment of persons but does not include any such premises which form part of the premises of an approved hospital;

“medical practitioner” means any medical practitioner registered under the Medical Registration Act 1997 or any dentist registered under the Dental Registration Act 1999;

“medical treatment” includes —

- (a) any approved vaccination, First Schedule treatment, radiosurgery treatment, renal dialysis treatment or surgical treatment;
- (b) any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition;
- (c) where any treatment or vaccination mentioned in paragraph (a) or (b) has been received by a person as an in-patient of any approved medical institution that is not an approved day rehabilitation centre — the

maintenance of that person in the approved medical institution; and

- (d) any curative material or device, medicine or investigation of a medical condition;

“medical treatment for conception” means —

- (a) any assisted conception procedure such as In vitro Fertilisation (IVF) and Gamete Intra-fallopian Transfer (GIFT) that is intended to directly lead to (or result in) conception; or
- (b) where assisted conception has resulted, any medical treatment to support the viability of the embryo prior to implantation,

but excludes any medical treatment for fertility preservation;

*[S 324/2026 wef 01/06/2026]*

“medical treatment for fertility preservation” means —

- (a) any surgical operation that is carried out for the purpose of preserving fertility owing to possible iatrogenic infertility or iatrogenic subfertility (called fertility preservation surgery); or
- (b) any non-surgical procedure that is necessary in preparation for, or as a result of, undergoing fertility preservation surgery (called a related procedure);

*[S 324/2026 wef 01/06/2026]*

“Medisave healthcare provider” has the meaning given by section 67A of the Act;

“member” includes a member who is an undischarged bankrupt;

“MIC@Home programme” means a health programme approved by the Minister for Health, and known by that name or as the Mobile Inpatient Care@Home programme;

“MIC@Home treatment” means any of the following provided by an approved MIC@Home treatment provider to a patient under the MIC@Home programme:

- (a) any medical treatment at a patient's home;
- (b) any service ancillary to the medical treatment mentioned in paragraph (a);
- (c) any ambulance service;

“multiple neoplasms” means 2 or more neoplasms that —

- (a) arise from different sites;
- (b) are of a different histology or morphology group; or
- (c) arise from different sites and are of a different histology or morphology group;

“negative pressure wound therapy” means the use of vacuum dressing to promote wound healing;

“neoplasm” means an abnormal growth of a tissue in a part of the body, that can be benign or malignant;

“Ninth Schedule treatment” means any medical treatment specified in the Ninth Schedule;

*[S 324/2026 wef 01/06/2026]*

“non-qualifying medical treatment” means any medical treatment for which no withdrawal from a medisave account may be made under this Part;

“organ transplantation costs” means —

- (a) any costs arising in relation or incidental to the removal of any organ from a non-living organ donor for organ transplant, and includes the costs of —
  - (i) the donor's extended stay, before the donor's death, in a hospital as necessitated by the donation of the donor's organ;
  - (ii) any surgical operation to remove the organ from the donor's body;
  - (iii) any pre-harvesting laboratory test and investigation;

- (iv) any counselling provided to the donor's family in connection with the donation of the donor's organ;
  - (v) the storage and transport of the organ; and
  - (vi) such other procedure as may be approved by the Minister for Health; or
- (b) any costs so far as are reasonably or directly attributable to the removal of any specified organ from a living organ donor for organ transplant, and includes the costs of —
- (i) the donor's stay in a hospital as necessitated by the donation of the donor's specified organ until the donor is discharged;
  - (ii) any surgical operation to remove the specified organ from the donor's body;
  - (iii) the storage and transport of the specified organ; and
  - (iv) such other procedure as may be approved by the Minister for Health,
- but does not include —
- (v) any costs arising in relation or incidental to complications suffered by the donor due to the donation of the donor's specified organ after the donor's discharge from the hospital under sub-paragraph (i);
  - (vi) any pre-harvesting laboratory test and investigation; and
  - (vii) any counselling provided to the donor's family in connection with the donation of the donor's specified organ;

“out-patient” means a patient other than an in-patient or a patient receiving day surgical treatment;

“out-patient scan” means any scan (including any magnetic resonance imaging (MRI), computerised tomography (CT) scans, positron emission tomography (PET) scans, ultrasound imaging and mammograms) instructed by an approved medical practitioner and performed on an out-patient for the purpose of providing —

- (a) diagnostic imaging to investigate any medical condition of the out-patient; or
- (b) clinical information for any non-qualifying medical treatment or specified out-patient treatment received by the out-patient,

but does not include the following:

- (c) any cancer scan or diagnostic test;
- (d) any scan for health screening purposes;
- (e) any scan performed at a specified emergency department of an approved medical institution, except —
  - (i) a computerised tomography (CT) scan performed for traumatic brain injury at a specified emergency department of an approved medical institution; and
  - (ii) any scan approved by the Minister for Health for a clinical indication approved by that Minister and performed at a specified emergency department of an approved medical institution;

“paediatric patient”, in relation to life support home care, means —

- (a) a patient who is below 19 years of age; or
- (b) a patient who is of 19 years of age and above and —
  - (i) started receiving life support home care from National University Hospital (Singapore) Pte Ltd or KK Women’s and Children’s Hospital

Pte. Ltd. before the patient attained 19 years of age and has not stopped receiving life support home care since;

- (ii) does not receive any out-patient medical treatment under the home ventilation and respiratory support programme; and
- (iii) does not receive any approved out-patient parenteral nutrition;

“parenteral antibiotics therapy” means the administration of any subsidised antibiotic through injection or infusion;

“pasteurised donated human milk” means human breast milk that has been pasteurised and is provided by KK Women’s and Children’s Hospital Pte. Ltd. as part of any medical treatment for a child below one year of age;

“pre-delivery medical treatment” means any medical treatment prescribed by a medical practitioner that is received by a pregnant woman in relation to her pregnancy before the delivery of a child or the termination of her pregnancy;

“prescribed person”, in relation to a member, means a person —

- (a) who does not lack capacity within the meaning of section 4 of the Mental Capacity Act 2008; and
- (b) who is —
  - (i) a deputy appointed or deemed to be appointed for the member by the court under the Mental Capacity Act 2008 with power in relation to the member for the purposes of the Act;
  - (ii) a donee under a lasting power of attorney registered under the Mental Capacity Act 2008 with power in relation to the member for the purposes of the Act; or
  - (iii) the spouse, a parent or a child of the member, or such other person related to the member as the Minister for Health may approve for the

purposes of regulation 3 or 17, each being an individual who has attained 21 years of age;

“psychiatric treatment” includes any therapeutic procedure given to control and relieve any psychiatric symptom or to prevent its recurrence, but does not include any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition;

“qualifying combined treatment” means one or more of the following treatments provided (whether on a single day or over a period of days) to a patient consecutively and in any order:

- (a) medical treatment as an in-patient in an approved MIC@Home treatment provider received before, on or after 1 April 2024;
- (b) MIC@Home treatment received on or after 1 April 2024;

“radiosurgery treatment” means the treatment of neurosurgical or neurological disorders using any of the following:

- (a) gamma knife technology;
- (b) linear accelerator technology;
- (c) proton beam therapy for a Category 4 clinical indication listed in the Approved Indications for PBT;
- (d) externally generated ionising radiation delivered using —
  - (i) a rigidly attached stereotactic guiding device or other immobilisation technology; or
  - (ii) a stereotactic image-guidance system,

but excludes stereotactic radiotherapy;

“radiotherapy treatment” means the treatment of any malignant disease or certain benign condition with ionising radiation delivered externally or internally by sealed or unsealed

radionuclides and irradiating apparatus as specified in the First Schedule;

“remote provision” has the meaning given by the Healthcare Services Act 2020;

“renal dialysis treatment” means any of the following:

- (a) haemodialysis;
- (b) continuous ambulatory peritoneal dialysis;
- (c) automated peritoneal dialysis;
- (d) any other treatment received for the purpose of purifying the blood of waste metabolites accumulated as a result of renal failure, that is approved by the Minister for Health for the purposes of this Part;

“repetitive transcranial magnetic stimulation” means a non-invasive brain stimulation procedure using magnetic pulses delivered through an electromagnetic coil placed against a patient’s scalp and carried out over one or more treatment sessions;

“Singapore Gamma Knife Centre” means any premises which provide gamma knife treatment for the care of in-patients and are approved by the Minister for Health for the purposes of this Part;

“Sixth Schedule treatment” means each type of treatment specified in the first column of the Sixth Schedule;

“specified emergency department” means any premises that provide emergency medicine services and are specified by the Minister for Health for the purposes of this Part;

“specified organ” has the meaning given by the Human Organ Transplant Act 1987;

“specified out-patient treatment” means any out-patient medical treatment or out-patient psychiatric treatment, approved by the Minister for Health for the purposes of regulation 21B;

“subsidised antibiotic” means an antibiotic in the dosage form and strength listed on the List of Subsidised Drugs published on the website of the Ministry of Health at <https://www.moh.gov.sg/managing-expenses/schemes-and-subsidies/list-of-subsidised-drugs>;

“surgical treatment” means any surgical treatment approved by the Minister for Health for the purposes of this Part;

“Third Schedule treatment” means any medical treatment specified in the Third Schedule;

“treatment for sexual sterilisation” has the meaning given by the Voluntary Sterilisation Act 1974;

“treatment of neoplasms” means the treatment of malignant neoplasms, certain benign neoplasms and neoplasms of uncertain behaviour.

(2) In this Part, unless the context otherwise requires, a reference to any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening includes a reference to any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) received, or to be received, as part of an approved treatment package.

(3) In this Part, unless the context otherwise requires, a reference to a person receiving any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening on or after a certain date includes a reference to that person receiving any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) on or after that date as part of an approved treatment package under which the first medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) was received before that date.

(4) In this Part, in relation to admissions before 1 October 2022, “radiosurgery treatment” means the gamma knife treatment or the

Novalis shaped beam treatment of neurosurgical or neurological disorders.

(4A) In this Part, in relation to treatment cycles commenced before 1 June 2026, “medical treatment for conception” means assisted conception procedures, including In vitro Fertilisation (IVF) and Gamete Intra-fallopian Transfer (GIFT).

*[S 324/2026 wef 01/06/2026]*

(5) For the purposes of this Part, unless the context otherwise requires —

- (a) every reference to any type of treatment specified in the first column of the Sixth Schedule (whether by a specific reference or by a collective term, such as medical treatment or an approved treatment package, which includes that type of treatment) includes approved remote consultation in relation to that type of treatment received on an out-patient basis in the circumstances specified in the second column of the Sixth Schedule for that type of treatment; and
- (b) each type of treatment specified in the first column of the Sixth Schedule is subject to the same limit on withdrawal prescribed in the applicable provision specified in the third column of the Sixth Schedule for that type of treatment whether or not it is received as approved remote consultation.

**Application for withdrawal for payment of medical treatment, etc.**

3.—(1) Subject to the Act and this Part, where a member or the member’s dependant has received, or will receive as part of an approved treatment package —

- (a) any medical treatment (except any MIC@Home treatment or qualifying combined treatment) or psychiatric treatment —
  - (i) in or provided by any approved medical institution;
  - (ii) at home provided by an approved medical practitioner of an approved medical institution; or

- (iii) in any other centre, clinic, hospital or premises approved by the Minister for Health under paragraph (2);
- (b) any approved rehabilitation treatment —
  - (i) in any approved medical institution from an approved medical practitioner or an approved allied health professional; or
  - (ii) in any other centre, clinic, hospital or premises approved by the Minister for Health under paragraph (2);
- (c) any MIC@Home treatment or qualifying combined treatment; or
- (d) any medical treatment (other than any approved vaccination) at home from an approved home palliative care provider,

the Board may, on an application by the member, authorise the whole or part of the amount standing to the member's credit in the member's medisave account to be withdrawn and used for the payment of the medical treatment, psychiatric treatment, approved rehabilitation treatment, MIC@Home treatment or qualifying combined treatment received, or to be received as part of an approved treatment package, by the member or the member's dependant, subject to the direction of the Minister for Health under paragraph (2)(b) and such other terms and conditions as the Board may impose.

(2) Where a member or the member's dependant has received, or will receive as part of an approved treatment package, any treatment on or after 1 June 2007 in any centre, clinic, hospital or other premises that is not an approved medical institution, the Minister for Health may, on the application of the member and subject to such terms and conditions as the Minister for Health thinks fit to impose —

- (a) approve such centre, clinic, hospital or other premises for the purpose of the member's application to the Board under paragraph (1) for the withdrawal of moneys from the member's medisave account to pay for the treatment

received, or to be received as part of an approved treatment package, by the member or the member's dependant; and

- (b) direct that, for the purposes of this Part, the withdrawal of moneys be made as if such centre, clinic, hospital or other premises were a type of approved medical institution as defined in regulation 2(1) as the Minister for Health may specify.

(3) Where a member has received, or will receive as part of an approved treatment package, any treatment in any of the situations specified in paragraph (4), the Board may, on an application by a prescribed person, authorise the whole or part of the amount standing to the member's credit in the member's medisave account to be withdrawn and used for the payment of the treatment received, or to be received as part of an approved treatment package, by the member, subject to such terms and conditions as the Board may impose.

(4) The situations mentioned in paragraph (3) are as follows:

(a) where the member —

- (i) has received, or will receive as part of an approved treatment package, on such terms and conditions as the Minister for Health may impose, any medical treatment, psychiatric treatment or approved rehabilitation treatment in the respective circumstances set out in paragraph (1)(a), (b), (c) or (d); and

(ii) is —

(A) unconscious; or

(B) otherwise mentally incapacitated and unable to make the application under paragraph (1) himself or herself;

(b) where the member —

- (i) has received any medical or psychiatric treatment as an in-patient on such terms and conditions as the Minister for Health may impose, in —

(A) any approved hospital;

- (B) any approved MIC@Home treatment provider, in the case of in-patient treatment received as part of any qualifying combined treatment;
  - (C) any approved community hospital;
  - (D) any approved convalescent hospital;
  - (E) any approved in-patient hospice;
  - (F) any approved IPC provider; or
  - (G) any approved day hospital;
- (ii) has not made an application under paragraph (1) himself or herself; and
  - (iii) dies on or after 1 July 2006 in the premises referred to in sub-paragraph (i)(A), (C), (D), (E), (F) or (G), as the case may be;
- (c) where the member has received, before the member's death, any medical treatment, psychiatric treatment or approved rehabilitation treatment under such other circumstances as the Minister for Health may approve for the purposes of this Part, on such terms and conditions as the Minister for Health may impose.
- (5) An application for the withdrawal of moneys from a member's medisave account under paragraph (1), (2) or (3) must —
- (a) if the application is in respect of any medical treatment or psychiatric treatment (except any specified out-patient treatment, or any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, mentioned in regulation 21C(1)), or approved rehabilitation treatment received, other than as part of an approved treatment package, by the member or the member's dependant, be made within the period of 12 months, or within such further period as the Board may specify in any particular case, commencing immediately after the relevant date; or
  - (b) if the application is in respect of any medical treatment, psychiatric treatment or approved rehabilitation treatment received, or to be received, as part of an approved

treatment package, by the member or the member's dependant —

- (i) be made within the period of 12 months, or within such further period as the Board may specify for a treatment of that type or in any particular case, commencing immediately after the date on which the first medical treatment, psychiatric treatment or approved rehabilitation treatment (as the case may be) of the approved treatment package is received; and
- (ii) be subject to such terms and conditions as the Minister for Health may impose.

(6) An application by a member to withdraw moneys from the member's medisave account to pay for —

- (a) any specified out-patient treatment received by the member or the member's spouse; or
- (b) any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, mentioned in regulation 21C(1) received by the member or the member's spouse,

must be made by the member within the period of 12 months, or within such further period as the Board may specify in any particular case, commencing immediately after the relevant date.

(7) A prescribed person may make an application under paragraph (6) on behalf of the member, in respect of any specified out-patient treatment or any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, mentioned in regulation 21C(1) received by the member, if the member —

- (a) is unconscious; or
- (b) is otherwise mentally incapacitated and unable to make the application under paragraph (6) himself or herself.

(8) The Board may authorise the whole or part of the amount standing to the member's credit in the member's medisave account to

be withdrawn and used for the payment mentioned in paragraph (6) —

- (a) if the Board is of the opinion that the conditions mentioned in regulation 21B(2) or 21C(2) (as the case may be) are satisfied, and has determined that such withdrawal does not exceed the withdrawal limit in regulation 21D; and
- (b) subject to the direction of the Minister for Health and such other terms and conditions as the Board may impose.

(9) Every application for the withdrawal of moneys from a member's medisave account under this Part must be made in such form, and supported by such information and documents, as the Board may require.

(10) In this regulation, except in the cases mentioned in paragraph (11), "relevant date" means —

- (a) in a case where the member or the member's dependant received any medical, psychiatric or approved rehabilitation treatment as an in-patient or received day surgical treatment in an approved medical institution — the date of discharge of the member or the member's dependant (as the case may be) from the approved medical institution;
- (b) in a case where the member received any medical or psychiatric treatment as an in-patient in an approved medical institution and the member dies in the approved medical institution before the member's discharge from the approved medical institution — the date of the member's death;
- (c) in a case of an application under paragraph (6) — the date on which the member or the member's spouse (as the case may be) received the specified out-patient treatment, or the treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, mentioned in regulation 21C(1); or

- (d) in any other case — the date on which the member or the member’s dependant received any medical or approved rehabilitation treatment as an out-patient.
- (11) In this regulation, “relevant date”, in relation to the following cases, means —
- (a) in a case where the member or the member’s dependant received any MIC@Home treatment — the date on which the member or the member’s dependant (as the case may be) ceases to receive the MIC@Home treatment; or
- (b) despite sub-paragraph (a), in a case where the member or the member’s dependant received any qualifying combined treatment — the date on which the member or the member’s dependant (as the case may be) ceases to receive the qualifying combined treatment.
- (12) For the purposes of this regulation and regulations 4, 9A, 13, 23, 24, 25 and 25A, unless the context otherwise requires, “medical treatment” includes home palliative care.
- (13) For the purposes of this regulation and regulations 4, 13, 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes approved screening.
- (14) For the purposes of this regulation and regulations 4, 13(1), 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes an out-patient scan.
- (15) For the purposes of this regulation and regulations 4, 13, 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes approved out-patient parenteral nutrition.
- (16) For the purposes of this regulation and regulations 4, 9AA, 22, 23, 24, 25 and 25A, unless the context otherwise requires, “medical treatment” includes in-patient palliative care.
- (17) For the purposes of this regulation and regulations 4, 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes MIC@Home treatment and qualifying combined treatment.
- (18) For the purposes of this regulation and regulations 4, 5, 6, 7, 8, 9, 9AA, 9A, 13, 21, 23, 24, 25 and 25A, unless the context otherwise

requires, “medical treatment” includes repetitive transcranial magnetic stimulation.

(19) For the purposes of this regulation and regulations 4, 13, 23, 24, 25 and 25A, unless the context otherwise requires, “medical treatment” includes CTGTP treatment and high-cost drug treatment.

### **Limits on withdrawal for payment of medical treatment, etc.**

4.—(1) Where moneys are withdrawn from one or more medisave accounts under regulation 3 for the payment of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, the total amount withdrawn for the payment of the treatment is subject to the limits prescribed in regulation 5, 6, 7, 8, 9, 9AA, 9A, 9B, 10, 11, 12, 12A, 13, 13A, 13B, 13C, 13D, 13E, 14, 14A, 14B, 14C, 15, 16, 18, 18A, 18B, 19, 20, 21, 21D or 21E, as applicable.

*[S 324/2026 wef 01/06/2026]*

(2) Subject to paragraph (1), where the withdrawal is made from the medisave accounts of —

- (a) a deceased member; and
- (b) the spouse, a parent, a child, a grandchild or a sibling of the deceased member, or any other person related to the deceased member and whom the Minister for Health has approved for the purposes of regulation 3,

the whole or part of the amount standing to the credit of the deceased member in the medisave account must be withdrawn first for payment of the deceased member’s last medical bill before the moneys standing to the credit of the person referred to in sub-paragraph (b) in the medisave account are used to pay the balance of the deceased member’s last medical bill.

(3) Despite paragraph (1), where moneys are withdrawn from a deceased member’s medisave account under regulation 3 for the payment of his or her last medical bill, the limits prescribed in regulations 5, 6, 7, 8, 9, 9AA, 12A, 13B, 13C, 13D, 13E, 16 and 20 do not apply.

(4) Despite the limits on the withdrawal of moneys from medisave accounts prescribed in this Part, the Minister for Health, or such person as the Minister for Health may appoint, may, in a particular case, approve the withdrawal of the whole or part of either or both of the following amounts:

- (a) the amount standing to the credit of a deceased member in the medisave account;
- (b) the amount standing to the credit of any person referred to in paragraph (2)(b) in that person's medisave account,

the total withdrawal being in excess of the prescribed limits for the payment of the charges incurred in respect of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, received by the member in an approved medical institution or (if applicable) approved renal dialysis premises before the member's death.

(5) To avoid doubt, in relation to the payment of a deceased member's last medical bill, any further limits on the withdrawal of moneys from the deceased member's medisave account that may be specified by the member before the member's death are to be disregarded.

(6) Despite the limits on the withdrawal of moneys from medisave accounts prescribed in this Part, the Minister for Health, or such person as the Minister for Health may appoint, may, in a particular case, approve the withdrawal of the whole or part of the amount standing to the member's credit in the member's medisave account, in excess of the prescribed limits for the payment of the charges incurred in respect of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, received by —

- (a) the member;
- (b) the member's dependant; or
- (c) a person deemed to be the member's dependant under regulation 24(3).

(7) Any approval granted under paragraph (4) or (6) by the Minister for Health, or such person as the Minister for Health may appoint, is subject to such terms and conditions as the Minister for Health or person so appointed may impose.

### **In-patient medical treatment in approved hospitals**

5.—(1) Subject to paragraph (3) and regulation 4, where a member or the member's dependant has received medical treatment as an in-patient from an approved medical practitioner in an approved hospital, the amount that may be withdrawn by the member for payment of the treatment must not exceed —

- (a) (i) in a case not involving any surgical operation —
  - (A) if the member or the member's dependant was admitted to the approved hospital before 1 March 2021 — the relevant sum per day multiplied by the number of days he or she was hospitalised;
  - (B) if the member or the member's dependant was admitted to the approved hospital on or after 1 March 2021 but before 1 April 2025 — the aggregate of the following:
    - (BA) the relevant sum per day under paragraph (2)(d)(i) for the period of hospitalisation to which that relevant sum applies;
    - (BB) the relevant sum per day under paragraph (2)(d)(ii) for the period of hospitalisation to which that relevant sum applies; and
  - (C) if the member or the member's dependant is admitted to the approved hospital on or after 1 April 2025 — the aggregate of the following:
    - (CA) the relevant sum per day under paragraph (2)(e)(i) for the period of

- hospitalisation to which that relevant sum applies;
- (CB) the relevant sum per day under paragraph (2)(e)(ii) for the period of hospitalisation to which that relevant sum applies;
- (ii) in a case involving one or more surgical operations —
- (A) the lower of the following:
- (AA) the amount computed in accordance with sub-paragraph (i)(A), (B) or (C), whichever is applicable;
- (AB) the actual total hospital charges; and
- (B) the amount of operation fees for a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system, which must not exceed the lower of the following cap amounts:
- (BA) the amount as determined by the Minister for Health for such operation or operations;
- (BB) if the member or the member's dependant was admitted to the approved hospital —
- (I) before 1 June 2009 — \$5,000;
- (II) on or after 1 June 2009 but before 1 April 2025 — \$7,550; or
- (III) on or after 1 April 2025 — \$5,290;
- [S 324/2026 wef 01/06/2026]*
- (iii) in a case involving radiosurgery treatment that started before 1 June 2026, the aggregate of the following amounts:

(A) \$7,500 per course of treatment (if the treatment started on or after 1 January 2008 but before 1 April 2025) or \$3,750 per course of treatment (if the treatment started on or after 1 April 2025);

(B) the amount that may be withdrawn under sub-paragraph (i) or (ii), as the case may be; or

*[S 324/2026 wef 01/06/2026]*

(iv) in a case involving radiosurgery treatment that started on or after 1 June 2026, the amount that may be withdrawn under sub-paragraph (i) or (ii), as the case may be;

*[S 324/2026 wef 01/06/2026]*

(b) the total expenditure for the medical treatment; or

(c) the total credit balance in the member's medisave account,

whichever is the lowest.

(2) For the purposes of paragraph (1)(a), the relevant sum per day is —

(a) if the member or the member's dependant was admitted to the approved hospital before 1 April 2006 — \$300;

(b) if the member or the member's dependant was admitted to the approved hospital on or after 1 April 2006 but before 1 May 2007 — \$400;

(c) if the member or the member's dependant was admitted to the approved hospital on or after 1 May 2007 but before 1 March 2021 — \$450;

(d) if the member or the member's dependant was admitted to the approved hospital on or after 1 March 2021 but before 1 April 2025 —

(i) for each of the first 2 days of hospitalisation during each admission — \$550; and

(ii) for each of the third and subsequent days of hospitalisation during each admission — \$400; and

- (e) if the member or the member's dependant is admitted to the approved hospital on or after 1 April 2025 —
  - (i) for each of the first 2 days of hospitalisation during each admission — \$1,130; and
  - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$400.

(3) The total amount that may be withdrawn by a member for the payment of attendance fees of all approved medical practitioners under this regulation must not exceed \$50 for each day the member or the member's dependant is hospitalised, if the member or the member's dependant was admitted to the approved hospital before 1 November 2018.

(4) Any withdrawal by a member under this regulation is subject to such terms and conditions as the Minister for Health may impose.

### **In-patient medical treatment in approved community hospitals**

6.—(1) Subject to regulation 4, where a member or the member's dependant has received medical treatment as an in-patient from an approved medical practitioner in an approved community hospital, the amount that may be withdrawn by the member for payment of the treatment must not exceed —

- (a) (i) in a case not involving any surgical operation —
  - (A) a sum of \$150 per day, subject to a maximum of \$3,500 per year, if the member or the member's dependant was admitted to the approved community hospital on or after 1 January 2002 but before 1 June 2010;
  - (B) a sum of \$250 per day, subject to a maximum of \$5,000 per year, if the member or the member's dependant was admitted to the approved community hospital on or after 1 June 2010 but before 1 April 2025; or
  - (C) a sum of \$250 per day, if the member or the member's dependant is admitted to the

approved community hospital on or after  
1 April 2025; or

(ii) in a case involving one or more surgical  
operations —

(A) the lower of the following amounts:

(AA) the applicable sum as follows,  
multiplied by the number of days the  
member or the member's dependant  
was hospitalised:

(I) if the member or the member's  
dependant was admitted to the  
approved community hospital on  
or after 1 January 2002 but before  
1 June 2010 — \$150 per day;

(II) if the member or the member's  
dependant was admitted to the  
approved community hospital on  
or after 1 June 2010 — \$250 per  
day;

(AB) the actual total hospital charges; and

(B) the amount of operation fees for a maximum of  
3 surgical procedures, involving not more than  
2 anatomical systems and not more than  
2 procedures within each system, which must  
not exceed the lower of the following cap  
amounts:

(BA) the amount as determined by the  
Minister for Health for such operation  
or operations;

(BB) if the member or the member's  
dependant was admitted to the  
approved community hospital —

(I) before 1 June 2009 — \$5,000;

(II) on or after 1 June 2009 but before 1 April 2025 — \$7,550; or

(III) on or after 1 April 2025 — \$5,290; or;

(b) the total expenditure for the medical treatment; or

(c) the total credit balance in the member's medisave account, whichever is the lowest.

(2) Paragraph (1) does not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

(3) Despite paragraph (1), no withdrawal of any amount in excess of \$30 for each day a member or the member's dependant is hospitalised is permitted under this regulation for the payment of any attendance fee of any approved medical practitioner or practitioners, if the member or the member's dependant was admitted to the approved community hospital before 1 November 2018.

### **In-patient medical treatment in approved day hospitals**

7.—(1) Subject to regulation 4, where a member or the member's dependant has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved day hospital, the amount that may be withdrawn by the member for —

(a) the payment of attendance fees of the approved medical practitioner or practitioners must not exceed \$30 per day, if the member or the member's dependant was admitted to the approved day hospital before 1 November 2018;

(b) the payment of the medical treatment, including attendance fees, must not exceed \$150 per day; and

(c) the payment of all such medical treatments, including attendance fees —

(i) must not exceed \$3,000 per year; and

- (ii) must not exceed the total credit balance in the member's medisave account.

(2) Paragraph (1) does not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

### **In-patient medical treatment in approved convalescent hospitals**

8.—(1) Subject to regulation 4, where a member or the member's dependant has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved convalescent hospital, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners must not exceed \$30 per day, if the member or the member's dependant was admitted to the approved convalescent hospital before 1 November 2018;
- (b) the payment of the medical treatment, including attendance fees, must not exceed \$50 per day; and
- (c) the payment of all such medical treatments, including attendance fees —
  - (i) must not exceed \$3,000 per year; and
  - (ii) must not exceed the total credit balance in the member's medisave account.

(2) Paragraph (1) does not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

### **In-patient medical treatment in approved in-patient hospices for admission before 1 April 2020**

9.—(1) Subject to regulation 4, where a member or the member's dependant who is suffering from terminal illness has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved

in-patient hospice, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners must not exceed \$30 per day, if the member or the member's dependant was admitted to the approved in-patient hospice before 1 November 2018;
- (b) the payment of the medical treatment, including attendance fees, must not exceed \$200 per day, if the member or the member's dependant was admitted to the approved in-patient hospice before 1 April 2020; and
- (c) the payment of all such medical treatments must not exceed the total credit balance in the member's medisave account.

(2) Paragraph (1) does not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of this Part.

### **In-patient medical treatment in approved IPC provider for admission on or after 1 April 2020**

**9AA.**—(1) Where a member or the member's dependant is admitted to an approved IPC provider for approved general palliative care or approved specialised palliative care on or after 1 April 2020, the member may withdraw moneys from the member's medisave account for the payment of medical treatment (other than any approved vaccination) received by the member or the member's dependant (as the case may be) in the approved IPC provider.

(2) Subject to regulation 4, the total amount that a member may withdraw under paragraph (1) —

- (a) must not exceed —
  - (i) \$250 for each day that the member or the member's dependant (as the case may be) is admitted for approved general palliative care; or
  - (ii) \$350 for each day that the member or the member's dependant (as the case may be) is admitted for approved specialised palliative care; and

(b) must not exceed the total credit balance in the member's medisave account.

(3) Paragraphs (1) and (2) do not apply to any form of medical treatment that has not been approved by the Minister for Health for the purposes of this Part.

### **Out-patient medical treatment from approved home palliative care providers or in approved day hospices**

**9A.**—(1) Subject to regulation 4, a member may withdraw moneys from the member's medisave account for the payment of one or more of the following received by the member, or the member's dependant, who suffers from any terminal illness:

(a) medical treatment (other than any approved vaccination) received at home, on or after 1 January 2010, from an approved home palliative care provider;

(b) medical treatment (other than any approved vaccination) received as an out-patient, on or after 1 August 2016, in an approved day hospice.

(2) Subject to paragraph (3), the total amount that a member may withdraw under paragraph (1) —

(a) must not exceed \$2,500 per patient for all medical treatments mentioned in paragraph (1) that are received during the lifetime of the patient; and

(b) must not exceed the total credit balance in the member's medisave account.

(3) The limit on withdrawal mentioned in paragraph (2)(a) does not apply if the medical treatment concerned —

(a) is received by the member; and

(b) is in respect of such terminal illness as may be approved by the Minister for Health.

(4) Any withdrawal by a member under this regulation is subject to such terms and conditions as the Minister for Health may impose.

### **Approved out-patient parenteral nutrition**

**9B.**—(1) A member may withdraw moneys from the member's medisave account for the payment of approved out-patient parenteral nutrition received by the member, or the member's dependant, on or after 1 November 2018.

(2) Subject to regulations 4, 21D and 21E, the total amount that a member may withdraw under paragraph (1) —

(a) must not exceed —

(i) \$200 per month per patient, if the member or the member's dependant received the approved out-patient parenteral nutrition on or after 1 November 2018 but before 1 April 2025; or

(ii) \$220 per month per patient, if the member or the member's dependant received the approved out-patient parenteral nutrition on or after 1 April 2025; and

(b) must not exceed the total credit balance in the member's medisave account.

*[S 324/2026 wef 01/06/2026]*

(3) In this Part, the date a member or a member's dependant receives any approved out-patient parenteral nutrition is the date the approved hospital provides the approved out-patient parenteral nutrition to the member or dependant (whether or not the approved out-patient parenteral nutrition is administered to the member or dependant on the date of such provision).

### **Approved day rehabilitation centres**

**10.** Despite anything in this Part, where a member or the member's dependant has received any approved rehabilitation treatment in any approved day rehabilitation centre, the amount that may be withdrawn by the member for the payment of such treatment must not exceed —

(a) \$20 per day, subject to a maximum of \$1,500 per year, if the member or member's dependant received such treatment before 1 June 2010;

- (b) \$25 per day, subject to a maximum of \$1,500 per year, if the member or member's dependant received such treatment on or after 1 June 2010 but before 1 April 2022;
- (c) \$25 per day for each type of approved rehabilitation treatment, subject to a maximum of \$1,500 per year in total, if the member or member's dependant received such treatment on or after 1 April 2022; or
- (d) the total credit balance in the member's medisave account, whichever is the lowest.

### **Hepatitis B vaccinations received as in-patient in approved hospitals**

11.—(1) Where a member or the member's dependant has received, on or after 1 October 2002 but before 1 November 2009, any vaccination against Hepatitis B as an in-patient from an approved medical practitioner of an approved hospital or of an approved community hospital, the amount that may be withdrawn by the member for the payment of the vaccination must not exceed —

- (a) the total charges in respect of the vaccination, subject to the following withdrawal limits:

<i>Age of patient</i>	<i>Withdrawal limits (per course of treatment)</i>
(i) below 12 years	\$25
(ii) 12 to 19 years	\$35
(iii) 20 years or above	\$50;

- (b) in the case of an individual booster vaccination that is approved by the Minister for Health, the total charges in respect of the individual booster vaccination, subject to the following withdrawal limits:

<i>Age of patient</i>	<i>Withdrawal limits</i>
(i) below 12 years	\$10
(ii) 12 to 19 years	\$15

<i>Age of patient</i>	<i>Withdrawal limits</i>
(iii) 20 years or above	\$20; or

(c) the total credit balance in the member's medisave account, whichever is the lowest.

(2) Any amount permitted to be withdrawn from a member's medisave account under paragraph (1) is in addition to whatever amount that may be withdrawn under regulation 5, 6 or 16 unless the amount that may be withdrawn under that regulation is the total credit balance in the member's medisave account.

### **Surgical treatment to reverse any sexual sterilisation and for plastic surgery**

**12.** Despite anything in this Part, no withdrawal is permitted under this Part for the payment of any charges incurred in respect of —

- (a) any surgical treatment to reverse any treatment for sexual sterilisation received —
  - (i) on or after 8 June 1987 by a member's dependant who is not the member's spouse; or
  - (ii) on or after 8 June 1987 but before 1 November 2016 by a female member or spouse of a male member, who has more than 2 natural children who are alive at the time the surgical treatment is received; or
- (b) any plastic surgery which in the opinion of the Minister for Health is for cosmetic purposes.

### **Qualifying combined treatment**

**12A.—(1)** A member may withdraw moneys from the member's medisave account for the payment of qualifying combined treatment received by the member or the member's dependant.

(2) Subject to regulation 4, the total amount that a member may withdraw under paragraph (1) for payment of each episode of qualifying combined treatment received must not exceed the lowest of the following amounts:

- (a) the aggregate amount computed in accordance with paragraph (3) for the episode of qualifying combined treatment;
  - (b) the total expenditure for the episode of qualifying combined treatment;
  - (c) the total credit balance in the member's medisave account.
- (3) For the purposes of paragraph (2)(a), the aggregate amount is —
- (a) if the episode of qualifying combined treatment started before 1 April 2025 —
    - (i) \$550 for each of the first 2 days of the episode; and
    - (ii) \$400 for each of the third and subsequent days of the episode; and
  - (b) if the episode of qualifying combined treatment started on or after 1 April 2025 —
    - (i) \$1,130 for each of the first 2 days of the episode; and
    - (ii) \$400 for each of the third and subsequent days of the episode.

(4) This regulation does not apply if the episode of qualifying combined treatment includes any approved MIC@Home treatment that started before 1 April 2024, even if that episode of qualifying combined treatment continues on or after that date.

(5) For the purposes of this regulation, the start and end of an episode of qualifying combined treatment is determined by the approved MIC@Home treatment provider based on the advice of an approved medical practitioner of that approved MIC@Home treatment provider.

(6) To avoid doubt, regulations 5 and 13 do not apply to qualifying combined treatment.

### **Out-patient medical treatment, etc.**

**13.—**(1) Except as provided in this regulation and regulations 9A, 9B, 13A, 13C, 13D, 13E, 14, 14A, 14B and 19, and subject to regulations 21C, 21D, 21E and 24, no withdrawal is permitted under

this Part for the payment of any charges incurred in respect of any medical treatment afforded to a member or the member's dependant as an out-patient.

*[S 324/2026 wef 01/06/2026]*

(2) Subject to paragraphs (6) and (7) and regulations 21C, 21D and 21E, where a member or the member's dependant has received any First Schedule treatment as an out-patient from an approved medical practitioner in an approved hospital, approved centre or approved clinic, the amount that may be withdrawn by the member for the payment of such treatment must not exceed such sum as is specified in the third column of the First Schedule in relation to that First Schedule treatment.

*[S 324/2026 wef 01/06/2026]*

(3) Subject to regulations 21C, 21D and 21E, where a member or a member's dependant receives any Third Schedule treatment as an out-patient from an approved medical practitioner in an approved Third Schedule treatment provider, the amount that may be withdrawn by the member for the payment of such treatment must not exceed the sum specified in the third column of the Third Schedule in relation to that Third Schedule treatment.

*[S 324/2026 wef 01/06/2026]*

(4) No withdrawal is permitted under this Part for the payment of any charges in respect of any anti-retroviral drug or any drug for the purposes of treating opportunistic infection registered in Singapore for the medical treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), except where such treatment —

(a) is for —

- (i) if the treatment was received before 1 June 2026 — the member himself or herself, or the member's child aged 21 years or below; or
- (ii) if the treatment is received on or after 1 June 2026 — the member himself or herself, or the member's dependant; and

*[S 324/2026 wef 01/06/2026]*

(b) is received from an approved medical practitioner in an approved hospital.

(5) Where a member or the member's dependant has received, on or after 1 October 2002 but before 1 November 2009, any vaccination against Hepatitis B from an approved medical practitioner as an out-patient in an approved clinic or at an approved community hospital, the amount that may be withdrawn by the member for the payment of the total charges in respect of the vaccination must not exceed the withdrawal limits specified in regulation 11(1) or the total credit balance in the member's medisave account, whichever is the lower.

(6) Subject to regulations 21C and 21D, where a member or a member's dependant has undergone, on or after 1 April 2008 but before 1 September 2022, any cancer scan or diagnostic test, ordered by an approved medical practitioner, as an out-patient in an approved medical institution, the amount that may be withdrawn by the member for the payment of such cancer scan or diagnostic test must not exceed the sum specified in the third column of the First Schedule in relation to item 10 of that Schedule.

*[S 324/2026 wef 17/12/2025]*

(7) Subject to regulations 21C and 21D, where a member or a member's dependant has undergone, on or after 1 September 2022 but before 1 December 2023 —

(a) any cancer scan or diagnostic test, ordered by an approved medical practitioner, as an out-patient in an approved medical institution; or

(b) any cancer drug treatment as an out-patient from an approved medical practitioner in an approved hospital, approved centre or approved clinic,

the amount that may be withdrawn by the member for the payment of such cancer drug treatment, cancer scan or diagnostic test must not exceed the sum specified in the third column of the First Schedule in relation to item 11 or 13 or both, as the case may be.

*[S 324/2026 wef 17/12/2025]*

(8) Subject to regulations 21C, 21D and 21E, where a member or a member's dependant has undergone, on or after 1 December 2023 —

- (a) any cancer scan or diagnostic test, ordered by an approved medical practitioner, as an out-patient in an approved medical institution; or
- (b) any cancer drug treatment as an out-patient by an approved medical practitioner in an approved hospital, approved centre or approved clinic,

the amount that may be withdrawn by the member for the payment of such cancer drug treatment, cancer scan or diagnostic test must not exceed the sum specified in the third column of the First Schedule in relation to item 12 or 14 or both, as the case may be.

*[S 324/2026 wef 17/12/2025]*

*[S 324/2026 wef 01/06/2026]*

(9) Despite any restrictions on the withdrawal of moneys from medisave accounts for the payment of charges incurred in respect of any treatment afforded to a member or the member's dependant as an out-patient prescribed in this Part, the Minister for Health, or such person as the Minister for Health may appoint, may, in a particular case, approve the withdrawal of the whole or part of the amount standing to the member's credit in the member's medisave account for the payment of the whole or part of the charges incurred in respect of any treatment, except any treatment referred to in regulation 12 and in the Second Schedule, received on an out-patient basis at any approved medical institution by —

- (a) the member;
- (b) the member's dependant; or
- (c) a person deemed under regulation 24(3) to be the member's dependant.

(10) Any approval granted under paragraph (9) may be subject to such terms and conditions as the Minister for Health, or such person as the Minister for Health may appoint, may impose.

## **Out-patient scans**

**13A.**—(1) Subject to regulations 21C and 21D, where, on or after 1 January 2015, a member or the member's dependant has undergone any out-patient scan approved by the Minister for Health for the purposes of this regulation, the amount that may be withdrawn by the member for the payment for the scan must not exceed —

- (a) for the years 2015 to 2025 — \$300 per patient per year or the total credit balance in the member's medisave account, whichever is the lower; and
- (b) for the year 2026 and every subsequent year — \$600 per patient per year or the total credit balance in the member's medisave account, whichever is the lower.

*[S 890/2025 wef 01/01/2026]*

(2) Any withdrawal by a member under this regulation is subject to such terms and conditions as the Minister for Health may impose.

## **MIC@Home treatment on or after 1 April 2024**

**13B.**—(1) A member may withdraw moneys from the member's medisave account for the payment of MIC@Home treatment (except any MIC@Home treatment received as part of qualifying combined treatment) received by the member or the member's dependant, on or after 1 April 2024.

(2) Subject to regulation 4, the total amount that a member may withdraw under paragraph (1) for payment of each episode of MIC@Home treatment received must not exceed the lowest of the following amounts:

- (a) the aggregate amount computed in accordance with paragraph (3) for the episode of MIC@Home treatment;
  - (b) the total expenditure for the MIC@Home treatment;
  - (c) the total credit balance in the member's medisave account.
- (3) For the purposes of paragraph (2)(a), the aggregate amount is —
- (a) if the episode of MIC@Home treatment started on or after 1 April 2024 but before 1 April 2025 —

- (i) \$550 for each of the first 2 days of the episode; and
  - (ii) \$400 for each of the third and subsequent days of the episode; and
- (b) if the episode of MIC@Home treatment started on or after 1 April 2025 —
- (i) \$1,130 for each of the first 2 days of the episode; and
  - (ii) \$400 for each of the third and subsequent days of the episode.

(4) This regulation does not apply if the episode of MIC@Home treatment started before 1 April 2024, even if that MIC@Home treatment continues on or after that date.

(5) For the purposes of this regulation, the start and end of an episode of MIC@Home treatment is determined by the approved MIC@Home treatment provider based on the advice of an approved medical practitioner of that approved MIC@Home treatment provider.

(6) To avoid doubt, regulation 13 does not apply to MIC@Home treatment.

### **Out-patient repetitive transcranial magnetic stimulation in approved clinics or approved hospitals**

**13C.**—(1) Subject to paragraphs (2) and (3), a member may withdraw moneys from the member’s medisave account for the payment of each course of repetitive transcranial magnetic stimulation that starts on or after 1 October 2025, received by the member or the member’s dependant as an out-patient in an approved clinic or approved hospital.

(2) Paragraph (1) —

- (a) applies to not more than 2 courses of repetitive transcranial magnetic stimulation received by each patient during the patient’s lifetime for which withdrawals were made under paragraph (1) by the member or any other member; and
- (b) does not apply to any subsequent course of repetitive transcranial magnetic stimulation received by a patient that

starts within 120 days after the end of the patient's earlier course of repetitive transcranial magnetic stimulation for which a withdrawal was made under paragraph (1) by the member or any other member.

(3) Subject to regulations 4, 21B, 21C, 21D and 21E, the amount the member may withdraw under paragraph (1) for payment of each course of repetitive transcranial magnetic stimulation received by each patient must not exceed the lowest of the following amounts:

- (a) the specified amount for the course of repetitive transcranial magnetic stimulation computed in accordance with paragraph (4);
- (b) the total expenditure for the course of repetitive transcranial magnetic stimulation;
- (c) the total credit balance in the member's medisave account.

*[S 324/2026 wef 01/06/2026]*

(4) In paragraph (3)(a), the specified amount is computed in accordance with the formula  $A \times B$ , where —

(a) A is the number of treatment sessions of repetitive transcranial magnetic stimulation received by the patient, not exceeding the following number of sessions:

(i) for the patient's earlier course of repetitive transcranial magnetic stimulation —

(A) 24 sessions, if the patient has received 24 or more sessions of repetitive transcranial magnetic stimulation in that course before 1 June 2026; or

(B) 30 sessions, in any other case;

*[S 324/2026 wef 01/06/2026]*

(ii) for the patient's subsequent course of repetitive transcranial magnetic stimulation — 30 sessions; and

*[S 324/2026 wef 01/06/2026]*

(b) B is the cost of each treatment session not exceeding \$15 for each treatment session.

(5) For the purposes of this regulation, the start and end of a course of repetitive transcranial magnetic stimulation is determined by the approved clinic or approved hospital based on the advice of an approved medical practitioner.

### **CTGTP treatment**

**13D.**—(1) A member may withdraw moneys from the member’s medisave account for the payment of any course of CTGTP treatment that starts on or after 1 October 2025, received by the member or the member’s dependant —

- (a) in any of the following approved medical institutions:
  - (i) an approved hospital, as an in-patient or out-patient;
  - (ii) an approved community hospital, as an in-patient;
  - (iii) an approved day hospital, as an in-patient;
  - (iv) an approved convalescent hospital, as an in-patient;
  - (v) an approved in-patient hospice, as an in-patient;
  - (vi) an approved IPC provider, as an in-patient;
  - (vii) an approved clinic, as an out-patient;
  - (viii) an approved day hospice, as an out-patient;
  - (ix) an approved hospital or approved day surgery centre, as part of any day surgical treatment;
- (b) at the patient’s home or in an approved MIC@Home treatment provider, as part of any approved MIC@Home treatment or qualifying combined treatment, as applicable; or
- (c) at the patient’s home from an approved home palliative care provider.

(2) Paragraph (1) does not apply if a withdrawal has previously been made under paragraph (1) by the member or any other member for any other course of the same type of CTGTP treatment received by the same patient.

(3) Subject to regulations 4, 21B, 21C, 21D and 21E, the amount the member may withdraw under paragraph (1) for payment of each course of CTGTP treatment received by each patient and specified in the first column of the Seventh Schedule must not exceed the lowest of the following amounts:

- (a) the amount specified in the third column of the Seventh Schedule for one course of the CTGTP treatment received by the patient;
- (b) the total expenditure for the course of CTGTP treatment;
- (c) the total credit balance in the member's medisave account.

[S 324/2026 wef 01/06/2026]

(4) For the purposes of this regulation, the start and end of a course of CTGTP treatment is determined by the applicable approved medical institution mentioned in paragraph (1)(a), approved MIC@Home treatment provider or approved home palliative care provider (as the case may be), based on the advice of an approved medical practitioner.

(5) To avoid doubt, regulations 5, 6, 7, 8, 9, 9AA, 9A, 12A, 13B and 21 do not apply to CTGTP treatment.

### **High-cost drug treatment**

**13E.**—(1) A member may withdraw moneys from the member's medisave account for the payment of any course of high-cost drug treatment that starts on or after 1 October 2025, received by the member or the member's dependant —

- (a) in any of the following approved medical institutions:
  - (i) an approved hospital, as an in-patient or out-patient;
  - (ii) an approved community hospital, as an in-patient;
  - (iii) an approved day hospital, as an in-patient;
  - (iv) an approved convalescent hospital, as an in-patient;
  - (v) an approved in-patient hospice, as an in-patient;
  - (vi) an approved IPC provider, as an in-patient;
  - (vii) an approved clinic, as an out-patient;

- (viii) an approved day hospice, as an out-patient;
- (ix) an approved hospital or approved day surgery centre, as part of any day surgical treatment;
- (b) at the patient's home or in an approved MIC@Home treatment provider, as part of any approved MIC@Home treatment or qualifying combined treatment, as applicable; or
- (c) at the patient's home from an approved home palliative care provider.

(2) Subject to regulations 4, 21B, 21C, 21D and 21E, the total amount the member may withdraw under paragraph (1) for payment of each course of high-cost drug treatment received by each patient must not exceed the lowest of the following amounts:

- (a) the amount specified in the third column of the Eighth Schedule in respect of the high-cost drug treatment received by the patient for the clinical indication specified in the first column of that Schedule;
- (b) the total expenditure for the course of high-cost drug treatment;
- (c) the total credit balance in the member's medisave account.

*[S 324/2026 wef 01/06/2026]*

(3) For the purposes of this regulation, the start and end of a course of high-cost drug treatment is determined by the applicable approved medical institution mentioned in paragraph (1)(a), approved MIC@Home treatment provider or approved home palliative care provider (as the case may be), based on the advice of an approved medical practitioner.

(4) To avoid doubt, regulations 5, 6, 7, 8, 9, 9AA, 9A, 12A, 13B and 21 do not apply to high-cost drug treatment.

### **Approved chronic illness treatment**

**14.—**(1) Where a member or the member's dependant has received or will receive any approved chronic illness treatment as an out-patient from an approved medical practitioner either in an

approved CIT medical institution or at home as a patient of an approved CIT medical institution, the member may withdraw —

(a) subject to regulation 14C, in respect of any such treatment received (not as part of any approved treatment package) before 1 July 2014 or, if the treatment was received as part of an approved treatment package of which the first such treatment was received before 1 July 2014, in respect of the approved treatment package, an amount not exceeding the lower of —

(i) the total credit balance in the member's medisave account; or

(ii) an amount ascertained in accordance with the following formula:

$$(A - B) \times (100\% - C),$$

where A is the charge imposed by the approved CIT medical institution for such treatment or for the approved treatment package, as the case may be;

B is the co-payment amount of \$30; and

C is the co-payment percentage of 15%;

(b) subject to sub-paragraph (c) and regulations 14C, 21C and 21D, in respect of any such treatment received (not as part of any approved treatment package) on or after 1 July 2014 or, if the treatment was received as part of an approved treatment package of which the first such treatment was received on or after 1 July 2014, in respect of the approved treatment package, an amount not exceeding the lower of —

(i) the total credit balance in the member's medisave account; or

(ii) an amount ascertained in accordance with the following formula:

$$A \times (100\% - B),$$

where A is the charge imposed by the approved CIT medical institution for such treatment or for the approved treatment package, as the case may be; and

B is the co-payment percentage of 15%; and

(c) subject to regulations 14C, 21C and 21D, in respect of any such treatment received (not as part of any approved treatment package) on or after 1 February 2024 from an approved CIT medical institution, if —

(i) the patient is enrolled in the Healthier SG initiative, or any other health programme approved by the Minister for Health for the purposes of this provision; and

(ii) under the terms of the health programme published on the website of the Ministry of Health at <https://www.moh.gov.sg>, the patient is not liable to co-payment,

an amount not exceeding the lower of —

(iii) the total credit balance in the member's medisave account; or

(iv) the charge imposed by the approved CIT medical institution for such treatment.

(2) Despite paragraph (1), the amount that may be withdrawn by the member in respect of all such treatments that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such treatment is received in that calendar year, must not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

(3) If the charge imposed by the approved CIT medical institution for any such treatment or such approved treatment package (as the case may be) is not more than the applicable co-payment amount, no

amount may be withdrawn by the member under paragraph (1)(a) in respect of that treatment or approved treatment package.

(4) Any withdrawal by a member under this regulation is subject to such terms and conditions as the Minister for Health may impose.

### **Approved vaccination**

**14A.**—(1) Subject to regulations 14C, 21C and 21D, where, on or after 1 November 2009, a member or the member's dependant has received or will receive any approved vaccination as an out-patient from an approved medical practitioner either in an approved clinic, approved hospital, approved community hospital or approved CIT medical institution, or at home as a patient of an approved clinic or approved CIT medical institution, the amount that may be withdrawn by the member in respect of all such vaccinations that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such vaccination is received in that calendar year, must not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

(2) Any withdrawal by a member under this regulation is subject to such terms and conditions as the Minister for Health may impose.

### **Approved screening**

**14B.**—(1) Subject to regulations 14C, 21C and 21D, where, on or after 1 July 2011, a member or the member's dependant has received or will receive any approved screening as an out-patient from an approved medical practitioner either in an approved clinic, approved hospital or approved screening centre, or at home as a patient of an approved clinic, the amount that may be withdrawn by the member in respect of all such screenings that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such screening is received in that calendar year, must not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

(2) Any withdrawal by a member under this regulation is subject to such terms and conditions as the Minister for Health may impose.

### **Total limit on withdrawal under regulations 14, 14A and 14B**

**14C.**—(1) Subject to regulations 21C and 21D, the total amount which a member is entitled to withdraw under regulations 14, 14A and 14B in respect of all approved chronic illness treatments, approved vaccinations and approved screenings that are received by the member and the member's dependant (if any) in any calendar year before 2021, and all approved treatment packages of which the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) is received by the member and the member's dependant (if any) in that calendar year, must not exceed —

- (a) \$300 for the years 2006 to 2011;
- (b) \$400 for the years 2012 to 2017; and
- (c) \$500 for the years 2018 to 2020.

(2) Subject to regulations 21C and 21D, the amount that a member is entitled to withdraw under regulations 14, 14A and 14B for each patient (who is the member or the member's dependant) in respect of —

- (a) an approved chronic illness treatment, approved vaccination or approved screening received by the patient in the calendar year 2021 or later; and
- (b) an approved treatment package, of which the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) is received by the patient in the calendar year 2021 or later,

must not exceed the applicable limit for that withdrawal under paragraph (3).

(3) The applicable limit for a withdrawal for a patient in respect of the approved chronic illness treatment, approved vaccination or approved screening under paragraph (2)(a), or the approved treatment package under paragraph (2)(b), is the amount computed in accordance with the formula  $A - B$ , where —

- (a) A is the annual limit of the patient under paragraph (4) for the calendar year in which the patient received —

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- (i) that approved chronic illness treatment, approved vaccination or approved screening; or
  - (ii) the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) of that approved treatment package, as the case may be; and
- (b) B is the total amount of all earlier withdrawals (if any) from one or more medisave accounts for the patient in respect of —
- (i) all other approved chronic illness treatments, approved vaccinations and approved screenings received by that patient in that calendar year; and
  - (ii) all other approved treatment packages, of which the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) is received by that patient in that calendar year.
- (4) The annual limit of the patient mentioned in paragraph (3)(a) for a calendar year is —
- (a) \$700, if the patient suffers, at any time during that calendar year, from —
- (i) any chronic illness, and any complication or other condition related to the chronic illness, designated by the Minister for Health; or
  - (ii) 2 or more kinds of chronic illnesses designated by the Minister for Health; and
- (b) \$500, in any other case.

### **Delivery charges**

**15.—**(1) Where a female member, or a female dependant of a member, has received medical treatment as an in-patient from an approved medical practitioner in an approved hospital in respect of her confinement for the delivery of a child, no withdrawal is to be made under regulation 5 for the payment of any charges relating to

the medical treatment, except with the approval of the Minister for Health, if —

- (a) the child is delivered before 1 August 2004 and, at the time of such delivery, the female member or female dependant had 3 or more living children; or
- (b) the child is delivered on or after 1 August 2004 but before 1 November 2016 and, at the time of such delivery —
  - (i) the female member or female dependant has 4 or more living children; and
  - (ii) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000.

(2) Despite paragraph (1)(b)(ii), where the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000, but will be increased to \$15,000 within such period after the date of the delivery of the child as the Board may determine, the Board may, on the application of a member, in its discretion and subject to such terms and conditions as it may impose, allow the member to make the withdrawal without the approval of the Minister for Health under paragraph (1).

(3) In this regulation and regulation 16, “living children” includes any living children who have been adopted by the female member or female dependant in accordance with any written law relating to the adoption of children, but excludes any living children of the female member or female dependant who have been adopted by a person other than the female member or female dependant or the spouse of the female member or female dependant, in accordance with any written law relating to the adoption of children.

### **Pre-delivery medical treatment**

**16.—**(1) Except as provided in this regulation and regulation 4, no withdrawal is to be made for the payment of any charges incurred by a female member, or a female dependant of a member, in respect of any pre-delivery medical treatment received by her.

(2) Subject to paragraphs (5) and (6), where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes on or after 1 August 2004 the delivery of a child or the termination of her pregnancy as an in-patient, the total amount that may be withdrawn by the member for the payment of the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy must not exceed the aggregate of —

(a) the lower of —

(i) the total of all charges actually incurred in respect of the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy; or

(ii) the total of —

(A) the amount computed in accordance with paragraph (3)(a), (b) or (c), whichever is applicable; and

(B) the fees or part of the fees for the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy, not in excess of the amounts determined by the Minister for Health for such treatments; and

(b) in a case involving one or more additional operations, the amount of operation fees for a maximum of 3 surgical procedures involving not more than 2 anatomical systems and not more than 2 procedures within each system, which must not exceed the lower of the following amounts:

(i) the amount determined by the Minister for Health for such operation or operations;

(ii) if the female member or female dependant was admitted to the approved hospital —

(A) before 1 June 2009 — \$5,000;

- (B) on or after 1 June 2009 but before 1 April 2025 — \$7,550; or
- (C) on or after 1 April 2025 — \$5,290.
- (3) For the purposes of paragraph (2)(a)(ii)(A), the amount is —
- (a) if the female member or female dependant was admitted to the approved hospital before 1 March 2021 — the relevant sum per day multiplied by the number of days she was hospitalised;
  - (b) if the female member or female dependant was admitted to the approved hospital on or after 1 March 2021 but before 1 April 2025 — the aggregate of the following:
    - (i) the relevant sum per day under paragraph (4)(d)(i) for the period of hospitalisation to which that relevant sum applies;
    - (ii) the relevant sum per day under paragraph (4)(d)(ii) for the period of hospitalisation to which that relevant sum applies; and
  - (c) if the female member or female dependant is admitted to the approved hospital on or after 1 April 2025 — the aggregate of the following:
    - (i) the relevant sum per day under paragraph (4)(e)(i) for the period of hospitalisation to which that relevant sum applies;
    - (ii) the relevant sum per day under paragraph (4)(e)(ii) for the period of hospitalisation to which that relevant sum applies.
- (4) For the purposes of paragraph (3), the relevant sum per day is —
- (a) if the female member or female dependant was admitted to the approved hospital before 1 April 2006 — \$300;
  - (b) if the female member or female dependant was admitted to the approved hospital on or after 1 April 2006 but before 1 May 2007 — \$400;

- (c) if the female member or female dependant was admitted to the approved hospital on or after 1 May 2007 but before 1 March 2021 — \$450;
- (d) if the female member or female dependant was admitted to the approved hospital on or after 1 March 2021 but before 1 April 2025 —
  - (i) for each of the first 2 days of hospitalisation during each admission — \$550; and
  - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$400; and
- (e) if the female member or female dependant is admitted to the approved hospital on or after 1 April 2025 —
  - (i) for each of the first 2 days of hospitalisation during each admission — \$1,130; and
  - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$400.

(5) The total amount that may be withdrawn by a member under paragraph (2) for the payment of attendance fees of all approved medical practitioners who treated the member or dependant (as the case may be) must not exceed \$50 per day, if she was admitted to the approved hospital before 1 November 2018.

(6) No withdrawal is to be made under paragraph (2) for the payment of any charges relating to pre-delivery medical treatment received by a female member, or a female dependant of a member —

- (a) if the charges are not claimed as part of the charges for the delivery of a child or the termination of her pregnancy, as the case may be; or
- (b) if she delivers a child before 1 November 2016 and at the time of her delivery —
  - (i) she has 4 or more living children; and
  - (ii) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000,

and the Minister for Health does not approve the payment of the charges.

(7) Subject to paragraphs (9) and (10), where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes on or after 1 August 2004 any day surgical treatment to terminate her pregnancy, the total amount that may be withdrawn by the member for the payment of the pre-delivery medical treatment and the day surgical treatment must not exceed the aggregate of —

(a) the lower of —

(i) the total of all charges actually incurred in respect of the pre-delivery medical treatment and the day surgical treatment; or

(ii) the total of —

(A) the relevant sum for hospital charges for the day the female member or female dependant undergoes the day surgical treatment; and

(B) the fees or part of the fees for the pre-delivery medical treatment and the day surgical treatment, not in excess of the amounts determined by the Minister for Health for such treatments; and

(b) in a case involving one or more additional operations, the amount of operation fees for a maximum of 3 surgical procedures involving not more than 2 anatomical systems and not more than 2 procedures within each system, which must not exceed the lower of the following amounts:

(i) the amount determined by the Minister for Health for such operation or operations;

(ii) if the female member or female dependant was admitted to the approved hospital —

(A) before 1 June 2009 — \$5,000;

(B) on or after 1 June 2009 but before 1 April 2025 — \$7,550; or

(C) on or after 1 April 2025 — \$5,290.

(8) In paragraph (7)(a)(ii)(A), the relevant sum is —

- (a) \$150 if the female member or female dependant received the day surgical treatment before 1 December 2006;
- (b) \$200 if the female member or female dependant received the day surgical treatment on or after 1 December 2006 but before 1 May 2007;
- (c) \$300 if the female member or female dependant received the day surgical treatment on or after 1 May 2007 but before 1 April 2025; and
- (d) \$830 if the female member or female dependant received the day surgical treatment on or after 1 April 2025.

(9) The total amount that may be withdrawn by a member under paragraph (7) for the payment of attendance fees of all approved medical practitioners who treated the female member or female dependant (as the case may be) on the day she underwent the day surgical treatment must not exceed \$30, if that day was before 1 November 2018.

(10) No withdrawal is to be made under paragraph (7) for the payment of any charges relating to pre-delivery medical treatment received by a female member, or a female dependant of a member, unless the charges are claimed as part of the charges for the termination of her pregnancy.

(11) Despite paragraph (2), the Minister for Health may, on the application of a member, in that Minister's discretion and subject to such terms and conditions as that Minister may impose, authorise the member to make a withdrawal under paragraph (2) in respect of the delivery of a child if —

- (a) the child was delivered before 1 August 2004; and
- (b) all other requirements for a withdrawal under paragraph (2) have been satisfied.

(12) Despite paragraph (6)(b)(ii), the Board may, on the application of a member, in its discretion and subject to such terms and conditions as it may impose, allow the member to make a withdrawal under

paragraph (2) without the approval of the Minister for Health under paragraph (6)(b)(ii) in respect of the delivery of a child if —

- (a) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts will be increased to \$15,000 within such period after the date of the delivery of the child as the Board may determine; and
- (b) all other requirements for a withdrawal under paragraph (2) are satisfied.

(13) Where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes, on or after 1 August 2004 —

- (a) the delivery of a child other than as an in-patient; or
- (b) the termination of her pregnancy other than —
  - (i) as an in-patient; or
  - (ii) by day surgical treatment,

the total amount that may be withdrawn by the member for the payment of any charges incurred in respect of the pre-delivery medical treatment must not exceed the applicable sum.

(14) In paragraph (13), the applicable sum is —

- (a) if the delivery of the child or the termination of the pregnancy was before 24 March 2016 — \$450; or
- (b) if the delivery of the child or the termination of the pregnancy was on or after 24 March 2016 — \$900.

(15) Nothing in this regulation authorises any member to withdraw any sum under this regulation in excess of the total credit balance in the member's medisave account.

### **Overseas medical treatment**

17.—(1) A member may apply to the Board to withdraw an amount from the member's medisave account for payment of an amount that is paid or to be paid —

- (a) by the member or any other payer; and

(b) in respect of any qualifying overseas medical treatment received or to be received by the member, or any individual who may or may not be the member's dependant.

(2) A prescribed person may make an application under paragraph (1) on behalf of a member who —

(a) is deceased or unconscious; or

(b) is otherwise mentally incapacitated and unable to make an application under paragraph (1) himself or herself.

(3) After the Board receives an application under paragraph (1), the Board may authorise the member to withdraw, from the member's medisave account, the whole or part of the amount paid or to be paid by the member or payer for the qualifying overseas medical treatment, subject to such terms and conditions as the Board may impose.

(4) An application to the Board under this regulation must be in such form, and supported by such information and documents, as the Board may require.

(5) In this regulation —

“payer”, in respect of any overseas medical treatment, means a person who pays or intends to pay for the overseas medical treatment, whether or not the overseas medical treatment is received by that person;

“qualifying overseas medical treatment” means any medical treatment, psychiatric treatment or other treatment —

(a) provided in a hospital outside Singapore; and

(b) approved, wholly or in part, by the Minister for Health on the application of the member or a payer, to be a qualifying overseas medical treatment.

### **Medical treatment for conception**

**18.—**(1) Despite anything in this Part but subject to this regulation and regulation 18B, where a female member or spouse of a male member has received medical treatment for conception as part of a treatment cycle from an approved medical practitioner as an

in-patient or out-patient from an approved hospital or an approved clinic designated by the Minister for Health, the amount that may be withdrawn by the member to pay for such treatment must not exceed —

- (a) where the treatment cycle commenced before 1 August 2004, the lower of the following:
  - (i) a sum of \$4,000 per treatment cycle;
  - (ii) the total credit balance in the member's medisave account;
- (b) where the treatment cycle commenced on or after 1 August 2004 and before 1 October 2013 —
  - (i) for the first withdrawal for the treatment cycle received by a particular patient, the lower of the following:
    - (A) a sum of \$6,000;
    - (B) the total credit balance in the member's medisave account;
  - (ii) for the second withdrawal for the treatment cycle received by the same patient, the lower of the following:
    - (A) a sum of \$5,000;
    - (B) the total credit balance in the member's medisave account; or
  - (iii) for the third withdrawal for the treatment cycle received by the same patient, the lower of the following:
    - (A) a sum of \$4,000;
    - (B) the total credit balance in the member's medisave account; or
- (c) where the treatment cycle commenced on or after 1 October 2013 —

- (i) for the first withdrawal for the treatment cycle received by a particular patient, the lower of the following:
  - (A) a sum of \$6,000;
  - (B) the total credit balance in the member's medisave account;
- (ii) for the second withdrawal for the treatment cycle received by the same patient, the lower of the following:
  - (A) a sum of \$5,000;
  - (B) the total credit balance in the member's medisave account; or
- (iii) for the third or subsequent withdrawal for the treatment cycle received by the same patient, the lower of the following:
  - (A) a sum of \$4,000;
  - (B) the total credit balance in the member's medisave account.

*[S 324/2026 wef 01/06/2026]*

(2) *[Deleted by S 324/2026 wef 01/06/2026]*

(3) Despite paragraph (1), where a female member or spouse of a male member has received medical treatment for conception before 1 October 2013, the Minister for Health may, on the application of the member, in that Minister's discretion and subject to such terms and conditions as that Minister may impose, authorise the member to make a withdrawal in accordance with paragraph (1)(c).

(4) Medical investigations on the cause of infertility are not considered as part of a treatment cycle for the purpose of this regulation.

(5) Where a cycle of medical treatment for conception has been discontinued and there is a refund of charges to a member, there becomes due and payable to the medisave account of the member, on the date the refund is received by the member, the total amount

withdrawn from the member's medisave account under this regulation or the total amount of refund received, whichever is the lower.

(6) Where a cycle of medical treatment for conception has been discontinued and the sum withdrawn from the member's medisave account for the treatment has been repaid to the account in full, the repaid withdrawal for the discontinued cycle of medical treatment for conception is to be disregarded in determining whether a subsequent withdrawal for a treatment cycle for conception is a first, second, third or subsequent withdrawal for the purposes of paragraph (1).

*[S 324/2026 wef 01/06/2026]*

### **Medical treatment for fertility preservation**

**18A.—**(1) Despite anything in this Part, this regulation applies where a member (being a female member) or a member's female dependant (called in this regulation and regulation 18B the patient) —

- (a) is undergoing, or will be undergoing, medically necessary treatment that may result in iatrogenic infertility or iatrogenic subfertility; and
- (b) receives medical treatment for fertility preservation on or after 1 June 2026 from an approved medical practitioner —
  - (i) as an in-patient or out-patient in an approved hospital or approved clinic designated by the Minister for Health; or
  - (ii) as day surgical treatment in an approved hospital or approved day surgery centre.

(2) Where the medically necessary treatment mentioned in paragraph (1)(a) may result in iatrogenic infertility, the member may withdraw from the member's medisave account —

- (a) for the payment of the fertility preservation surgery received by the patient, an amount not exceeding —
  - (i) where the fertility preservation surgery is received as an in-patient — the limits prescribed in regulation 5(1) as applicable; or

(ii) where the fertility preservation surgery is received as day surgical treatment — the limits prescribed in regulation 21(1) as applicable; and

(b) for the payment of the related procedures received by the patient, an amount subject to the limit under regulation 18B.

(3) Where the medically necessary treatment mentioned in paragraph (1)(a) may result in iatrogenic subfertility, the member may withdraw an amount subject to the limit under regulation 18B from the member's medisave account for the payment of any medical treatment for fertility preservation received by the patient.

(4) The amount that may be withdrawn under paragraph (2) or (3) must not exceed the total credit balance in the member's medisave account.

[S 324/2026 wef 01/06/2026]

### **Total limit for withdrawal under regulations 18 and 18A(2)(b) and (3)**

**18B.** The total amount that may be withdrawn under regulations 18 and 18A(2)(b) and (3) (in respect of medical treatments received by the same patient before, on or after 1 June 2026) must not exceed \$15,000.

[S 324/2026 wef 01/06/2026]

### **Renal dialysis treatment**

**19.—**(1) Despite regulation 3, no withdrawal is to be made from a member's medisave account for the payment of charges incurred for any renal dialysis treatment received on or after 1 December 2004 but before 1 October 2025 by any of the following dependants of the member as an out-patient at approved renal dialysis premises, except with the approval of the Minister for Health or any person designated by the Minister for Health:

(a) a parent;

(b) a grandparent who is a citizen or permanent resident of Singapore;

- (c) a sibling who is a citizen or permanent resident of Singapore;
- (d) the spouse;
- (e) a child above 21 years of age.

(2) Despite anything in this Part but subject to paragraph (1) and regulations 4(4) and (6), 21C, 21D, 21E and 24, where a member or the member's dependant has received renal dialysis treatment as an out-patient on or after 15 March 2021 at approved renal dialysis premises, the amount that may be withdrawn by the member from the member's medisave account for the payment of approved costs for that treatment must not exceed —

- (a) the sum of \$450 per month per patient;
  - (b) the total expenditure incurred on approved costs; or
  - (c) the total credit balance in the member's medisave account,
- whichever is the lowest.

*[S 324/2026 wef 01/06/2026]*

(3) Despite anything in this Part but subject to paragraph (5) and regulation 4(4) and (6), where a member or the member's dependant has received renal dialysis treatment as an in-patient in an approved centre or approved hospital, the member may withdraw the amounts permitted to be withdrawn under regulation 5 for the renal dialysis treatment.

(4) Any withdrawal by a member under this regulation in respect of any renal dialysis treatment received by the member's dependant (not being a child aged 21 years or below) as an out-patient at approved renal dialysis premises is subject to such terms and conditions as the Minister for Health may impose.

(5) Despite paragraph (3), no amount may be withdrawn under regulation 5 for the payment of charges incurred for any renal dialysis treatment received by a member or the member's dependant as an in-patient for any of the following:

- (a) the purchase of an ultra-violet machine for sterilisation;
- (b) the purchase of a dialysis machine.

(6) In this regulation, “approved costs”, in relation to renal dialysis treatment received at approved renal dialysis premises, means the costs approved by the Minister for Health for the type of renal dialysis treatment received at such approved renal dialysis premises but excludes the following:

- (a) any consultation fee incurred by the member or the member’s dependant;
- (b) the purchase of an ultra-violet machine for sterilisation;
- (c) the purchase of a dialysis machine.

### **Psychiatric treatment**

**20.**—(1) Despite anything in this Part but subject to regulation 4, where a member or the member’s dependant has received any psychiatric treatment as an in-patient from an approved medical practitioner in an approved hospital, the amount that may be withdrawn by the member from the member’s medisave account for the payment of the treatment received must not —

- (a) exceed the relevant sum per day; and
  - (b) if the member or the member’s dependant was admitted to the approved hospital before 1 April 2025 — exceed the relevant sum per year.
- (2) In paragraph (1), the relevant sum per year is —
- (a) \$3,500 if the member or dependant was admitted to the approved hospital before 1 January 2007; and
  - (b) \$5,000 if the member or dependant was admitted to the approved hospital on or after 1 January 2007 but before 1 April 2025.
- (3) In paragraph (1), the relevant sum per day is —
- (a) if the member or the member’s dependant was admitted to an approved hospital before 1 March 2021, or was admitted to a designated hospital on or after 1 March 2021 but before 1 April 2025 — \$150;

- (b) if the member or the member's dependant was admitted to an approved hospital (not being a designated hospital) on or after 1 March 2021 but before 1 April 2025 —
    - (i) for each of the first 2 days of hospitalisation during each admission — \$550; and
    - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$150;
  - (c) if the member or the member's dependant is admitted to a designated hospital on or after 1 April 2025 — \$230; and
  - (d) if the member or the member's dependant is admitted to an approved hospital (not being a designated hospital) on or after 1 April 2025 —
    - (i) for each of the first 2 days of hospitalisation during each admission — \$1,130; and
    - (ii) for each of the third and subsequent days of hospitalisation during each admission — \$230.
- (4) In paragraph (3), “designated hospital” means an approved hospital designated by the Minister for Health.

### **Day surgical treatment**

**21.—**(1) Despite anything in this Part but subject to regulation 12, where a member or the member's dependant has received medical treatment (other than any approved vaccination) and undergone any day surgical treatment from an approved medical practitioner in an approved hospital or an approved day surgery centre, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners must not exceed \$30 per day, if the member or the member's dependant was admitted to the approved hospital or approved day surgery centre before 1 November 2018;
- (b) the payment of hospital charges, including attendance fees, must not exceed the relevant sum per day;

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- (c) the payment of operation fees for a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system, must not exceed the lower of the following cap amounts:
- (i) the amount as determined by the Minister for Health for such operation or operations;
  - (ii) for day surgical treatment received —
    - (A) before 1 June 2009 — \$5,000;
    - (B) on or after 1 June 2009 but before 1 April 2025 — \$7,550; or
    - (C) on or after 1 April 2025 — \$5,290;
- (d) the payment of radiosurgery treatment must not exceed —
- (i) \$7,500 per course of treatment if the treatment started on or after 1 January 2008 but before 1 April 2025;  
*[S 324/2026 wef 01/06/2026]*
  - (ii) \$3,750 per course of treatment if the treatment started on or after 1 April 2025 but before 1 June 2026; or  
*[S 324/2026 wef 01/06/2026]*
  - (iii) the relevant sum per day (as part of the hospital charges under sub-paragraph (b)) if the treatment started on or after 1 June 2026; and  
*[S 324/2026 wef 01/06/2026]*
- (e) the payment of the medical treatment —
- (i) must not exceed the total expenditure for the medical treatment; and
  - (ii) must not exceed the total credit balance in the member's medisave account.
- (2) In paragraph (1)(b), the relevant sum per day is —
- (a) \$150 if the member or dependant received the day surgical treatment before 1 December 2006;

- (b) \$200 if the member or dependant received the day surgical treatment on or after 1 December 2006 but before 1 May 2007;
- (c) \$300 if the member or dependant received the day surgical treatment on or after 1 May 2007 but before 1 April 2025; and
- (d) \$830 if the member or dependant received the day surgical treatment on or after 1 April 2025.

(3) Any withdrawal by a member under this regulation is subject to such terms and conditions as the Minister for Health may impose.

### **Organ transplantation costs**

**21A.**—(1) Subject to paragraph (3), where a member or the member's dependant —

- (a) is admitted to an approved hospital and receives any medical treatment as an in-patient from an approved medical practitioner in the approved hospital in connection with an organ transplant; and
- (b) has incurred any organ transplantation costs in connection with the organ transplant,

such organ transplantation costs may, if the circumstances so require —

- (c) be considered as part of the charges incurred by the member or the member's dependant for the medical treatment so received; and
- (d) be met out of the amount that the member is entitled to withdraw under this Part for the payment of such medical treatment, subject to the limits prescribed in regulation 5 and such other terms and conditions as the Board may impose.

(2) Subject to paragraph (3), where a member or the member's dependant —

- (a) receives any day surgical treatment from an approved medical practitioner in an approved day surgery centre in connection with an organ transplant; and
- (b) has incurred any organ transplantation costs in connection with the organ transplant,

such organ transplantation costs may, if the circumstances so require —

- (c) be considered as part of the charges incurred by the member or the member's dependant for the day surgical treatment so received; and
- (d) be met out of the amount that the member is entitled to withdraw under this Part for the payment of such day surgical treatment, subject to the limits prescribed in regulation 21 and such other terms and conditions as the Board may impose.

(3) Unless the Minister for Health otherwise directs —

- (a) paragraph (1) applies only in the case where the member or the member's dependant is admitted to an approved hospital for medical treatment as an in-patient; and
- (b) paragraph (2) applies only in the case where the member or the member's dependant receives day surgical treatment in an approved day surgery centre,

on or after —

- (c) 1 October 2007 in connection with an organ transplant other than a living donor organ transplant; or
- (d) 17 February 2010 in connection with a living donor organ transplant.

(4) For the purposes of paragraphs (1) and (2), where the organ transplantation costs are incurred in connection with a living donor organ transplant of which the member or the member's dependent is the recipient of the specified organ, the limits prescribed in regulation 5 or 21 (as the case may be) apply, despite anything in this Part, separately in relation to —

- (a) the medical treatment received by the member or his dependent; and
- (b) the medical treatment received by the living organ donor.

### **Withdrawal for specified out-patient treatment**

**21B.**—(1) Subject to the withdrawal limit specified in regulation 21D, a member may withdraw moneys from the member's medisave account to pay for any specified out-patient treatment received, on or after 1 April 2015, by the member or the member's spouse if the conditions in paragraph (2) are satisfied.

(2) The conditions for withdrawal of moneys under paragraph (1) are —

- (a) where the out-patient is the member —
  - (i) the member has attained the eligible age at the time the member receives the specified out-patient treatment;
  - (ii) the specified out-patient treatment for the member is instructed by an approved medical practitioner; and
  - (iii) the member receives the specified out-patient treatment other than as part of an approved treatment package; and
- (b) where the out-patient is the member's spouse —
  - (i) the member and the member's spouse have both attained the eligible age at the time the member's spouse receives the specified out-patient treatment;
  - (ii) the specified out-patient treatment for the member's spouse is instructed by an approved medical practitioner; and
  - (iii) the member's spouse receives the specified out-patient treatment other than as part of an approved treatment package.

- (3) In paragraph (2), “eligible age” means —
- (a) in relation to any specified out-patient treatment received on or after 1 April 2015 but before 1 June 2018 — 65 years of age or older; and
  - (b) in relation to any specified out-patient treatment received on or after 1 June 2018 — 60 years of age or older.

**Additional withdrawal for treatment, etc., received as out-patient**

**21C.**—(1) Subject to the withdrawal limit specified in regulation 21D, a member may withdraw moneys from the member’s medisave account to pay for any of the following received, on or after 1 April 2015, by the member or the member’s spouse as an out-patient if the conditions in paragraph (2) are satisfied:

- (a) any of the following:
  - (i) any treatment of neoplasms by chemotherapy mentioned in regulation 13(2) as in force immediately before 1 July 2017;
  - (ii) any First Schedule treatment (other than a cancer scan or diagnostic test) provided by an approved medical practitioner in an approved hospital, approved centre or approved clinic;
  - (iii) any cancer scan or diagnostic test ordered by an approved medical practitioner and provided in an approved medical institution;
  - (iv) any Third Schedule treatment provided by an approved medical practitioner in an approved Third Schedule treatment provider;
- (b) any out-patient scan mentioned in regulation 13A(1);
- (c) any approved chronic illness treatment mentioned in regulation 14(1);
- (d) any approved vaccination mentioned in regulation 14A(1);

- (e) any approved screening mentioned in regulation 14B(1);
  - (f) any renal dialysis treatment mentioned in regulation 19(2);
  - (g) any approved out-patient parenteral nutrition mentioned in regulation 9B(1);
  - (h) any repetitive transcranial magnetic stimulation treatment mentioned in regulation 13C(1);
  - (i) any CTGTP treatment mentioned in regulation 13D(1);
  - (j) any high-cost drug treatment mentioned in regulation 13E(1).
- (2) The conditions for withdrawal of moneys under paragraph (1) are —
- (a) where the out-patient is the member —
    - (i) the member has attained the eligible age at the time the member receives the treatment, scan, test, vaccination or screening mentioned in paragraph (1)(a), (b), (c), (d), (e), (f), (h), (i) or (j) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g), as the case may be; and
    - (ii) the member receives the treatment, scan, test, vaccination or screening mentioned in paragraph (1)(a), (b), (c), (d), (e), (f), (h), (i) or (j) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be) other than as part of an approved treatment package; and
  - (b) where the out-patient is the member's spouse —
    - (i) the member and the member's spouse have both attained the eligible age at the time the member's spouse receives the treatment, scan, test, vaccination or screening mentioned in paragraph (1)(a), (b), (c), (d), (e), (f), (h), (i) or (j) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g), as the case may be; and

- (ii) the member's spouse receives the treatment, scan, test, vaccination or screening mentioned in paragraph (1)(a), (b), (c), (d), (e), (f), (h), (i) or (j) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be) other than as part of an approved treatment package.

(3) To avoid doubt, any amount that may be withdrawn under paragraph (1) is in addition to any amount that may be withdrawn in accordance with the withdrawal limits specified in regulations 9B, 13, 13A, 13C, 13D, 13E, 14, 14A, 14B, 14C and 19 (as the case may be) for the relevant treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, mentioned in paragraph (1).

(4) In paragraph (2), "eligible age" means —

- (a) in relation to any treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, received on or after 1 April 2015 but before 1 June 2018 — 65 years of age or older; and
- (b) in relation to any treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, received on or after 1 June 2018 — 60 years of age or older.

### **Total limit for withdrawal under regulations 21B and 21C**

**21D.** The total amount that a member may withdraw under regulations 21B and 21C, in respect of all specified out-patient treatments and all treatments, scans, tests, vaccinations, screenings and approved out-patient parenteral nutrition mentioned in regulation 21C(1), must not exceed —

- (a) for the years 2015 to 2020 — \$200 per patient per year;
- (b) for the year 2021 — \$300 per patient, except that the total amount that may be withdrawn for all specified out-patient treatments and all treatments, scans, tests, vaccinations, screenings and approved out-patient parenteral nutrition mentioned in regulation 21C(1) received by the patient

between 1 January 2021 and 31 May 2021 (both dates inclusive) must not exceed \$200;

- (c) for the years 2022 to 2024 — \$300 per patient per year; and
- (d) for the year 2025 and every subsequent year — \$400 per patient per year.

### **Additional withdrawal for payment of outpatient contribution under MediShield Life Scheme**

**21E.**—(1) Paragraph (2) applies where —

- (a) a member or a member’s dependant receives any Ninth Schedule treatment on or after 1 June 2026 as an outpatient; and
- (b) the person who receives any Ninth Schedule treatment is an insured person under the MediShield Life Scheme Act 2015 and an outpatient contribution applies in respect of that medical treatment.

(2) Subject to paragraph (3), the member may withdraw moneys from the member’s medisave account for payment of the medical treatment received by the insured person to which the outpatient contribution mentioned in paragraph (1)(b) applies.

(3) The total amount that may be withdrawn by a member under paragraph (2) in respect of medical treatment received by an insured person in each insurance period of the insured person’s insurance cover under the MediShield Life Scheme must not exceed the lowest of the following amounts:

- (a) \$500;
- (b) the outpatient contribution applicable in respect of the medical treatment received by that insured person;
- (c) the total credit balance in the member’s medisave account.

(4) To avoid doubt, the amount that may be withdrawn under paragraph (2) is in addition to the amount that may be withdrawn in accordance with the withdrawal limits specified in regulations 9B, 13 (read with the First or Third Schedule as applicable), 13C, 13D, 13E and 19 (as the case may be) for the relevant Ninth Schedule treatment.

(5) In this regulation —

“insurance period” has the meaning given by regulation 7(1) of the MediShield Life Scheme Regulations 2015 (G.N. No. S 622/2015);

“insured person” has the meaning given by section 2(1) of the MediShield Life Scheme Act 2015;

“outpatient contribution”, in respect of medical treatment received by an insured person, means so much of the amount specified in Part 5 of the Seventh Schedule to the MediShield Life Scheme Regulations 2015 as is applicable in respect of that medical treatment;

“MediShield Life Scheme” means the MediShield Life Scheme mentioned in section 3 of the MediShield Life Scheme Act 2015.

[S 324/2026 wef 01/06/2026]

### **Authorisation of withdrawal from future contributions**

**22.—**(1) Where a member or the member’s dependant has received —

- (a) any medical or psychiatric treatment as an in-patient in a Class C or B2 ward of an approved hospital, or in a ward of an approved community hospital, an approved convalescent hospital, an approved in-patient hospice or an approved IPC provider which is equivalent to a Class C or B2 ward of an approved hospital and in respect of which the Government makes an annual grant in aid of recurrent expenditure incurred or to be incurred in operating or maintaining the ward;
- (b) any day surgical treatment at subsidised rates at an approved day surgery centre; or
- (c) any radiosurgery treatment at subsidised rates at an approved medical institution,

and the amount standing to the member’s credit in the member’s medisave account is insufficient to pay for the charges incurred in respect of the treatment mentioned in sub-paragraph (a), (b) or (c), the

Board may, with the approval of the Minister for Health and subject to such terms and conditions as the Board may impose, authorise the member to withdraw the member's future contributions to his or her medisave account to pay the outstanding balance.

(2) Paragraph (1) does not apply to —

- (a) any surgical treatment to reverse any treatment for sexual sterilisation;
- (b) any medical treatment for conception; or
- (c) any approved vaccination received in a ward of an approved convalescent hospital, approved in-patient hospice or approved IPC provider which is equivalent to a Class C or B2 ward of an approved hospital.

### **Reimbursement by another person**

23. Where —

- (a) a member has withdrawn moneys from the member's medisave account under this Part to pay charges incurred for medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, received by the member or member's dependant; and
- (b) another person, who is under an obligation (contractual or otherwise) to pay or reimburse the member for such charges incurred for the treatment mentioned in paragraph (a), has made the payment or reimbursement,

an amount, computed in accordance with the following formula, becomes due and payable to the member's medisave account by the member on the date such payment or reimbursement is made by that other person:

$$A + B - C,$$

where A is the total amount of the payment or reimbursement made by that other person;

B is the total amount withdrawn from the member's medisave account mentioned in paragraph (a); and

C is the total sum of the charges incurred for the treatment mentioned in paragraph (a).

### **Medical treatment provided to person other than dependant**

**24.—**(1) The Minister for Health may, in his or her discretion and subject to such terms and conditions as the Minister for Health may impose, authorise a member to withdraw the whole or part of the amount standing to the member's credit in the member's medisave account for the payment of charges incurred in respect of —

- (a) any medical treatment (other than renal dialysis treatment or any approved vaccination) provided by an approved medical practitioner in a Class C or B2 ward of an approved hospital, or in a ward of an approved community hospital, an approved convalescent hospital, an approved in-patient hospice or an approved IPC provider which is equivalent to a Class C or B2 ward of an approved hospital and in respect of which the Government makes an annual grant in aid of recurrent expenditure incurred or to be incurred in operating or maintaining the ward;
- (b) any day surgical treatment at subsidised rates provided by an approved medical practitioner in an approved day surgery centre;
- (c) any approved rehabilitation treatment in any approved day rehabilitation centre;
- (d) any radiosurgery treatment at subsidised rates at an approved medical institution;
- (e) any First Schedule treatment (other than a cancer scan or diagnostic test) provided on an out-patient basis at subsidised rates by an approved medical practitioner in an approved hospital, approved centre or approved clinic;

- (f) any cancer scan or diagnostic test ordered by an approved medical practitioner and provided on an out-patient basis at subsidised rates in an approved medical institution;
- (g) any Third Schedule treatment provided on an out-patient basis at subsidised rates by an approved medical practitioner in an approved Third Schedule treatment provider;
- (h) any approved chronic illness treatment provided on an out-patient basis by an approved medical practitioner either —
  - (i) in an approved CIT medical institution; or
  - (ii) at home as a patient of an approved CIT medical institution;
- (i) any renal dialysis treatment received on or after 1 January 2009 as an in-patient at an approved centre or approved hospital or as an out-patient at approved renal dialysis premises;
- (j) any approved vaccination (other than against Hepatitis B) provided on an out-patient basis by an approved medical practitioner either —
  - (i) in an approved clinic, approved hospital, approved community hospital or approved CIT medical institution; or
  - (ii) at home as a patient of an approved clinic or approved CIT medical institution;
- (k) any medical treatment (other than any approved vaccination) provided in an approved day hospice;
- (l) any medical treatment (other than any approved vaccination) provided at home by an approved home palliative care provider;
- (m) any approved screening provided on an out-patient basis by an approved medical practitioner either —

- (i) in an approved clinic, approved hospital or approved screening centre; or
  - (ii) at home as a patient of an approved clinic;
  - (n) any out-patient scan under regulation 13A;
  - (o) any approved out-patient parenteral nutrition mentioned in regulation 9B(1);
  - (p) any MIC@Home treatment or qualifying combined treatment provided;
  - (q) any repetitive transcranial magnetic stimulation treatment received in an approved medical institution (other than an approved day hospice);
  - (r) any CTGTP treatment mentioned in regulation 13D; or
  - (s) any high-cost drug treatment mentioned in regulation 13E,
- to a person other than a member's dependant as if the person were the member's dependant.

(2) Despite paragraph (1), the Minister for Health may, upon a request by a member in any particular case, approve the withdrawal by the member of the whole or part of the amount standing to the member's credit in the member's medisave account for the payment of charges incurred in respect of any of the following treatments received on or after 1 May 2008 by a person other than the member's dependant as if that person were the member's dependant, subject to such terms and conditions as the Minister for Health may impose:

- (a) any medical treatment specified in paragraph (1)(a) in a ward of an approved hospital, approved community hospital, approved convalescent hospital, approved in-patient hospice or approved IPC provider (as the case may be) other than a ward of the type mentioned in that paragraph;
- (b) any treatment specified in paragraph (1)(b), (d), (e), (f) or (g) at non-subsidised rates.

(3) Where the Minister authorises a withdrawal under paragraph (1) or approves a withdrawal under paragraph (2), the person mentioned

in the relevant paragraph is deemed to be the dependant of such member for the purposes of this Part.

### **Payment by Board**

**25.—**(1) All moneys authorised by the Board to be withdrawn from a member’s medisave account under this Part are to be paid —

- (a) by the Board to a member or a specified payee; and
- (b) in such manner as the Board may determine.

(2) In this regulation, “specified payee” means —

- (a) an approved medical institution or approved home palliative care provider —
  - (i) from which the member or the member’s dependant received, or is to receive, any medical, psychiatric or approved rehabilitation treatment;
  - (ii) that has submitted the application for withdrawal of moneys from the member’s medisave account on behalf of the member, in respect of any out-patient scan, pre-delivery medical treatment or specified out-patient treatment mentioned in regulation 13A, 16 or 21B, respectively; or
  - (iii) that is affiliated to a hospital outside Singapore from which the member, or an individual who may or may not be the member’s dependant, received or is to receive any qualifying overseas medical treatment; or
- (b) the prescribed person who made the application under regulation 3(3) or (7) or 17(2), or a person specified by that prescribed person, whom the Board verifies has paid for the treatment for which the moneys are authorised by the Board to be withdrawn.

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## **Repayment of moneys withdrawn and paid under section 67D(1) of Act**

**25A.** For the purposes of section 67D(1) of the Act, a withdrawal from a member's medisave account or payment by the Board of the amount withdrawn (as the case may be) is not in compliance with this Part if —

- (a) the application for withdrawal was submitted by a Medisave healthcare provider in contravention of regulation 3(2)(d) of the Central Provident Fund (Financial Penalties) Regulations 2016;
- (b) where the Board imposes any terms and conditions under regulation 3 when authorising the withdrawal, any of the terms or conditions are breached in relation to the withdrawal;
- (c) any of the terms and conditions required by the Board under section 67B(2) of the Act, in relation to an application for the withdrawal, are breached by the Medisave healthcare provider;
- (d) the amount withdrawn or paid exceeds the amount permitted to be withdrawn or used for payment under this Part for the medical treatment, psychiatric treatment or approved rehabilitation treatment received by the member or member's dependant, as the case may be; or
- (e) the withdrawal is authorised or the withdrawn amount is paid on the basis of inaccurate or misleading information.

## **Revocation of approval of medical practitioner**

**26.** Despite anything in this Part, where the approval of a medical practitioner is revoked at such time when a member or the member's dependant is receiving medical treatment from the practitioner —

- (a) as an in-patient in an approved hospital;
- (b) as an out-patient in an approved medical institution; or
- (c) during any episode of MIC@Home treatment or qualifying combined treatment,

the member or his dependant may continue to withdraw from the medisave account for payment of any treatment authorised under this Part by the medical practitioner for the period of such hospitalisation or approved out-patient treatment, or the episode of MIC@Home treatment or qualifying combined treatment (as the case may be), as if the approval had not been revoked.

## PART 2

### WITHDRAWAL FROM MEDISAVE ACCOUNT FOR LONG-TERM CARE SCHEME

#### **Definitions for this Part**

27. In this Part —

“approved payee” has the meaning given by section 16B(14) or 16C(13) of the Act, whichever is applicable;

“approved person” has the meaning given by section 16C(13) of the Act;

“dependant”, in relation to a member, means any of the following:

- (a) an individual whom the certifying body is satisfied is the member’s spouse;
- (b) any other individual who is related to the member in any other manner as the Minister for Health may determine;

“long-term care recipient” means a member, or a member’s dependant, for whom a withdrawal is made under section 16B(1) of the Act;

“member” includes a member who is an undischarged bankrupt;

“monthly sum” has the meaning given by regulation 32(1);

“severely disabled” has the meaning given in the Fourth Schedule.

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### **Prescribed person to determine circumstances for withdrawal**

**28.** For the purposes of section 16B(1) of the Act, the Minister for Health is the prescribed person who is to make a determination of the circumstances in which any amount standing to the credit of a member in the member's medisave account is permitted to be withdrawn under that provision.

### **Prescribed amount for purposes of section 16B(1)(a) of Act**

**29.** For the purposes of section 16B(1)(a) of the Act, the prescribed amount is \$5,000.

### **Conditions for long-term care**

**30.** For the purposes of section 16B(2)(a)(i) and (b)(i) of the Act, the prescribed condition is that the member or member's dependant (as the case may be) is severely disabled.

### **Prescribed age for purposes of section 16B(2)(a)(ii) and (b)(ii) of Act**

**31.** For the purposes of section 16B(2)(a)(ii) and (b)(ii) of the Act, the prescribed age is 30 years.

### **Limits on withdrawal for long-term care**

**32.—(1)** The amount that the Board may permit to be withdrawn under section 16B(1) of the Act from the sum standing to a member's credit in the member's medisave account in any month for a long-term care recipient (called in these Regulations the monthly sum) must not exceed the lowest of the following:

- (a) the maximum monthly sum as specified in the second column of the Fifth Schedule, opposite the sum standing to the member's credit in the member's medisave account at the time of determining the monthly sum as specified in the first column;
- (b) the maximum amount that may be withdrawn from a member's medisave account as specified by the member or by an approved person acting on behalf of the member (whichever is applicable) for that month;

- (c) the maximum amount requested by the long-term care recipient or an approved person acting on behalf of the long-term care recipient (whichever is applicable) for that month.
- (2) Where monthly sums are withdrawn for a long-term care recipient from the medisave account of 2 or more members —
  - (a) the Board may determine the proportion to be paid to the long-term care recipient from each member’s medisave account; and
  - (b) the total amount that may be paid from the medisave accounts of all the members concerned for any month must not exceed \$200.
- (3) Despite paragraphs (1) and (2), the Minister for Health may in any particular case allow a higher amount to be withdrawn under section 16B(1) of the Act from a member’s medisave account, subject to any conditions that the Minister for Health may impose.

### **Manner of payment**

**33.**—(1) The manner of payment of an amount withdrawn under section 16B(1) of the Act may be determined by the Board.

(2) Where any costs or expenses are charged by any third party for facilitating the payment of an amount withdrawn under section 16B(1) of the Act (whether or not the payment is successful), the Board may permit the third party to deduct such costs and expenses from that payment.

### **Repayment of excess withdrawal, etc.**

**34.**—(1) This regulation applies where, on account of any material change to the information available to the Board or the correction of any error relating to a member or member’s dependant, the Board finds that it has permitted a withdrawal from the member’s medisave account for a long-term care recipient under section 16B(1) of the Act —

- (a) which ought not to have been permitted; or

- 
- (b) which is in excess of the amount that it would otherwise have permitted.
- (2) The Board may require —
- (a) any person who received the payment of the withdrawal mentioned in paragraph (1) to repay to the member's medisave account, all or such part, as the Board may determine, of the amount withdrawn; and
- (b) any of the following persons who, for the purposes of the withdrawal mentioned in paragraph (1), provided the inaccurate or incorrect information giving rise to the material change to the information or correction of the error mentioned in paragraph (1), to repay the whole or such part, as the Board may determine, of the interest that would have been payable on the withdrawn amount if the amount had not been so withdrawn:
- (i) the member;
  - (ii) the long-term care recipient;
  - (iii) an approved payee in relation to the amount withdrawn;
  - (iv) an approved person acting on behalf of the member or the long-term care recipient.
- (3) Despite paragraph (2), where one or more monthly sums in respect of a long-term care recipient are to be paid by subsequent withdrawals from the medisave account of the same member, the Board may reduce all or any of the monthly sums so as to restore the equivalent of the amount repayable under paragraph (2) into the same member's medisave account.
- (4) The Board may require a person mentioned in paragraph (2)(b) to pay to the whole or such part, determined by the Board, of any reasonable expenses incurred by any of the following persons in recovering a repayment under paragraph (2):
- (a) the Board;
  - (b) any person or group of persons appointed by the Board or the Minister for Health.

## FIRST SCHEDULE

Regulations 2(1) and 13(2), (6),  
(7) and (8)

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
1. Radiotherapy treatment		
(a) External radiotherapy (except hemi-body radiotherapy)	For course of treatment beginning before 1 June 1997	\$60 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 June 1997	\$80 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(b) Brachy-therapy with external radiotherapy	For course of treatment beginning before 1 June 1997	\$150 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 June 1997 but before 1 March 2021	\$300 per treatment or the total credit balance in the member's medisave account,

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		whichever is the lower.
	For course of treatment beginning on or after 1 March 2021	\$360 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(c) Brachy-therapy without external radiotherapy	For course of treatment beginning before 1 June 1997	\$300 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 June 1997	\$360 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(d) Superficial X-ray	For course of treatment beginning on or after 1 July 1990 but before 1 March 2021	\$30 per treatment or the total credit balance in the member's medisave account,

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		whichever is the lower.
(e) Stereotactic radiotherapy for cancer	For course of treatment beginning on or after 1 November 1999 but before 1 April 2025	\$2,800 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 April 2025	\$325 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(f) Hemi-body radiotherapy	For course of treatment beginning on or after 1 March 2021	\$80 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(g) Proton beam therapy for a Category 1 clinical indication listed in the Approved Indications for PBT	For course of treatment beginning on or after 1 October 2022	\$80 per treatment or the total credit balance in the member's medisave account,

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		whichever is the lower.
(h) Proton beam therapy for a Category 2 clinical indication listed in the Approved Indications for PBT	For course of treatment beginning on or after 1 October 2022	\$360 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(i) Proton beam therapy for a Category 3 clinical indication listed in the Approved Indications for PBT	For course of treatment beginning on or after 1 October 2022 but before 1 April 2025	\$2,800 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1 April 2025	\$325 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
2. Treatment of neoplasms by chemotherapy	With effect from 1 November 2015 but before 1 September 2022	\$1,200 per month per patient or the total credit balance in the member's medisave

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		account, whichever is the lower.
3. Anti-retroviral drugs registered in Singapore for the medical treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)	With effect from 1 June 2001 but before 1 June 2026	\$550 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
	With effect from 1 June 2026	\$850 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
4. Blood transfusions and desferrioxamine for the medical treatment of thalassaemia	With effect from 1 June 1999 but before 1 November 2020	\$350 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
	With effect from 1 November 2020 but before 1 October 2025	\$550 per month per patient or the total credit balance in the member's

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		medisave account, whichever is the lower.
5. Blood transfusions for the medical treatment of thalassaemia	With effect from 1 October 2025	\$550 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
6. Hyperbaric oxygen therapy	With effect from 1 March 2002 but before 1 October 2025	\$100 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	With effect from 1 October 2025	\$80 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
7. Intravenous antibiotic infusion at approved hospitals as designated by the Minister of Health	1 October 2002 to 30 June 2017 (both dates inclusive)	\$600 per weekly cycle subject to a maximum claim of \$2,400 per year per patient or the

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		total credit balance in the member's medisave account, whichever is the lower.
8. Rental of devices for long term oxygen therapy and infant continuous positive airway pressure therapy	With effect from 1 October 2002 but before 1 November 2020	\$75 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
	With effect from 1 November 2020	\$150 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
9. Immunosuppressants for organ transplant	With effect from 1 January 2006 but before 1 April 2025	\$300 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
	With effect from 1 April 2025	\$210 per month per patient or the

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		total credit balance in the member's medisave account, whichever is the lower.
10. Cancer scan or diagnostic test	With effect from 1 April 2008 but before 1 September 2022	\$600 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.
11. Cancer drug treatment (excluding the cost of any cancer drug administered), cancer scan or diagnostic test	With effect from 1 September 2022 but before 1 December 2023	\$600 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.
12. Cancer drug treatment (excluding the cost of any cancer drug administered), cancer scan or diagnostic test for any neoplasm during a calendar year —		
(a) where any cancer drug treatment is in respect of multiple neoplasms concurrently	With effect from 1 December 2023	\$1,200 per year per patient or the total credit balance in the member's medisave

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
		account, whichever is the lower.
(b) in any other case	With effect from 1 December 2023	\$600 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.
13. Approved cancer drug administered for the treatment of neoplasms:		
(a) where only approved cancer drugs listed in the first tier of the CDL are administered in a month	With effect from 1 September 2022 but before 1 December 2023	\$600 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
(b) where only approved cancer drugs listed in the second tier of the CDL are administered in a month	With effect from 1 September 2022 but before 1 December 2023	\$1,200 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
(c) where approved cancer drugs listed in both the first tier and the second	With effect from 1 September	\$1,200 per month per patient or the total credit

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
tier of the CDL are administered in a month	2022 but before 1 December 2023	balance in the member's medisave account, whichever is the lower.
14. Approved cancer drug administered for the treatment of —		
(a) multiple neoplasms concurrently during a calendar month —		
(i) in respect of each neoplasm treated with only approved cancer drugs listed in the first tier of the CDL	With effect from 1 December 2023	\$600 per month per patient in respect of each neoplasm, or the total credit balance in the member's medisave account, whichever is the lower.
(ii) in respect of each neoplasm treated with only approved cancer drugs listed in the second tier of the CDL	With effect from 1 December 2023	\$1,200 per month per patient in respect of each neoplasm, or the total credit balance in the member's medisave account, whichever is the lower.

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
(iii) in respect of each neoplasm treated with approved cancer drugs listed in both the first tier and the second tier of the CDL	With effect from 1 December 2023	\$1,200 per month per patient in respect of each neoplasm, or the total credit balance in the member's medisave account, whichever is the lower.
(b) only one neoplasm at a time, and paragraph (a) does not apply to the patient during that calendar month —		
(i) where only approved cancer drugs listed in the first tier of the CDL are administered during that calendar month	With effect from 1 December 2023	\$600 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
(ii) where only approved cancer drugs listed in the second tier of the CDL are administered during that calendar month	With effect from 1 December 2023	\$1,200 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
(iii) where approved cancer drugs listed in both the first tier and the second tier of the CDL are administered in that calendar month	With effect from 1 December 2023	\$1,200 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
15. Treatment under home ventilation and respiratory support programme	With effect from 1 October 2025	\$90 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
16. Life support home care provided to a paediatric patient	With effect from 1 October 2025	\$50 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
17. Negative pressure wound therapy	With effect from 1 October 2025	\$15 per day per patient or the total credit balance in the member's medisave account, whichever is the lower.
18. Treatment with pasteurised donated human milk	With effect from 1 October 2025	\$10 per day per patient or the total

FIRST SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
19. Radiosurgery treatment	For course of treatment beginning on or after 1 June 2026	credit balance in the member's medisave account, whichever is the lower.  \$3,750 per treatment or the total credit balance in the member's medisave account, whichever is the lower.

[S 324/2026 wef 01/06/2026]

SECOND SCHEDULE

Regulation 13(9)

EXCLUDED TREATMENTS

1. Experimental treatments, including treatments given as part of a clinical trial but excluding any cancer drug treatment.
2. Traditional or alternative medicine (e.g. Traditional Chinese Medicines, Aryurvedic treatments).
3. Optional items such as television, telephone, special requested meals, medical reports and other items which are not necessary for the treatment of any illness, condition or any injury or disability.

### THIRD SCHEDULE

Regulations 2(1) and 13(3)

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Third Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
1. Autologous bone marrow transplant for the treatment of multiple myeloma	With effect from 1 July 2017	\$2,800 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.
2. Intravenous antibiotic infusion	With effect from 1 July 2017 but before 1 October 2025	\$600 per weekly cycle subject to a maximum claim of \$2,400 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.
3. Out-patient parenteral antibiotics therapy	With effect from 1 October 2025	\$10 per day per patient or the total credit balance in the member's medisave account, whichever is the lower.

[S 324/2026 wef 01/06/2026]

### FOURTH SCHEDULE

Regulation 27

#### MEANING OF "SEVERELY DISABLED"

For the purposes of these Regulations, a person is severely disabled when he or she is unable to perform 3 or more of the following daily activities:

- (a) washing himself or herself in the bath or shower (including getting into or out of the bath or shower), or washing himself or herself by other means;
- (b) dressing and undressing himself or herself, or (where required) securing or fastening on, or removing from, his or her body any brace, artificial limb or other medical or surgical appliance;

FOURTH SCHEDULE — *continued*

- (c) feeding himself or herself;
- (d) toileting, or managing his or her bladder and bowel functions through the use of a protective undergarment or surgical appliance (where required);
- (e) walking, or moving from one room to another or on level surface;
- (f) transferring himself or herself, or moving, from a bed to an upright chair or a wheelchair, and vice versa.

FIFTH SCHEDULE

Regulation 32(1)(a)

WITHDRAWAL LIMIT  
FOR LONG-TERM CARE SCHEME

<i>First column</i>	<i>Second column</i>
<i>Sum standing to the credit of a member in the member's medisave account at the time of determining the monthly sum</i>	<i>Maximum monthly sum that may be withdrawn from a member's medisave account</i>
Not less than \$20,000	\$200
Less than \$20,000 but not less than \$15,000	\$150
Less than \$15,000 but not less than \$10,000	\$100
Less than \$10,000 but not less than \$5,000	\$50
Less than \$5,000	\$0

SIXTH SCHEDULE

Regulation 2(1) and (5)

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Treatment</i>	<i>Circumstances for receipt of treatment by approved remote consultation</i>	<i>Applicable provision on withdrawal limit</i>
1. Approved cancer drug administered for the treatment of neoplasms	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 13(8), read with item 12 or 13 of the First Schedule, as applicable

SIXTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Treatment</i>	<i>Circumstances for receipt of treatment by approved remote consultation</i>	<i>Applicable provision on withdrawal limit</i>
2. Approved chronic illness treatment	Received on or after 1 July 2023 from an approved medical practitioner as a patient of an approved CIT medical institution	Regulations 14(1) and 14C
3. Approved rehabilitation treatment	Received from an approved day rehabilitation centre	Regulation 10
4. Approved screening	Received from an approved medical practitioner as a patient of an approved clinic, approved hospital or approved screening centre	Regulations 14B and 14C
5. Approved vaccination	Received from an approved medical practitioner as a patient of an approved clinic, approved hospital, approved community hospital or approved CIT medical institution	Regulations 14A and 14C
6. Blood transfusions and desferrioxamine for the medical treatment of thalassaemia,	Received from an approved medical practitioner as a patient of an approved hospital	Regulation 13(2), read with item 4 of the First Schedule

SIXTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Treatment</i>	<i>Circumstances for receipt of treatment by approved remote consultation</i>	<i>Applicable provision on withdrawal limit</i>
where the operative date is before 1 October 2025		
7. Blood transfusions for the medical treatment of thalassaemia, where the operative date is on or after 1 October 2025	Received from an approved medical practitioner as a patient of an approved hospital	Regulation 13(2), read with item 5 of the First Schedule
8. Autologous bone marrow transplant for the treatment of multiple myeloma	Received from an approved medical practitioner as a patient of an approved Third Schedule treatment provider	Regulation 13(3), read with item 1 of the Third Schedule
9. Cancer drug treatment (excluding the cost of any cancer drug administered), cancer scan or diagnostic test	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 13(8), read with item 10 or 11 of the First Schedule, as applicable
10. Home palliative care (other than any approved vaccination)	Received on or after 1 July 2023 from an approved home palliative care provider	Regulation 9A

SIXTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Treatment</i>	<i>Circumstances for receipt of treatment by approved remote consultation</i>	<i>Applicable provision on withdrawal limit</i>
11. Hyperbaric oxygen therapy	Received from an approved medical practitioner as a patient of an approved hospital	Regulation 13(2), read with item 5 of the First Schedule
12. Intravenous antibiotic infusion	Received from an approved medical practitioner as a patient of an approved Third Schedule treatment provider	Regulation 13(3), read with item 2 of the Third Schedule
13. Out-patient parenteral antibiotics therapy	Received from an approved medical practitioner as a patient of an approved Third Schedule treatment provider	Regulation 13(3), read with item 3 of the Third Schedule
14. Medical treatment for conception as part of a treatment cycle	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 18
14A. Medical treatment for fertility preservation	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 18A
15. MIC@Home treatment (excluding	Received on or after 1 April 2024 from an approved medical	Regulation 12A or 13B, as applicable

SIXTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Treatment</i>	<i>Circumstances for receipt of treatment by approved remote consultation</i>	<i>Applicable provision on withdrawal limit</i>
ambulance service), including such treatment provided as part of qualifying combined treatment	practitioner as a patient under the MIC@Home programme	
16. Pre-delivery medical treatment	Received from an approved medical practitioner as a patient of an approved hospital	Regulation 16(13) and (14)
17. Radiotherapy treatment	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 13(2), read with item 1 of the First Schedule
17A. Radiosurgery treatment	Received from an approved medical practitioner as a patient of an approved hospital, approved centre or approved clinic	Regulation 13(2), read with item 19 of the First Schedule
18. Treatment under home ventilation and respiratory support programme	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 13(2), read with item 15 of the First Schedule

SIXTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Treatment</i>	<i>Circumstances for receipt of treatment by approved remote consultation</i>	<i>Applicable provision on withdrawal limit</i>
19. Life support home care provided to a paediatric patient	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 13(2), read with item 16 of the First Schedule
20. Negative pressure wound therapy	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 13(2), read with item 17 of the First Schedule
21. Treatment with pasteurised donated human milk	Received from an approved medical practitioner as a patient of an approved hospital or approved clinic	Regulation 13(2), read with item 18 of the First Schedule.

*[S 324/2026 wef 01/06/2026]*

SEVENTH SCHEDULE

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Type of CTGTP treatment</i>	<i>Operative date for treatment received</i>	<i>Maximum amount that may be withdrawn</i>
1. Administration of Kymriah for B-cell acute lymphoblastic leukaemia	With effect from 1 October 2025	Regulations 2(1) and 13D(3) \$4,680 per course of treatment per patient
2. Administration of Kymriah for diffuse	With effect from 1 October 2025	\$4,680 per course of treatment per patient

SEVENTH SCHEDULE — *continued*

<p>large B-cell lymphoma</p> <p>3. Administration of Yescarta for diffuse large B-cell lymphoma or high-grade B-cell lymphoma</p>	<p>With effect from 1 October 2025</p>	<p>\$4,680 per course of treatment per patient</p>
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EIGHTH SCHEDULE

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>High-cost drug treatment for specified clinical indication</i>	<i>Operative date for treatment received</i>	<i>Maximum amount that may be withdrawn</i>
1. Treatment and prophylaxis for haemophilia A	With effect from 1 October 2025	\$140 per month
2. Treatment and prophylaxis for haemophilia B	With effect from 1 October 2025	\$480 per month
3. Treatment for immune thrombocytopenia or refractory severe aplastic anaemia	With effect from 1 October 2025	\$180 per month
4. Treatment for thalassaemia	With effect from 1 October 2025	\$80 per month
5. Treatment for conditions associated with growth failure in children with short stature	With effect from 1 October 2025	\$80 per month
6. Treatment for spinal muscular atrophy	With effect from 1 October 2025	\$740 per month
7. Treatment for Fabry disease	With effect from 1 October 2025	\$440 per month

EIGHTH SCHEDULE — *continued*

- |   |                                 |                 |
|---|---------------------------------|-----------------|
| 8. Treatment for X-linked hypophosphataemia | With effect from 1 October 2025 | \$680 per month |
|---|---------------------------------|-----------------|

NINTH SCHEDULE

<i>First column</i>	<i>Regulations 2(1) and 21E(1) and (4)</i>	
<i>Type of medical treatment</i>	<i>Second column</i>	
	<i>Operative date for treatment received</i>	
1. Administration of immunosuppressants for organ transplant mentioned in item 9 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026	
2. Approved out-patient parenteral nutrition mentioned in regulation 9B(1)	With effect from 1 June 2026	
3. Autologous bone marrow transplant for the treatment of multiple myeloma mentioned in item 1 of the Third Schedule, read with regulation 13(3)	With effect from 1 June 2026	
4. Cancer drug treatment, cancer scan or diagnostic test mentioned in regulation 13(8), read with items 12 and 14 of the First Schedule	With effect from 1 June 2026	
5. CTGTP treatment mentioned in regulation 13D(1)	With effect from 1 June 2026	
6. High-cost drug treatment mentioned in regulation 13E(1)	With effect from 1 June 2026	
7. Hyperbaric oxygen therapy mentioned in item 6 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026	
8. Life support home care provided to a paediatric patient mentioned in item 16 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026	
9. Negative pressure wound therapy mentioned in item 17 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026	
10. Out-patient parenteral antibiotics therapy mentioned in item 3 of the Third Schedule, read with regulation 13(3)	With effect from 1 June 2026	
11. Radiosurgery treatment mentioned in item 19 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026	

NINTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>
<i>Type of medical treatment</i>	<i>Operative date for treatment received</i>
12. Radiotherapy treatment mentioned in item 1 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026
13. Renal dialysis treatment mentioned in regulation 19(2)	With effect from 1 June 2026
14. Repetitive transcranial magnetic stimulation mentioned in regulation 13C(1)	With effect from 1 June 2026
15. Treatment under home ventilation and respiratory support programme mentioned in item 15 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026
16. Treatment with pasteurised donated human milk mentioned in item 18 of the First Schedule, read with regulation 13(2)	With effect from 1 June 2026

*[S 324/2026 wef 01/06/2026]*

LEGISLATIVE HISTORY  
CENTRAL PROVIDENT FUND  
(MEDISAVE ACCOUNT WITHDRAWALS)  
REGULATIONS 2001

This Legislative History is provided for the convenience of users of the Central Provident Fund (Medisave Account Withdrawals) Regulations 2001. It is not part of these Regulations.

**1. G. N. No. S 250/1988 — Central Provident Fund (Medisave Account Withdrawals) Regulations 1988**

Date of commencement : 16 September 1988

**2. G. N. No. S 66/1989 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1989**

Date of commencement : 1 November 1988

**3. G. N. No. S 434/1989 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1989**

Date of commencement : 1 July 1989

**4. G. N. No. S 270/1990 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1990**

Date of commencement : 1 July 1990

**5. G. N. No. S 61/1992 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1992**

Date of commencement : 1 August 1991

**6. 1990 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**

Date of operation : 25 March 1992

**7. G. N. No. S 357/1993 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1993**

Date of commencement : 1 April 1992

**8. 1993 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**

Date of operation : 1 April 1993

- 9. G. N. No. S 62/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**  
Date of commencement : 1 January 1994
- 10. G. N. No. S 330/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**  
Date of commencement : 13 June 1994
- 11. G. N. No. S 330/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**  
Date of commencement : 1 July 1994
- 12. G. N. No. S 117/1995 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1995**  
Date of commencement : 21 March 1995
- 13. G. N. No. S 350/1996 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1996**  
Date of commencement : 27 November 1995
- 14. G. N. No. S 350/1996 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1996**  
Date of commencement : 8 August 1996
- 15. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**  
Date of commencement : 1 March 1997
- 16. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**  
Date of commencement : 1 June 1997
- 17. 1998 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**  
Date of operation : 1 January 1998
- 18. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**  
Date of commencement : 1 January 1998
- 19. G. N. No. S 532/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1998**  
Date of commencement : 1 November 1998

- 20. G. N. No. S 232/1999 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1999**  
Date of commencement : 1 June 1999
- 21. G. N. No. S 493/1999 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1999**  
Date of commencement : 1 November 1999
- 22. G. N. No. S 435/2000 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2000**  
Date of commencement : 1 October 2000
- 23. G. N. No. S 526/2000 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2000**  
Date of commencement : 1 October 2000
- 24. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**  
Date of commencement : 1 January 2001
- 25. G. N. No. S 108/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2001**  
Date of commencement : 26 February 2001
- 26. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**  
Date of commencement : 22 May 2001
- 27. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**  
Date of commencement : 1 June 2001
- 28. G. N. No. S 570/2001 — Central Provident Fund (Medisave Account Withdrawals) Regulations 2001**  
Date of commencement : 1 November 2001
- 29. G. N. No. S 642/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2004**  
Date of commencement : 1 November 2001

- 30. G. N. No. S 679/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2001**  
Date of commencement : 1 January 2002
- 31. G. N. No. S 102/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2002**  
Date of commencement : 1 March 2002
- 32. G. N. No. S 319/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2002**  
Date of commencement : 1 July 2002
- 33. G. N. No. S 528/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2002**  
Date of commencement : 1 October 2002
- 34. G. N. No. S 642/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2004**  
Date of commencement : 1 August 2004
- 35. G. N. No. S 738/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2004**  
Date of commencement : 1 December 2004
- 36. 2005 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**  
Date of operation : 31 March 2005
- 37. G. N. No. S 887/2005 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2005**  
Date of commencement : 1 January 2006
- 38. G. N. No. S 50/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2006**  
Date of commencement : 1 February 2006
- 39. G. N. No. S 192/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2006**  
Date of commencement : 1 April 2006

**40. G. N. No. S 371/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2006**

Date of commencement : 1 July 2006

**41. G. N. No. S 569/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2006**

Date of commencement : 1 October 2006

**42. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007**

Date of commencement : 1 December 2006

**43. G. N. No. S 644/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2006**

Date of commencement : 1 December 2006

**44. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007**

Date of commencement : 1 January 2007

**45. G. N. No. S 644/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2006**

Date of commencement : 1 January 2007

**46. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007**

Date of commencement : 1 May 2007

**47. 2007 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**

Date of operation : 15 May 2007

**48. G. N. No. S 224/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2007**

Date of commencement : 1 June 2007

- 49. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**  
Dates of commencement : 2 June 2007 (Regulation 4(e), (f), (h))
- 50. G. N. No. S 527/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2007**  
Date of commencement : 1 October 2007
- 51. G. N. No. S 731/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2007**  
Date of commencement : 1 January 2008
- 52. G. N. No. S 149/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2008**  
Date of commencement : 1 April 2008 (Except regulation 4)
- 53. G. N. No. S 456/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2008**  
Date of commencement : 1 May 2008
- 54. G. N. No. S 149/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2008**  
Date of commencement : 1 July 2008 (Regulation 4)
- 55. G. N. No. S 682/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2008**  
Date of commencement : 1 January 2009
- 56. G. N. No. S 86/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2009**  
Date of commencement : 1 March 2009
- 57. G. N. No. S 239/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2009**  
Dates of commencement : 1 June 2009

**58. G. N. No. S 239/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2009**

Dates of commencement : 1 October 2009

**59. G. N. No. S 523/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2009**

Date of commencement : 1 November 2009

**60. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**

Date of commencement : 1 December 2009  
(Regulation 4(b), (c), (d))

**61. G. N. No. S 659/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2009**

Date of commencement : 1 January 2010

**62. G. N. No. S 88/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**

Date of commencement : 17 February 2010

**63. G. N. No. S 118/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2010**

Date of commencement : 1 March 2010

**64. G. N. No. S 289/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2010**

Date of commencement : 1 June 2010

**65. G. N. No. S 548/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2010**

Date of commencement : 1 October 2010

**66. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**

Dates of commencement : 1 October 2010  
(Regulation 4(g))

**67. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**

Dates of commencement : 2 October 2010  
(Regulation 6(b))

**68. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**

Dates of commencement : 1 July 2011 (Otherwise)

**69. G.N. No. S 725/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2011**

Date of commencement : 1 January 2012

**70. G.N. No. S 107/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2013**

Date of commencement : 1 March 2013

**71. G.N. No. S 482/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2013**

Date of commencement : 1 August 2013

**72. G.N. No. S 623/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2013**

Date of commencement : 1 October 2013

**73. G.N. No. S 427/2014 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2014**

Date of commencement : 1 July 2014

**74. G.N. No. S 872/2014 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2014**

Date of commencement : 1 January 2015

**75. G.N. No. S 177/2015 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2015**

Date of commencement : 1 April 2015

**76. G.N. No. S 625/2015 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2015**

Date of commencement : 1 November 2015

**77. G.N. No. S 377/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2016**

Date of commencement : 1 August 2016

**78. G.N. No. S 530/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2016**

Date of commencement : 1 November 2016

**79. G.N. No. S 723/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2016**

Date of commencement : 1 January 2017

**80. G.N. No. S 340/2017 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2017**

Date of commencement : 1 July 2017

**81. G.N. No. S 789/2017 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2017**

Date of commencement : 1 January 2018

**82. G.N. No. S 145/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2018**

Date of commencement : 1 April 2018

**83. G.N. No. S 341/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2018**

Date of commencement : 1 June 2018

**84. G.N. No. S 730/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2018**

Date of commencement : 1 November 2018

**85. G.N. No. S 787/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2018**

Date of commencement : 5 December 2018

**86. G.N. No. S 397/2019 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2019**

Date of commencement : 1 June 2019

**87. G.N. No. S 389/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2020**

Date of commencement : 23 March 2020

**88. G.N. No. S 200/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2020**

Date of commencement : 1 April 2020

**89. G.N. No. S 855/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2020**

Date of commencement : 1 October 2020

**90. G.N. No. S 899/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2020**

Date of commencement : 1 November 2020

**91. G.N. No. S 1089/2020 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2020**

Date of commencement : 1 January 2021

**92. G.N. No. S 131/2021 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2021**

Date of commencement : 1 March 2021

**93. G.N. No. S 157/2021 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2021**

Date of commencement : 15 March 2021

**94. G.N. No. S 315/2021 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2021**

Date of commencement : 1 June 2021

**95. G.N. No. S 3/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2022**

Date of commencement : 3 January 2022

**96. G.N. No. S 285/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2022**

Date of commencement : 1 April 2022

**97. G.N. No. S 716/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2022**

Date of commencement : 1 September 2022

**98. G.N. No. S 770/2022 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2022**

Date of commencement : 1 October 2022

**99. G.N. No. S 466/2023 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2023**

Date of commencement : 1 July 2023

**100. G.N. No. S 652/2023 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2023**

Date of commencement : 1 October 2023

**101. G.N. No. S 773/2023 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2023**

Date of commencement : 1 December 2023

**102. G.N. No. S 59/2024 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2024**

Date of commencement : 1 February 2024

**103. G.N. No. S 558/2024 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2024**

Date of commencement : 1 April 2024

**104. G.N. No. S 696/2024 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2024**

Date of commencement : 6 September 2024

**105. G.N. No. S 177/2025 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2025**

Date of commencement : 1 April 2025

**106. G.N. No. S 652/2025 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2025**

Date of commencement : 1 October 2025

**107. 2025 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations 2001**

Date of operation : 17 December 2025

**108. G.N. No. S 890/2025 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2025**

Date of commencement : 1 January 2026

**109. G. N. No. S 324/2026 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2026**

Date of commencement : 17 December 2025  
1 June 2026

**COMPARATIVE TABLE**  
**CENTRAL PROVIDENT FUND**  
**(MEDISAVE ACCOUNT WITHDRAWALS)**  
**REGULATIONS 2001**

This subsidiary legislation has undergone renumbering in the 2025 Revised Edition. This Comparative Table is provided to help readers locate the corresponding provisions in the previous version.

<b>2025 Ed.</b>	<b>2007 Ed.</b>
<b>3—(2)</b>	<b>3—(1A)</b>
(3)	(2)
(4)	(3)
(5)	(3A)
(6)	(3B)
(7)	(3C)
—	(3D) [ <i>Deleted by S 789/2017</i> ]
(8)	(3E)
(9)	(4)
—	(5) [ <i>Deleted by S 789/2017</i> ]
(10)	(6)
(11)	(6A)
(12)	(7)
(13)	(8)
(14)	(9)
(15)	(10)
(16)	(11)
(17)	(12)
<b>9A—(2)</b>	<b>9A—(1A)</b>
(3)	(1B)
(4)	(2)
—	<b>13—(2)</b> [ <i>Deleted by S 340/2017</i> ]

2025 Ed.	2007 Ed.
<b>13—(2)</b>	(3)
(3)	(3A)
(8)	(7A)
(9)	(8)
(10)	(9)
<b>16—(3)</b>	<b>16—(2A)</b>
(4)	(3)
(5)	(4)
(6)	(5)
(7)	(6)
(8)	(7)
(9)	(8)
(10)	(9)
(11)	(10)
(12)	(11)
(13)	(11A)
(14)	(11B)
(15)	(12)
<b>18—(2)</b>	<b>18—(1A)</b>
(3)	(2)
(4)	(3)
—	(4) [ <i>Deleted by S 623/2013</i> ]
<b>19—(3)</b>	<b>19—(2A)</b>
(4)	(3)
(5)	(4)
(6)	(5)
<b>24—(2)</b>	<b>24—(1A)</b>
(3)	(2)

<b>2025 Ed.</b>	<b>2007 Ed.</b>
—	(3) [ <i>Deleted by S 716/2022</i> ]
—	(4) [ <i>Deleted by S 157/2021</i> ]