



MediLock

A Complete Benefits Solution for SMEs

Why Medilock?



Competitive Rates

- Fixed premium rates till 31 December 2026
- Renewal premiums are not based on an individual company's claim experience



Easy Application

- No hard copy submissions required
- No medical questionnaire required



Guaranteed Acceptance

- No underwriting for medical cover
- No medical underwriting required for sum assured of \$400K for Group Term Life (GTL) and \$200K for Group Living Assurance (GLA)



Go Cashless and Digital

- Cashless claims experience at:
- Panel General Practitioners (GP), Panel Specialist (SP) and Dental clinics
- Pre-authorisation of hospitalisation bills, which are cashless upon admission (up to benefit limit)
- Paperless and seamless claims submissions via mobile app



Worldwide Coverage

- 24-hour worldwide protection against the costs of hospitalisation (arising from illnesses and accidents)



GST Payable

- Goods and Services Tax (GST) will be covered for all eligible medical claims



Voluntary Options Available

- Allow employees to select levels of cover based on their needs, subject to minimum headcount



Mental Wellness

- Inpatient and outpatient mental cover available through Medilock

Lockton

Lockton is the world's largest privately owned insurance broker. Our unwavering commitment to remain independent gives us the freedom to do what's best for clients over corporate shareholders. Unconstrained by the rigidity commonly associated with our industry, we aren't driven by the quarterly pressure from the financial markets. Our independence means that we are free to act in the best interest of clients, creating a different dynamic, that is only focused on your success.

Visit global.lockton.com for more information.

Lockton People Solutions

Businesses reach their full potential when their people reach theirs. That's why employers need solutions that balance talent attraction and retention, competitiveness and relevance, and cost sustainability. We work with clients to improve their employee experience and drive engagement, understanding, satisfaction, and productivity. We do this by offering a full suite of employee benefits advisory services, including broking, consulting, technology, and administration. We strive to be a trusted business partner to our clients regardless of their size, industry, and complexity.

AIA – The Leading Employee Benefits Provider

AIA Singapore is part of the AIA Group, which today is the largest life insurance company in the world. As a market leader in employee benefits, with more than 50 years of experience in helping employers meet the expectations of their employees, covering more than 1.3 million insured members supported by over 300 staff to assist with your needs, we offer innovative solutions that can address your employees' needs at any stage of their life journey, while delivering a fulfilling customer experience – enabling them to live healthier, longer, better lives.

For more information about MediLock or Lockton's services, please reach out to us:

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Group Term Life

Provide 24-hour worldwide coverage against Death or Total & Permanent Disability (TPD) to any cause, including illness and accident.

Eligibility

- All Full-time employees who are aged from 16 to 70 last birthday.
- Coverage can be renewed up to age 74 last birthday.
- Insured aged between 70 to 74 inclusive are covered for death only.

Underwriting Age

- No-Evidence Limit (NEL) for Compulsory is S\$400,000 up to age 64 last birthday.
- Voluntary is NIL.

Coverage

- Death due to any causes (illness and accident)
- Total & Permanent Disability (TPD) as a result of illness or accident
- Terminal Illness
- Repatriation expenses of mortal remains of up to S\$75,000 and provides coverage for death occurring outside of the country of regular employment
- Extended Death & TPD - Provides coverage against death or TPD of an insured whose employment has been terminated on medical grounds
- Family Income - Provides additional 12% of the total sum assured against death and TPD, including voluntary plan (if applicable)

Personal Accident

Provides 24-hour worldwide coverage against Death or Permanent Disability resulting from accident.

Eligibility

- All Full-time employees who are aged over 16 and below 70.
- Coverage can be renewed up to age 74 last birthday.

Coverage

- Death due to any causes (illness and accident)
- Total & Permanent Disability (TPD) due to accident
- Major burns

Extension

- Strike, riot, civil commotion and terrorism.
- Hijack, murder and assault.
- Drowning and suffocation.
- Exposure and disappearance.
- Motor-cycling.
- Unscheduled flight (excluding whilst onboard military aviation).
- Accidental miscarriage
- Peace-time reservist training
- Compassionate Death Allowance benefit
- Children Education Fund
- Ambulance fees benefit
- Mobility Aid Extension or Home Rehabilitation Renovation Expenses
- Simple and Other Fracture
- Accident Hospital Recuperation Benefit
- Accidental Death due to Common Carrier benefit
- Comatose State due to common
- Automatic Increase in Benefits
- Accidental Death due to Natural Catastrophe
- Visitors Benefit
- Scarring of Face benefit
- HIV due to Blood Transfusion
- Major Head Trauma

Critical Illness

Pays upon diagnosis of one of 37 critical illnesses such as Cancer, Stroke and Heart Disease, certified by a Registered Medical Practitioner.

Eligibility

- All Full-time employees who are aged over 16 and below 70 last birthday.
- Coverage can be renewed up to age 74 last birthday.

Underwriting Age

- No-Evidence Limit (NEL) for Compulsory Only is S\$200,000 up to age 64 last birthday.
- Voluntary is NIL.

Coverage

Choose between Acceleration or Additional Basis:

- Acceleration Basis
 - Should an Insured Person be diagnosed as having 1 of the 37 Critical Illnesses, a pre-agreed percentage of the Term Life's sum assured will be paid. The Term Life sum assured will then be reduced accordingly. When Death or Total Permanent Disablement occurs, the reduced Term Life sum assured will be payable. The acceleration rates up to 100% of the Term Life's sum assured.
- Additional Basis
 - Should an Insured Person be diagnosed as having 1 of the 37 Critical Illnesses, the full sum assured for Critical Illness insurance becomes payable. This payout will not reduce the Term Life sum assured.

Disability Income

Provides continuation of income in the event of a “Disability” while under the care of a medical practitioner, as a result of a sickness or an accident.

Eligibility

- All Full-time employees who are aged over 16 and below 64 last birthday.
- Coverage can be renewed up to age 64 last birthday.

Coverage

- Long Term Disability
 - Provides continuation of income in the event of a “Disability” while under the care of a medical practitioner, as a result of a sickness or an accident
- Total Disability
 - The inability to engage in his own occupation during and immediately after the Deductible Period with benefits payable up to a maximum of 24 months; and
 - The inability to engage in any other occupation to which he is reasonably suited after 24 months of benefits have been paid.
- Partial Disability
 - The ability to perform one or more, but not all of the material and substantial duties of his own occupation on a full-time basis; or
 - The ability to perform all of the material and substantial duties of his own occupation on a part-time basis.
- 3-Month Survivor Lump Sum Benefit
 - Provides a lump sum benefit to the eligible survivor in the event of death

Hospital & Surgical (GHS)

Covers eligible expenses in connection with a hospital confinement or surgery, which results directly from a sickness or an injury.

Coverage

| BENEFITS PER DISABILITY IN \$\$ FOR EACH INSURED MEMBER | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| INPATIENT BENEFITS (\$\$) | Per Policy Year | Per Disability | | | |
| 1a. Daily Room & Board (Maximum 120 days) - Accomodation charges during a Hospital confinement | 1 Bed Pte | 1 Bed Pte | 2 Bed Pte | 4 Bed Pte | 4 Bed Restructured |
| 1b. Intensive Care Unit (Maximum 30 days part of R&B) - ICU charges during a Hospital confinement | | | | | |
| 1c. High Dependency Ward (Maximum 30 days part of R&B) - HDW charges during a Hospital confinement | | As Charged subject to \$100,000 per disability | As Charged subject to \$50,000 per disability | As Charged subject to \$25,000 per disability | As Charged subject to \$15,000 per disability |
| 2. Hospital Miscellaneous Services - Expenses incurred during a Hospital confinement excluding accomodation , surgeon's & in hospital doctor's attendance fee | As Charged subject to \$270,000 per policy year | Applicable to 1b to 6 |
| 3. Surgical Fee - Surgeon's fee of more than S\$1500 will be subjected to surgical schedule for admission in private hospitals (Not Applicable to Plan 1) | | | | | |
| 4. Daily In-Hospital Doctors' Visit (Maximum 120 days) - Doctor's attendance fee during Hospital confinement | | | | | |
| - Miscarriage | As per disability & includes ectopic pregnancy | | | | |
| OUTPATIENT BENEFITS (\$\$) | | | | | |
| 5. Emergency Outpatient Treatment due to an accident - Outpatient expenses and emergency dental treatment incurred within 31 days of accident provided treatment is sought within 24 hours of accident | As Charged part of the Maximum limit per policy year | As Charged part of the Maximum limit per disability | As Charged part of the Maximum limit per disability | As Charged part of the Maximum limit per disability | As Charged part of the Maximum limit per disability |
| 6. Pre - & Post - Hospitalisation Specialists' Consultation & Diagnostic X-ray & Lab. Fees - Post-Hospitalisation- Include Traditional Chinese Medicine (TCM), Chiropractic (with referral) ▪ Expenses incurred 90 days prior to admission & 90 days after discharge. | | | | | |
| EXTENDED HOSPITAL & SURGICAL BENEFITS | | | | | |
| 7. Overseas Hospitalisation due to Accident - Maximum per disability, items 1 to 6 only - This benefit applies to Insured Members who reside and work in Singapore. Coverage shall apply to travel within 180 days of departure from Singapore. | 100% of GHS Benefits | 150% of GHS Benefits | | | |
| DEATH BENEFITS (\$\$) | | | | | |
| 8. Natural / Accidental Death | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 |

^ GHS Plan 1's Emergency Medical Evacuation benefit options are given as follow – S\$1,000,000 (default), S\$500,000, S\$200,000. Refer to GHS rates table.

*Premiums are subjected to prevailing Goods & Services Tax (GST) with exception to GTL.

Hospital & Surgical (GHS)

Covers eligible expenses in connection with a hospital confinement or surgery, which results directly from a sickness or an injury.

Coverage

| BENEFITS PER DISABILITY IN \$S FOR EACH INSURED MEMBER | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------|----------------------------|-----------------------|-----------------------|
| OTHER BENEFIT | Per Policy Year | Per Disability | | | |
| 9a. Outpatient Kidney Dialysis - Maximum per policy year | \$ 75,000 | \$ 20,000 | \$ 15,000 | \$ 10,000 | \$ 10,000 |
| 9b. Outpatient Cancer Treatment - Maximum per policy year | | | | | |
| 10. Medical Report Fee - Per disability | \$ 100 | \$ 100 | \$ 100 | \$ 100 | \$ 100 |
| 11. Surgical Implant / Prosthesis - Per policy year | \$ 5,000 | \$ 3,000 | \$ 2,000 | \$ 1,000 | \$ 1,000 |
| 12. Emergency Outpatient Dental Treatment | \$ 5,000 | \$ 1,000 | \$ 750 | \$ 500 | \$ 500 |
| 13. Dread Disease Recuperation Benefit - Multiple Sclerosis, Heart Attack, Cancer & Stroke / - Waiting period of 90 days | \$ 10,000 | NA | NA | NA | NA |
| 14. Parental Accommodation - Up to 60 days per year for child below 12 years | As Charged part of the Maximum limit per policy year | NA | NA | NA | NA |
| 15. Home Nursing - Up to 26 weeks | | | | | |
| 16. Emergency Medical Evacuation - Per policy year | \$ 1,000,000 | NA | NA | NA | NA |
| 17. Repatriation of Mortal Remains or Local Burial | \$ 50,000 | NA | NA | NA | NA |
| 18. Hospital Daily Cash Benefit For Admission to Govt/ Restructured Hospital B1 Ward B2 / B2+ Ward C Ward | \$ 100 \$ 200 \$ 300 | \$ 100 \$ 200 \$ 300 | \$ 100 \$ 200 \$ 300 | - \$ 150 \$ 200 | - \$ 150 \$ 200 |

[^] GHS Plan 1's Emergency Medical Evacuation benefit options are given as follow – S\$1,000,000 (default), S\$500,000, S\$200,000. Refer to GHS rates table.

*Premiums are subjected to prevailing Goods & Services Tax (GST) with exception to GTL.

Hospital & Surgical – Foreign Workers Plan

(Applicable for S Pass and Work Permit holders only)

Coverage

| BENEFITS PER POLICY YEAR IN \$\$ FOR EACH INSURED MEMBER | | Plan 6 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------|
| INPATIENT BENEFITS (GOVERNMENT / RESTRUCTURED HOSPITALS) | | |
| 1a. Daily Room & Board (Maximum 120 days) - Accommodation charges during a Hospital confinement | | 4 Bed Restructured |
| 1b. Intensive Care Unit (Maximum 30 days part of R&B) - ICU charges during a Hospital confinement | | |
| 1c. Community Hospital (Maximum 60 days) | | |
| 2. Hospital Miscellaneous Services (including implants) - Expenses incurred during a Hospital confinement excluding accommodation, surgeon's & in hospital doctor's attendance fee | | \$60,000 per policy year |
| 3. Surgical Fee | | |
| 4. Daily In-Hospital Doctors' Visit (Maximum 120 days) - Doctor's attendance fee during Hospital confinement | | (co-insurance of 25% is applicable for any claim amount exceeding \$15,000) |
| OUTPATIENT BENEFITS (\$\$) | | |
| 5. Pre - & Post - Hospitalisation Specialists' Consultation & Diagnostic X-ray & Lab. Fees - Expenses incurred 90 days prior to admission & 90 days after discharge | | As charged Part of the Maximum limit per policy year |
| 6. Emergency Outpatient Treatment due to an accident - Outpatient expenses incurred within 31 days of accident, provided treatment is sought within 24 hours of accident | | \$ 500 |
| DEATH BENEFIT | | |
| 7. Natural/ Accidental Death | | \$ 3,000 |
| OTHER BENEFIT | | |
| 8. Outpatient Kidney Dialysis - Maximum per policy year | | |
| 9. Outpatient Cancer Treatment - Maximum per policy year | | \$ 5,000 |
| 10. Medical Report Fee - Per disability | | \$ 100 |
| 11. Surgical Implant/ Prosthesis - Per policy year | | \$ 1,000 |
| 12. Emergency Outpatient Dental Treatment - Per policy year | | \$ 500 |
| OTHER BENEFITS | | |
| Pro-ration factor below shall apply if a member is admitted to a higher class of ward, a private or overseas hospital. | | |
| Type of Ward / Hospital | Pro-ration Factor | |
| Class A Ward in a Singapore Government/ Restructured Hospital | 65% | |
| Any Private Hospitals in Singapore | 50% | |
| Any Overseas Hospitals | 50% | |

Major Medical

Covers eligible expenses in excess of the benefits payable under the Hospital & Surgical insurance policy for each disability, subject to a maximum limit.

Coverage

| FOR INPATIENT BENEFITS ONLY | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|----------------|----------------|----------------|
| BENEFITS PER DISABILITY IN \$S FOR EACH INSURED MEMBER | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
| 1. Daily Room & Board | As per basic H&S | | | | |
| 2. In-Hospital Benefit - Eligible expenses per basic GHS provided | \$ 100,000 | \$ 75,000 | \$ 50,000 | \$ 25,000 | \$ 20,000 |
| 3. Deductible | Basic H&S | | | | |
| 4. Parental Accommodation - Maximum per day, up to 120 days per disability | \$ 100 per day | \$ 100 per day | \$ 100 per day | \$ 100 per day | \$ 100 per day |
| 5. Home Nursing (up to 30 days per disability) (By registered nurse immediately following hospitalisation and on the recommendation of the attending physician) | \$ 100 per day | \$ 100 per day | \$ 100 per day | \$ 100 per day | \$ 100 per day |
| 6. Co-insurance | 80% / 20% | | | | |
| 7. Overall maximum benefit payable per disability | \$ 100,000 | \$ 75,000 | \$ 50,000 | \$ 25,000 | \$ 20,000 |

Outpatient Clinical (Alliance)

Covers General Practitioner (GP) consultation, medication, basic x-ray, and laboratory tests at AIA Panel and Government Polyclinics.

Coverage

| AIA PANEL | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-----------------------------------------------|------------------------------------|
| 1. Visits at AIA appointed General Practitioners - Upon presentation of eCard | | | As charged Cashless | |
| AIA PANEL (TRADITIONAL CHINESE MEDICINE-TCM PRACTITIONERS) | | | | |
| 2. Visits at AIA appointed TCM clinics - Upon presentation of eCard - Six (6) visits per policy year | | | As charged Cashless (Consultation only) | |
| AIA WHITECOAT TELECONSULTATION | | | | |
| 3. Via whitecoat mobile application - Unlimited visit per year | | | As charged Cashless | |
| AIA NON PANEL (GENERAL PRACTITIONERS) | | | | |
| 4. Polyclinics - Unlimited visit per year | | | As charged Reimbursement | |
| 5. Visits at General Practitioners not appointed by AIA (Non-panel) - Unlimited visit per year | \$ 50 per visit | \$ 30 per visit | NA | \$ 70 per visit |
| 6. Overseas General Practitioners (Exclude Johor State Clinics) - Unlimited visit per year | \$ 120 per visit | \$ 120 per visit | \$ 120 per visit | \$ 120 per visit |
| 7. For visits to Johor State Clinics - Unlimited visit per year | \$ 120 per visit | \$ 120 per visit | \$ 120 per visit | \$ 120 per visit |
| 8. A&E Dept of Singapore Hospitals - A&E Dept in Private Hospital - A&E Dept in Restructured Hospital, reimbursement up to | \$ 120 per visit As charged | \$ 120 per visit As charged | \$ 120 per visit As charged | \$ 120 per visit As charged |

Outpatient Specialist

Covers Specialist (SP) consultation, medication, Diagnostic x-ray and laboratory tests (including MRI and CT scan), recommended by a Registered Medical Practitioner

Coverage

| BENEFIT PER POLICY YEAR (S\$) | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------|-------------------------------|-------------------------------|
| 1. Panel Specialist's Consultation & Basic X-Ray & Lab Test (with referral letter) | As charged Cashless | | | | |
| 2. Government Specialist's Consultation & Basic X-Ray & Lab Test (with referral letter) | As charged Reimbursement | | | | |
| 3. Non-Panel Specialist's Consultation & Standard Diagnostic X-Ray and Laboratory Tests (with referral letter) | \$ 1,500 | \$ 1,000 | NA | \$ 2,000 | \$ 1,200 |
| 3a. Specialist's Consultation (without referral letter) | \$ 30 per visit As charged | \$ 30 per visit As charged | NA NA | \$ 30 per visit As charged | \$ 30 per visit As charged |
| 3b. Paediatrician Direct Access (without referral letter) - Referral letter is waived for child up to age 7 last birthday | | | | | |
| (Combined benefits 3, 3a, 3b are subject to the overall plan limit) | | | | | |
| 4. Specialised Test (incl MRI, CT, PET) (with referral letter) | \$ 1,500 | \$ 1,000 | \$ 1,000 | \$ 2,000 | \$ 1,200 |
| 5. Outpatient Physiotherapy/ Chiropractic (with referral letter) | \$ 1,000 | \$ 500 | \$ 500 | \$ 1,000 | \$ 750 |
| 6. Traditional Chinese Medicine (TCM) - up to 6 visits per year | \$ 50 per visit | \$ 50 per visit | \$ 50 per visit | \$ 50 per visit | \$ 50 per visit |
| 7. WhiteCoat Paediatric - Referral letter is waived for child up to age 7 last birthday - Up to 6 visits per year - *Applicable to policy with child(ren) dependent | As charged Cashless | As charged Cashless | As charged Cashless | As charged Cashless | As charged Cashless |

Dental

Covers eligible expenses in connection with dental treatments in accordance to the limits of compensation set out in the Benefits Schedule, depending on whether it is from panel or non-panel dental clinic.

Coverage

| BENEFITS / PROCEDURES | Plan 1 | Plan 2 | Plan 3 | Plan 4 (Dental PPO) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------|-------------------------------------------|
| MAXIMUM LIMIT PER YEAR | \$ 1,000 | \$ 600 | \$ 300 | As charged | Reimbursement subject to respective limit |
| | Reimbursement | | | Cashless | |
| EXAMINATION Dental Checkup | | | | Cashless | \$ 15.00 |
| MEDICINE & MISCELLANEOUS TREATMENT Analgesics, antibiotics, sterilization and disposables | | | | Cashless | \$ 15.00 |
| X-RAY Intraoral Bitewing Panorex | | | | Cashless | \$ 12.00 |
| | | | | Cashless | \$ 12.00 |
| | | | | Cashless | \$ 32.00 |
| TEST & LABORATORY Biopsy and examination of issue | | | | Cashless | \$ 48.00 |
| PROPHYLAXIS Prophylaxis (cleaning, polishing and scaling) Routine Complex | As charged up to annual limit | As charged up to annual limit | As charged up to annual limit | Cashless | \$ 40.00 |
| | | | | Cashless | \$ 60.00 |
| FILING (SILVER) - FOR POSTERIOR TEETH ONLY Amalgam - one surface Amalgam - two surface Amalgam - three or more surface Reinforced Pin | | | | Cashless | \$ 16.00 |
| | | | | Cashless | \$ 24.00 |
| | | | | Cashless | \$ 32.00 |
| | | | | Cashless | \$ 9.00 |
| FILING (TOOTH - COLOURED MATERIAL) One surface Two surface Three surface | | | | Cashless | \$ 30.00 |
| | | | | Cashless | \$ 40.00 |
| | | | | Cashless | \$ 50.00 |
| PULPOTOMY Pulpotomy Pulp Cap | | | | Cashless | \$ 40.00 |
| | | | | Cashless | \$ 20.00 |

Dental

Covers eligible expenses in connection with dental treatments in accordance to the limits of compensation set out in the Benefits Schedule, depending on whether it is from panel or non-panel dental clinic.

Coverage

| BENEFITS / PROCEDURES | Plan 1 | Plan 2 | Plan 3 | Plan 4 (Dental PPO) |
|-------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------|
| | Reimbursement | | | Cashless Reimbursement |
| ROOT CANAL TREATMENT | | | | |
| Single root canal filing | | | | Cashless \$ 150.00 |
| Double root canal filing | | | | Cashless \$ 220.00 |
| Three or more canals | | | | Cashless \$ 350.00 |
| EXTRACTIONS | | | | |
| Routine (Simple) - each tooth | | | | Cashless \$ 30.00 |
| SURGERY EXTRACTIONS | | | | |
| Erupted Tooth or root | | | | Cashless \$ 120.00 |
| Soft tissue impaction | | | | Cashless \$ 160.00 |
| Part bony impaction | | | | Cashless \$ 250.00 |
| Completely bony impaction | | | | Cashless \$ 320.00 |
| ALVEOPLASTY | | | | |
| Per quadrant, in connection with extractions | As charged up to annual limit | As charged up to annual limit | As charged up to annual limit | Cashless \$ 30.00 |
| Per quadrant, not in connection with extractions | | | | Cashless \$ 42.00 |
| For a complete Alveoplasty involving more than one quadrant | | | | Cashless \$ 160.00 |
| EXCISION OF TUMOR | | | | |
| Excision of tumor | | | | Cashless \$ 76.00 |
| FRACTURE OF JAW | | | | |
| Simple | | | | Cashless \$ 500.00 |
| Compound | | | | Cashless \$ 600.00 |
| REPAIR OF PROSTHETIC APPLIANCE | | | | |
| Repair of broken complete or partial denture | | | | Cashless \$ 20.00 |
| Repair of denture and replace broken tooth | | | | Cashless \$ 40.00 |
| Adding tooth to partial denture to replace extracted tooth | | | | Cashless \$ 27.00 |
| Add tooth to partial denture plus clasp | | | | Cashless \$ 54.00 |
| SPACE MAINTAINERS | | | | |
| Fixed band type (uni or bilateral) | | | | Cashless \$ 135.00 |
| Removal in acrylic (uni or bilateral) | | | | Cashless \$ 67.00 |

Maternity

Covers eligible expenses in connection with a pregnancy childbirth or miscarriage or any complications resulting from the same, subject to 10 months waiting period from commencement of cover.

Coverage

| SCHEDULE OF MATERNITY BENEFITS | Plan 1 | Plan 2 | Plan 3 |
|-------------------------------------------------------------------------------------------|----------|----------|-----------|
| Normal Delivery or Caesarean Section | \$ 3,000 | \$ 5,000 | \$ 8,000 |
| Childbirth involving Caesarean Section or Abdominal Operation for Extra Uterine Pregnancy | \$ 5,000 | \$ 8,000 | \$ 10,000 |

Mental Well-being

Covers eligible expenses in connection with a hospital confinement or surgery for psychiatric care and treatment only, which results directly from a sickness or injury

Coverage

| BENEFITS PER POLICY YEAR (S\$) | Plan 1 | Plan 2 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| 1. Hospital Confinement Mental Care | | |
| 1a. In-Hospital Benefit for Psychiatric Care and Treatment only | \$ 10,000 | \$ 5,000 |
| 1b. Pre- & Post-Hospitalization Consultation with Psychiatrist or Psychologist - Expenses incurred 90 days prior to admission & 90 days after discharge. | | |
| 2. Outpatient Mental Care | | |
| 2a. Panel Specialist Consultation (via WhiteCoat app) | \$ 5,000 | \$ 5,000 |
| 2b. Non Panel Consultation - Limited to 6 visits per policy year | \$200 per visit | \$200 per visit |

Rates

Term Life (GTL)

| Age Bands | Core/ Buy down | Buy up |
|--------------|----------------|--------------|
| | GTL with FIB | GTL with FIB |
| 39 and below | 0.38 | 0.50 |
| 40 - 44 | 0.43 | 0.58 |
| 45 - 49 | 0.75 | 0.98 |
| 50- 54 | 1.75 | 2.28 |
| 55 - 59 | 3.50 | 4.55 |
| 60 - 64 | 7.18 | 9.35 |
| 65 - 69 | 12.18 | 15.85 |
| 70 - 74* | 18.28 | 23.78 |

* renewable age

Personal Accident

| Age Bands | GADD (Compulsory Basis) | GADD (Voluntary Basis) |
|--------------|----------------------------|---------------------------|
| 39 and below | | |
| 40 - 44 | | |
| 45 - 49 | | |
| 50- 54 | | |
| 55 - 59 | | |
| 60 - 64 | | |
| 65 - 69 | | |
| 70 - 74* | 0.14 | 0.21 |

* renewable age

Rates

Critical Illness

I. Acceleration Basis

| | Core/ Buy down | Buy up |
|--------------|----------------------|----------------------|
| Age Bands | GCI (Accelerated) | GCI (Accelerated) |
| 39 and below | 0.75 | 0.98 |
| 40 - 44 | 1.43 | 1.88 |
| 45 - 49 | 2.18 | 2.85 |
| 50- 54 | 4.10 | 5.35 |
| 55 - 59 | 6.68 | 8.70 |
| 60 - 64 | 9.38 | 12.20 |
| 65 - 69 | 13.48 | 17.53 |
| 70 - 74* | 26.96 | 35.06 |

* renewable age

II. Additional Basis

| | Core/ Buy down | Buy up |
|--------------|----------------------|----------------------|
| Age Bands | GCI (Accelerated) | GCI (Accelerated) |
| 39 and below | 1.18 | 1.55 |
| 40 - 44 | 1.73 | 2.25 |
| 45 - 49 | 2.63 | 3.43 |
| 50- 54 | 4.43 | 5.78 |
| 55 - 59 | 7.83 | 10.18 |
| 60 - 64 | 12.53 | 16.30 |
| 65 - 69 | 21.00 | 27.30 |
| 70 - 74* | 42.00 | 54.60 |

* renewable age

Rates

Disability Income

Core Plan

| Age Bands | GDI - 5 years with 0% escalation | GDI - up to 64 ALB with 0% escalation | GDI - 5 years with 3% escalation | GDI - up to 64 ALB with 3% escalation |
|--------------|----------------------------------|---------------------------------------|----------------------------------|---------------------------------------|
| 39 and below | 2.80 | 4.08 | 3.04 | 5.12 |
| 40 - 44 | 4.16 | 6.64 | 4.48 | 8.32 |
| 45 - 49 | 6.96 | 11.52 | 7.44 | 14.40 |
| 50 - 54 | 11.92 | 19.44 | 12.64 | 24.32 |
| 55 - 59 | 21.84 | 23.52 | 23.20 | 29.44 |
| 60 - 64 | 10.56 | 10.56 | 11.20 | 13.20 |
| 65 - 69 | NA | NA | NA | NA |
| 70 - 74* | NA | NA | NA | NA |

* renewable age

Voluntary Plan

| Age Bands | GDI - 5 years with 0% escalation | GDI - up to 64 ALB with 0% escalation | GDI - 5 years with 3% escalation | GDI - up to 64 ALB with 3% escalation |
|--------------|----------------------------------|---------------------------------------|----------------------------------|---------------------------------------|
| 39 and below | 3.78 | 5.51 | 4.10 | 6.91 |
| 40 - 44 | 5.62 | 8.96 | 6.05 | 11.23 |
| 45 - 49 | 9.40 | 15.55 | 10.04 | 19.44 |
| 50 - 54 | 16.09 | 26.24 | 17.06 | 32.83 |
| 55 - 59 | 29.48 | 31.75 | 31.32 | 39.74 |
| 60 - 64 | 14.26 | 14.26 | 15.12 | 17.82 |
| 65 - 69 | NA | NA | NA | NA |
| 70 - 74* | NA | NA | NA | NA |

* renewable age

Rates

Hospital & Surgical (GHS)

Emergency Medical Evacuation: S\$1,000,000

| Annual Premium Rates (S\$) | Plan 1 (If medical evacuation is \$1mil) | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|----------------------------------------------|------------------------------------------|--------|--------|--------|--------|
| A. Per Insured (Compulsory) - Employee | \$ 809 | \$ 447 | \$ 432 | \$ 417 | \$ 192 |
| B. Per Insured (Compulsory) - Spouse / Child | \$ 809 | \$ 447 | \$ 432 | \$ 417 | \$ 192 |
| A. Per Insured (Voluntary) - Employee | \$ 931 | \$ 514 | \$ 497 | \$ 479 | \$ 221 |
| B. Per Insured (Voluntary) - Spouse / Child | \$ 931 | \$ 514 | \$ 497 | \$ 479 | \$ 221 |

Hospital & Surgical (GHS) - Foreign Workers Plan

(Applicable for S Pass and Work Permit holders only)

| Annual Premium Rate (S\$) | Plan 6 |
|---------------------------|--------|
| A. Per Insured - Employee | \$ 165 |

Major Medical

| Annual Premium Rates (S\$) | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|----------------------------------------------|--------|--------|--------|--------|--------|
| A. Per Insured (Compulsory) - Employee | \$ 133 | \$ 117 | \$ 99 | \$ 79 | \$ 72 |
| B. Per Insured (Compulsory) - Spouse / Child | \$ 133 | \$ 117 | \$ 99 | \$ 79 | \$ 72 |
| A. Per Insured (Voluntary) - Employee | \$ 153 | \$ 134 | \$ 114 | \$ 91 | \$ 82 |
| B. Per Insured (Voluntary) - Spouse / Child | \$ 153 | \$ 134 | \$ 114 | \$ 91 | \$ 82 |

Outpatient Clinical (Alliance Panel)

| Annual Premium Rates (\$\$) | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|----------------------------------------------|--------|--------|--------|--------|
| A. Per Insured (Compulsory) - Employee | \$ 299 | \$ 258 | \$ 226 | \$ 335 |
| B. Per Insured (Compulsory) - Spouse / Child | \$ 299 | \$ 258 | \$ 226 | \$ 335 |
| A. Per Insured (Voluntary) - Employee | \$ 344 | \$ 296 | \$ 260 | \$ 385 |
| B. Per Insured (Voluntary) - Spouse / Child | \$ 344 | \$ 296 | \$ 260 | \$ 385 |

Outpatient Specialist

| Annual Premium Rates (\$\$) | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|----------------------------------------------|--------|--------|--------|--------|--------|
| A. Per Insured (Compulsory) - Employee | \$ 367 | \$ 330 | \$ 257 | \$ 393 | \$ 356 |
| B. Per Insured (Compulsory) - Spouse / Child | \$ 367 | \$ 330 | \$ 257 | \$ 393 | \$ 356 |
| A. Per Insured (Voluntary) - Employee | \$ 422 | \$ 379 | \$ 295 | \$ 451 | \$ 410 |
| B. Per Insured (Voluntary) - Spouse / Child | \$ 422 | \$ 379 | \$ 295 | \$ 451 | \$ 410 |

Dental

| Annual Premium Rates (\$\$) | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|----------------------------------------------|--------|--------|--------|--------|
| A. Per Insured (Compulsory) - Employee | \$ 510 | \$ 357 | \$ 204 | \$ 265 |
| B. Per Insured (Compulsory) - Spouse / Child | \$ 510 | \$ 357 | \$ 204 | \$ 265 |
| A. Per Insured (Voluntary) - Employee | \$ 612 | \$ 428 | \$ 245 | \$ 318 |
| B. Per Insured (Voluntary) - Spouse / Child | \$ 612 | \$ 428 | \$ 245 | \$ 318 |

Maternity

| Annual Premium Rates (\$\$) | Plan 1 | Plan 2 | Plan 3 |
|----------------------------------------|--------|----------|----------|
| A. Per Insured (Compulsory) - Employee | \$ 545 | \$ 909 | \$ 1,455 |
| B. Per Insured (Compulsory) - Spouse | \$ 545 | \$ 909 | \$ 1,455 |
| A. Per Insured (Voluntary) - Employee | \$ 681 | \$ 1,136 | \$ 1,819 |
| B. Per Insured (Voluntary) - Spouse | \$ 681 | \$ 1,136 | \$ 1,819 |

Mental Well-being

| Annual Premium Rates (\$\$) | Plan 1 | Plan 2 |
|----------------------------------------------|--------|--------|
| A. Per Insured (Compulsory) - Employee | \$ 135 | \$ 129 |
| B. Per Insured (Compulsory) - Spouse / Child | \$ 135 | \$ 129 |
| A. Per Insured (Voluntary) - Employee | \$ 162 | \$ 154 |
| B. Per Insured (Voluntary) - Spouse / Child | \$ 162 | \$ 154 |