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No. S 323

MEDISHIELD LIFE SCHEME ACT 2015

MEDISHIELD LIFE SCHEME
(AMENDMENT) REGULATIONS 2026

In exercise of the powers conferred by section 34 of the MediShield Life Scheme Act 2015, the Minister for Health makes the following Regulations:

Citation and commencement

1. These Regulations are the MediShield Life Scheme (Amendment) Regulations 2026 and come into operation on 1 June 2026.

Amendment of regulation 2

2. In the MediShield Life Scheme Regulations 2015 (G.N. No. S 622/2015) (called in these Regulations the principal Regulations), in regulation 2(1), in the definition of "approved outpatient treatment", after paragraph (*m*), insert —

"(*n*) autologous bone marrow transplant for the treatment of multiple myeloma provided on or after 1 June 2026;

(*o*) radiosurgery treatment provided on or after 1 June 2026;

(*p*) administration of an approved CTGTP or approved high-cost drug, provided on or after 1 June 2026;".

Amendment of regulation 13

3. In the principal Regulations, in regulation 13 —

(*a*) in paragraph (2), replace "(2A)" with "(3A)";

(*b*) in paragraph (2), replace "each approved outpatient treatment," with "each approved outpatient treatment received before 1 June 2026,";

(*c*) delete paragraph (2A);

(*d*) in paragraph (3), replace "(4A) and (7)" with "(3A), (4A), (7) and (7B)";

(*e*) in paragraph (3), replace "claimable medical treatment or services received from an approved medical institution as an in-patient, under the MIC@Home programme, or as day surgical treatment" with "specified claimable medical treatment or services";

(*f*) after paragraph (3), insert —

"(3A) Any claim for repetitive transcranial magnetic stimulation treatment is subject to the following conditions:

(*a*) an insured person is only entitled to claim for 2 courses of repetitive transcranial magnetic stimulation treatment in the insured person's lifetime;

(*b*) an insured person is only entitled to claim up to the following number of treatment sessions of repetitive transcranial magnetic stimulation for the first course of treatment:

(i) where the insured person has received 24 or more treatment sessions for the first course of treatment before 1 June 2026 — 24 treatment sessions;

(ii) where the insured person has not received more than 23 treatment sessions for the first course of treatment before 1 June 2026 — 30 treatment sessions;

(*c*) an insured person is only entitled to claim for a second course of repetitive transcranial magnetic stimulation treatment if the second course of treatment starts at least 120 days after the last treatment session of the first course of treatment;

(*d*) an insured person is only entitled to claim up to the following number of treatment sessions of repetitive transcranial magnetic stimulation for the second course of treatment:

(i) where the claim is made before 1 June 2026 — 15 treatment sessions;

(ii) where the claim is made on or after 1 June 2026 — 30 treatment sessions.";

(*g*) in paragraph (4A), after "claim for the administration", insert ", before 1 June 2026,";

(*h*) in paragraph (4A), after "received", insert ", before 1 June 2026,";

(*i*) replace paragraph (7) with —

"(7) In paragraph (3), "relevant amount", in respect of approved medical treatment or services that is a specified claimable medical treatment or services, is the lower of the following amounts:

(*a*) an amount determined in accordance with the formula T × P, where —

(i) P is the following pro-ration factor applicable to the insured person:

(A) where the approved medical treatment or services are received by the insured person as an approved outpatient

treatment — the pro-ration factor specified in the Fourth Schedule applicable to the insured person in relation to the type of approved outpatient treatment received by the insured person;

(B) where the approved medical treatment or services are received by the insured person as an in-patient, under the MIC@Home programme, or as day surgical treatment — the pro-ration factor specified in the Fifth Schedule applicable to the insured person in relation to the type of approved medical treatment or services received by the insured person; and

(ii) T is the total amount of the charges payable for the approved medical treatment or services received by the insured person;

(*b*) the total of the assured amounts for such approved medical treatment or services.";

(*j*) in paragraphs (7A) and (7C), after "administration", insert ", before 1 June 2026,";

(*k*) in paragraph (8), in the definition of "insured person's contribution", replace the full-stop at the end with a semi-colon; and

(*l*) after the definition of "insured person's contribution", insert —

" "specified claimable medical treatment or services" means any claimable medical treatment or

services received from an approved medical institution —

(*a*) as an in-patient, under the MIC@Home programme, or as day surgical treatment; or

(*b*) as an approved outpatient treatment, on or after 1 June 2026.".

Amendment of Third Schedule

4. In the principal Regulations, in the Third Schedule, replace item 1 with —

"1. Treatment for or in respect of —

(*a*) any contraceptive operation or procedure;

(*b*) infertility, sub-fertility or assisted conception; or

(*c*) sex re-assignment surgery,

other than any surgical procedure received by a female patient —

(*d*) where the female patient has potential iatrogenic infertility — to extract any egg or ovarian tissue from the female patient, for the purposes of freezing the egg or ovarian tissue or any embryo created from the egg; or

(*e*) where the female patient has potential iatrogenic infertility or develops iatrogenic infertility after an extraction mentioned in paragraph (*d*) — to reimplant any ovarian tissue extracted from the female patient.".

Amendment of Fourth Schedule

5. In the principal Regulations, in the Fourth Schedule —

(*a*) in the Schedule reference, replace "Regulation 13(2)(*a*)" with "Regulations 13(2)(*a*) and (7)(*a*)(i)(A)"; and

(*b*) in Part 5, after "1 October 2025", insert ", but before 1 June 2026".

Amendment of Fifth Schedule

6. In the principal Regulations, in the Fifth Schedule —

(*a*) in the Schedule reference, replace "Regulation 13(7)(*a*)" with "Regulation 13(7)(*a*)(i)(B)"; and

(*b*) in Part 2, after "1 April 2019", insert ", but before 1 June 2026".

Amendment of Sixth Schedule

7. In the principal Regulations, in the Sixth Schedule —

(*a*) in item 7, in paragraph (*a*), after sub-paragraph (x), insert —

"(x*a*)	Category 11	$2,200 per month";

(*b*) in item 7, in paragraph (*a*), replace sub-paragraph (xi*a*) with —

"(xi*a*)	Category 14	$2,800 per month";

(*c*) in item 7, in paragraph (*a*), replace sub-paragraphs (xiv), (xv), (xvi), (xvi*a*), (xvii) and (xviii) with —

"(xiv)	Category 18	$3,600 per month
(xv)	Category 21	$4,200 per month
(xvi)	Category 22	$4,400 per month
(xvii)	Category 23	$4,600 per month
(xviii)	Category 25	$5,000 per month
(xix)	Category 33	$6,600 per month
(xx)	Category 34	$6,800 per month
(xxi)	Category 51	$10,200 per month
(xxii)	Category 62	$12,400 per month
(xxiii)	Category 64	$12,800 per month";

(*d*) replace items 7B and 7C with —

"7B.	Any one or both of the following treatments: (*a*) Cancer drug treatment (excluding the cost of any cancer drug administered) for only one neoplasm, received as outpatient medical treatment, where treatment is received on or after 1 January 2023 but before 1 June 2026; (*b*) CTGTP treatment (excluding the cost of any CTGTP administered) for only one neoplasm, received as outpatient medical treatment, where treatment is received on or after 1 October 2025 but before 1 June 2026	$3,600 per year
7C.	Any one or both of the following treatments: (*a*) Cancer drug treatment (excluding the cost of any cancer drug administered) for multiple neoplasms concurrently, received as outpatient medical treatment, where treatment is received on or after 1 December 2023 but before 1 June 2026;	$7,200 per year

	(*b*) CTGTP treatment (excluding the cost of any CTGTP administered) for multiple neoplasms concurrently, received as outpatient medical treatment, where treatment is received on or after 1 October 2025 but before 1 June 2026	
7D.	Any one or both of the following treatments:	$4,500 per year
	(*a*) Cancer drug treatment (excluding the cost of any cancer drug administered) for only one neoplasm, received as outpatient medical treatment, where treatment is received on or after 1 June 2026;	
	(*b*) CTGTP treatment (excluding the cost of any CTGTP administered) for only one neoplasm, received as outpatient medical treatment, where treatment is received on or after 1 June 2026	
7E.	Any one or both of the following treatments:	$9,000 per year”;
	(*a*) Cancer drug treatment (excluding the cost of any cancer drug administered) for multiple neoplasms concurrently, received as outpatient medical treatment, where treatment is received on or after 1 June 2026;	

	(*b*) CTGTP treatment (excluding the cost of any CTGTP administered) for multiple neoplasms concurrently, received as outpatient medical treatment, where treatment is received on or after 1 June 2026	

(*e*) in item 11B, in the first column, after "1 April 2025", insert "but before 1 June 2026";

(*f*) after item 11B, insert —

"11C.	Radiosurgery treatment, received as outpatient medical treatment on or after 1 June 2026	$15,700 per course of treatment";

(*g*) in item 13, in the first column, after "1 April 2019", insert "but before 1 June 2026";

(*h*) after item 13, insert —

"13A.	Autologous bone marrow transplant for the treatment of multiple myeloma, received as outpatient medical treatment on or after 1 June 2026	$6,000 per treatment"; and

(*i*) in item 19, in the second column, replace "for 39 treatment sessions in an insured person's lifetime" with "subject to maximum number of treatment sessions the insured person is entitled to claim under regulation 13(3A)".

Amendment of Seventh Schedule

8. In the principal Regulations, in the Seventh Schedule, after Part 4, insert —

"PART 5

INSURED'S CONTRIBUTION

(For approved outpatient treatment received on or after 1 June 2026)

	Amount (in any insurance period)
1. Where the approved medical treatment or services received consists of approved outpatient treatment	$500".

Amendment of Eleventh Schedule

9. In the principal Regulations, in the Eleventh Schedule, in item 1, after "myeloma", insert ", received before 1 June 2026.".

[G.N. Nos. S 300/2018; S 465/2018; S 731/2018; S 190/2019; S 286/2019; S 866/2019; S 192/2020; S 224/2020; S 898/2020; S 933/2020; S 135/2021; S 711/2022; S 769/2022; S 807/2022; S 28/2023; S 165/2023; S 403/2023; S 532/2023; S 672/2023; S 772/2023; S 231/2025; S 632/2025]

Made on 26 May 2026.

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[MH 96:27/12; AG/LEGIS/SL/176A/2025/1]

(To be presented to Parliament under section 34(4) of the MediShield Life Scheme Act 2015).