Primary Care Plan 2027: What Employers Must Recheck

Description

MOM will roll out the enhanced Primary Care Plan from 1 April 2027. The plan keeps zonal primary care, expands clinics nearer worker residences, standardises physical and telemedicine co-payment at S$5, and introduces a PCP enrolment portal; live operator and price details must still be checked before renewal.

This guide is for an employer of Work Permit or S Pass holders planning for the enhanced PCP. Its purpose is to identify covered workers and prepare enrolment, budget, clinic-access and communication records before 1 April 2027. The answer comes first because the costliest mistake is usually taking the next irreversible step before the controlling condition is known.

Which operating path applies?

A worker is in a covered sector or accommodation group

Plan PCP purchase before pass issue or renewal.

An eligible S Pass holder has comparable corporate coverage

Check the precise opt-out conditions and evidence.

The worker moves zones

Recheck operator assignment and continuity of care.

The plan renews across April 2027

Confirm transition instructions rather than applying todayâ??s price blindly.

The table is a triage tool, not a substitute for the underlying authority. It separates the readerâ??s situation from the action, so a general rule is not applied to the wrong person, property, business, journey or account.

Build the covered-worker list

A payroll headcount does not show pass type, sector and residence. The controlling position was checked against MOM enhanced PCP announcement.

Do this: Add those fields to the renewal register. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Map postal zones

PCP purchase follows the appointed operator for the workerâ??s residence zone.

Do this: Reconcile addresses before each renewal. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Budget the whole care path

Annual price and worker co-payment are different liabilities.

Do this: Separate employer plan cost, medical examination and worker payment. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Protect clinic accessibility

A cheaper administrative choice cannot override the designated zone.

Do this: Check the live clinic network and travel route. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Record opt-out evidence

Comparable corporate coverage is not a verbal assertion. The related operating detail was also checked against MOM PCP overview.

Do this: Keep scope, eligible workers, dates and confirmation. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Brief workers clearly

Workers need to know operator, clinic, telemedicine and payment route.

Do this: Issue a language-appropriate card or message. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Watch transition notices

New operators and portal workflows may change implementation details.

Do this: Assign an owner to review MOM updates monthly until launch. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Two original tools for this decision

a worker-level PCP transition register joining pass, sector, residence, renewal and coverage

This LBRD analysis applies each branch above to the readerâ??s actual role, timing and evidence. Write the facts in separate columns, mark unknowns, and do not convert an estimate into a confirmed eligibility result.

a total-cost and access comparison separating plan price, examination, co-payment and clinic distance

Keep the source, date checked, decision owner, deadline and supporting document in the same record. The value of this tool is not the template itself; it is the visible connection between the official condition and the action taken.

Stress-test the plan

An employer with workers in two postal zones should not buy one plan for convenience. Each covered workerâ??s residence, pass renewal and appointed operator need to be reconciled, with a documented exception only where MOM permits one.

The example is an analysis, not a promise that an authority, operator, provider or professional will reach the same result. Change one material fact at a time and re-run the decision. If the route depends on a date, amount, pass type, legal form, age, location or approved drawing, verify that field at the point of action.

Before acting

1. Plan PCP purchase before pass issue or renewal.
2. Check the precise opt-out conditions and evidence.

3. Recheck operator assignment and continuity of care.
4. Confirm transition instructions rather than applying todayâ??s price blindly.
5. Issue a language-appropriate card or message.
6. Assign an owner to review MOM updates monthly until launch.

Save the two official pages with the date checked. If an online form, price, timetable, clinic network or approval condition changes, the current official service must take priority over this explainer.

Recheck the evidence before the final step

Read the official material in the order the decision occurs. First confirm who or what is covered. Next confirm the effective date, threshold, location or document requirement. Then record any exception and the evidence for using it. Finally, verify the live submission, booking, payment or approval channel. This sequence prevents a valid rule from being attached to the wrong case.

A second reviewer should be able to reproduce the conclusion from the saved facts. If they cannot, the file is not ready: identify the missing field, return to the primary source and label any remaining uncertainty plainly.

Do not combine separate controls into one yes-or-no answer. Eligibility, cost, timing, approval, suitability and service availability can each have a different source and owner. A favourable answer on one field does not cure a failed condition on another. Keep the branches separate until every consequential field is confirmed.

Also distinguish the date a rule was announced, the date it takes effect and the date the reader must act. Where a future change is involved, write both the present process and the transition point. That makes it clear which instruction applies today and what must be checked again later.

Limits and escalation

MOMâ??s live 2027 operator, price and transition instructions will control. Employers should not delay necessary medical care while planning.

Where the facts are disputed or the consequence is material, pause and ask the controlling authority or an appropriately qualified professional. Keep the answer with the documents used to make the decision.

Related LBRD guides

For the next adjacent task, read Two Hours Outdoors for Children: Make the Myopia Advice Work in Singapore. You may also need 995, 1777 or NurseFirst? Singapore Care Routes.

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