

Optical/Dental Subsidy (ODS)



What is ODS?

This is a subsidy of up to \$600 for dental and \$600 for optical for families who are eligible. It is a scheme for a beneficiary to tap on for purchase of their **prescribed eyewear*** and for their **dental care***.

***Prescribed eye wear** refers to a pair of spectacles, **prescribed** by an eye doctor or optician, to correct the child's eye sight.

Beneficiaries can seek a **private dentist's** service when looking into their dental health. Submitted invoices *must* have the **beneficiary's name** as the addressee.

For the financial year 2026 (Invoices dates 1 June 2025 to 30 November 2026), the capped amount has been temporarily increased to \$900 per beneficiary. And for the new financial year starting 2027, the capped amount will revert to the original amount of \$600 per year for each category.

How to Claim the Subsidy

- 1) **Complete the Application Form:**
 - a. Fill out SECTION A on PAGE 1 and PAGE 2 of the ODS application form.
 - b. The application form can be downloaded from the RDSS official website.
- 2) **Obtain Endorsement:**
 - a. Submit the completed application form to an assessor for endorsement in SECTION B, PAGE 1.
 - b. Authorized assessors include:
 - Medical Doctors (including GPs)
 - Homecare / Palliative Nurses
 - RDSS Social Workers
 - c. **Note:** Endorsements from therapists are not accepted.
 - d. **A copy of doctor's or optician prescription should be attached for submission**
- 3) **Submit the Application:**
 - a. Mail a hard copy of the endorsed application form along with all supporting documents to: **Privy Box No. 920639 Singapore 929292**
- 4) **Submission Deadlines (REVISED as at 1 June 2026):**
 - a. All claims submitted between **January to June** will be processed for payout by 31 July.
 - b. All claims submitted between **July to November** will be processed for payout no later than 31 March of the following year.
 - c. The final submission date is **30 November**. Any original application forms received after this date **will not be processed**.
- 5) **Required Supporting Documents:**
 - a. **Original Invoices** from hospitals/clinics addressed to the child (compulsory).

- b. **Proof of Payment** attached to the invoices (e.g., printed screenshots of PayNow or transaction records showing payment for the relevant invoice).

6) **Ensure Proper Submission:**

- a. Application forms not properly filled up/endorsed will be **rejected**.

7) **Responsibility:**

- a. It is the legal guardians' or parents' responsibility to process the claim for the beneficiary.
- b. For **self-applications**, the child must be **21 years old or above**.

Please note that each beneficiary can claim only **ONE** of the three other schemes that RDSS has beside the Medical Intervention Program (Yearly of \$600) & TSS (Yearly of \$1800). There are the **Optical/Dental Subsidy** or **Power For Life Program** or **Special Nutrition Subsidy**.

If a beneficiary is claiming for this ODS, he/she will **NOT** be eligible for the Power For Life Program or the Special Nutrition Subsidy.

HOSPITAL INVOICES PAYMENT MODE

| PAYMENT SUMMARY | | | |
|--------------------------------------|--------------------------|---------------------|-------------|
| TOTAL AMOUNT (AFTER GOVT SUBSIDY) | | | 674.80 |
| SCHMES (SCHEME ID) / PAYOR | REFERENCE NO. | AMOUNT PAYABLE (\$) | |
| OTHER SCHEMES | | | |
| • WAIVER OF PHARMACY COURIER CHARGES | 63750; DEL 10/10/2024 | 8.72 | |
| | | 666.08 | |
| TOTAL AMOUNT PAYABLE | | | 666.08 |
| PAYOR(S) | TRANSACTION/RECEIPT DATE | PAYMENT MODE | AMOUNT (\$) |
| | 01 APR 2025 | EPAY- CREDIT CARD | -666.08 |
| Net Payment made | | | 666.08 |
| FINAL AMOUNT PAYABLE | | | \$ 0.00 |

Payment mode stated from Hospitals invoices.

| PAYMENT SUMMARY | | |
|--|---------------------------------|----------------------------|
| TOTAL AMOUNT (AFTER GOVT SUBSIDY) | | 394.84 |
| SCHEMES (SCHEME ID) / PAYOR | REFERENCE NO. | AMOUNT PAYABLE (\$) |
| [REDACTED] | | 394.84 |
| TOTAL AMOUNT PAYABLE | | 394.84 |
| PAYOR(S) | TRANSACTION/RECEIPT DATE | PAYMENT MODE |
| [REDACTED] | | |
| | | AMOUNT (\$) |
| | | -394.80 |
| Net Payment made | | -394.80 |
| Adjustment(s) | | -0.04 |
| FINAL AMOUNT PAYABLE | | \$ 0.00 |

The amount payable by patient has been rounded down to the nearest 5 cents.

If payment mode is not stated, proof of payment is required. Eg, Paynow screenshots, bank statements etc