## **2020 Singapore Voluntary Insurance Premium Rates**

	Plan Type	Monthly premium									
Plan Name		_	oloyee Only	Ch	oouse Only or ildren Only	Family		Employee + Spouse or Employee + Children		Employee + Family	
Non-CPF Plan 1 (160 & Above)	Group Hospital and Surgical (GHS)			\$	16.59	\$	33.13				
	Group Hospital and Surgical (GHS) <u>Plus</u> Major Medical (MM) Insurance Plan							\$	19.26	\$	38.52
Non-CPF Plan 2 (157 - 159)	Group Hospital and Surgical (GHS)			\$	14.89	\$	29.83				
	Group Hospital and Surgical (GHS) Plus Major Medical (MM) Insurance Plan							\$	17.12	\$	34.24
Non-CPF Plan 3 (129 - 156)	Group Hospital and Surgical (GHS)			\$	14.89	\$	29.83				
	Group Hospital and Surgical (GHS) Plus Major Medical (MM) Insurance Plan	\$	3.56					\$	22.92	\$	42.22
Non-CPF Plan 4 (121 - 123)	Group Hospital and Surgical (GHS)			\$	4.82	\$	9.18				
	Group Hospital and Surgical (GHS) Plus Major Medical (MM) Insurance Plan	\$	3.48					\$	12.57	\$	21.31
CPF Plan (All Job Grades)	Group Hospital and Surgical (GHS)			\$	10.88	\$	20.15				
	Group Hospital and Surgical (GHS) Plus Major Medical (MM) Insurance Plan	\$	3.66					\$	19.08	\$	32.10
Clinical Extra Plus (Plan @ \$\$3,000)	Group Outpatient Clinical & Specialist Care	\$	54.42								
Clinical Plus (Plan @ S\$1,500)	Group Outpatient Clinical & Specialist Care	\$	38.17								