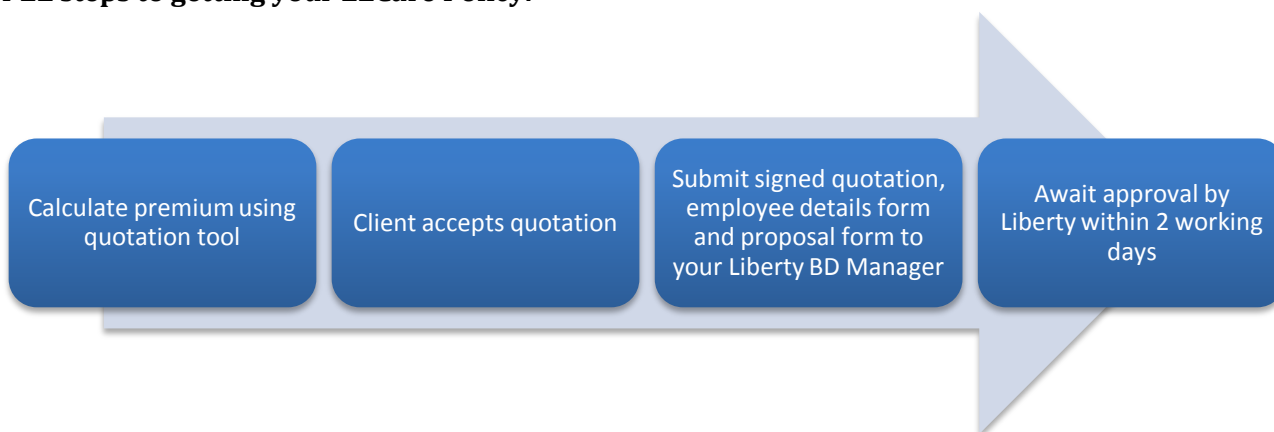




Guide to EZCare (For Producers)

EZCare is a packaged plan with table rates and no underwriting, where instant quotes can be obtained.

4 EZ steps to getting your EZCare Policy:



Group Hospitalisation and Surgical (GHS) Benefits Notes

1. The following pre-existing conditions are permanently excluded:
 - a. Cancer- From pre-cancerous stage (Stage 0)
 - b. Diabetes- Type 1 and Type 2
 - c. Renal Failure- Any condition which requires dialysis
 - d. Heart Disease- Any condition relating to Heart Disease including: Heart Attack, Coronary Artery Disease, Heart Valve or Aorta Surgery and Stroke

If the employee group size is 10 and above, Diabetes and Heart Disease are removed as permanently excluded pre-existing conditions.
2. Medical tourism is not covered.
3. If an Insured member is admitted to a ward or hospital higher than what he/she is entitled to under the policy, 60% of the eligible medical expenses (subject to the maximum limit stated in the policy schedule) will be covered.

Outpatient Specialist Rider Notes

1. For Outpatient Specialist rider to be purchased, Outpatient GP rider must be purchased.
2. GP referral letters to the Specialist are valid for 1 year for first appointment with the Specialist.
3. For follow up visits, GP referral letters to the Specialist are not required.
4. If the Insured has already been consulting a Specialist at inception of policy, a memo from the Specialist instead of a GP referral letter will suffice.
5. Referral letter by GP is required for Pediatric visits. Referral letter requirement for Pediatric visits is waived for first 18 months from birth.
6. Referral letter by Specialist is required for Physiotherapy treatment.

Outpatient Dental Rider Notes

1. For Outpatient Dental rider to be purchased, Outpatient GP rider must be purchased.

Personal Accident Notes

1. Dependents are not eligible for Personal Accident cover.

General Conditions

1. Coverage shall be the same for all Employees within the same category in the company
2. Dependents' participation to follow the same plan selected for the employees (with the exception of Personal Accident). If dependent's coverage is taken up, it will apply to all dependents of all employees within the same category in the company.
3. EZCare is a Compulsory plan, requiring 100% participation of employees (including contract staff) in the GHS Plan.
4. An Insured person's cover will automatically cease if he remains outside of his Country of Residence (Singapore) for a period in excess of 180 consecutive days.

Administration

- i) Minimum number of employees: 3 (2 employees possible on a case by case basis, subject to fulfilment of a minimum premium)
- ii) Maximum entry age: 65 (If there are employees above age 65, they will have to undergo underwriting)
- iii) Renewable until age: 80
- iv) Premium payment at commencement and renewal are based on age next birthday
- v) Submission of information on addition/deletion of employees/dependents is on a quarterly basis if client is covered only under GHS. Those covered under the Riders need to do timely updating of addition/deletion of employees/dependents for enrolment with the Panel clinics.

For first year from launch only!

- 1 complimentary basic health check-up per employee
- 1 year Best Doctors cover for Plans 2 to 4

Claims Submission

Type of Visit	Process
Panel GP, Specialist, Dental and TCM visits	Insureds enjoy cashless service by presenting virtual or physical panel clinic card at clinic.
Non-Panel Outpatient GP and Specialist visits	Insureds to register claims online and attach a photo of the bill (including copy of GP referral letter for the case of Specialist visits).
Inpatient Claims (pre-authorised)	Insureds to call IHP contact centre (67159422) prior to hospital admission for pre-authorisation. IHP will provide Insured an LOG when the medical procedure is pre-authorised. Insured presents LOG at hospital and enjoys cashless service up to a limit of S\$10,000. IHP will settle the bill with the Hospital subject to Reasonable and Customary rates.

Inpatient Claims (not pre-authorised, 20% co-insurance applies)	Insureds to register claims online, attaching scanned copies of the Claims Form and hospital bills, and send in original Claims Form and Hospital bills to IHP (12 Hoy Fatt Road, #05-01A, S(159506)).
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For any enquiries regarding Claims/Evacuation or Repatriation services or in the event of an emergency, Insureds may call IHP's contact centre @ 67159422 or email claims@ihp.com.sg.

Summary of Exclusions

(Please refer to Policy Wordings for full description)

1. Pre-existing conditions for first 12 months
 - a. Specified pre-existing conditions (Cancer, Heart Disease, Renal Failure and Diabetes) are permanently excluded
 - b. Heart disease and Diabetes are removed as permanent exclusions if the employee headcount is above 10.
2. Congenital/neonatal abnormalities, birth defects, hereditary conditions
3. Conditions related to virus HIV positive
4. Geriatric, psychogeriatric conditions
5. Psychotic mental/nervous disorders
6. Psychiatric conditions
7. Weight-management related treatments
8. Sleep conditions (inc. sleep apnoea)
9. Behavioral or Developmental disorders
10. Refractive defects of the eye
11. Any procedure related to pregnancy except accidental miscarriage
12. Routine Medical examinations & related costs
13. Vaccinations

Modes of Payment

Cheque and bank transfer only