

GROUP HOSPITAL AND SURGICAL (GHS)

Proposer : ZIO
Intermediary : Mercer Health & Benefits (Singapore) Pte. Ltd.
Policy Commencement Date : 01-09-24
Basis of Coverage : Plan 1 -
Quoted By : LawW
Validity of Quote - 30 days from : 10-07-24
No. of Employees : 67

SCHEDULE OF BENEFITS - LIMITS PER DISABILITY		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5				
1	Daily Room & Board (max 120 days, incl. ICU & HDW)	1 Bed	1 Bed	2 Bed	2 Bed	4 Bed				
2	Intensive Care Unit	As Charged up to Annual Limit	\$10,000	\$10,000	\$10,000	\$10,000				
3	High Dependency Ward		\$30,000	\$25,000	\$22,000	\$20,000				
4	Other Hospital Services									
4a)	Include Implants (homograft, heterograft) and prosthesis	\$5,000								
4b)	Medical Report Fees up to	\$100								
4c)	Ambulance Fees	As Charged up to Annual Limit								
5	Surgical Expenses (Surgical table will not apply for surgery that is below \$1,500, or for surgery that is done in a restructured hospital)									
6	Daily In-hosp Physician's Consultation (max 120 days)									
7	Pre-Hospitalisation Specialist Consultation within 120 day prior to admission	\$3,000	\$2,500	\$2,500	\$2,000					
8	Pre-Hospitalisation Diagnostic X-ray & Lab Fees within 120 day prior to admission									
9	Post-Hospitalisation Treatment - within 120 day after the discharge - Include Traditional Chinese Medicine (TCM) - Include Dietician Consultation - up to \$50 per visit, maximum 2 visits per disability subject to referral letter from attending physician									
10	Home Nursing Care Charges incurred for nursing services of a registered nurse attending to the insured member.	NA								
11	Parental Accommodation (provided child is covered as an insured member)									
12	Miscarriage Benefit **									
13	Emergency Accidental Outpatient Incurred within 31 days of accident provided treatment is sought within 24 hours of accident	Per disability GHS limit								
14	Emergency Accidental Dental Treatment (per year) Incurred within 31 days of accident provided treatment is sought within 24 hours of accident	\$2,500	\$2,500	\$2,500	\$2,500					
Overall Annual Limit - applicable to items 1 to 14		\$200,000	NA							
15	Overseas Hospitalisation due to Accidental Causes (per disability) Apply to travel within 185 days of departure from Singapore)	150% of item 1 to 9 and 13 only	150% of item 1 to 9 and 13 only	150% of item 1 to 9 and 13 only	150% of item 1 to 9 and 13 only	150% of item 1 to 9 and 13 only				
Other Benefits										
16	Outpatient Cancer Treatment & Kidney Dialysis (per policy year)	\$60,000	\$26,000	\$20,000	\$16,000	\$15,000				
17	Death Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000				
18	Daily Hospital Cash Allowance Benefit^:									
	B1	\$125	\$125	\$125	\$125	NA				
	B2	\$225	\$225	\$225	\$225	\$175				
	C	\$325	\$325	\$325	\$325	\$225				
19	Inpatient Psychiatric Treatment (per year) Charges incurred for hospitalisation treatment only in Government Restructured Hospitals & Private Hospitals including IMH)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000				
20	Rehabilitation Benefits (Per year) subject to referral letter from attending physician	\$6,000	\$5,000	\$5,000	\$5,000	\$5,000				
21	Prosthesis Benefits (per year)	\$15,000	NA							
22	Wellness Benefit (per year)***	\$400								
23	Organ Transplantation (per policy year) For Bone Marrow, Heart, Kidney, Liver, Lung Exclude costs of acquiring the organ or expenses incurred by the donor	\$100,000								
24	Repatriation of Mortal Remains or local burial (per year)	\$150,000								
25	Emergency Evacuation and Repatriation (per year)									
GST REIMBURSEMENT ON CLAIMS (OPTIONAL with additional premium). Once opted, all plans and medical riders will be extended.										

- ** Includes accidental, ectopic pregnancy, and non-accidental miscarriage due to medical reasons. No benefit shall be payable for pre-natal treatment.
- *** Pay the cost of health-related wellness claims subject to our discretion, including but not limited to, the costs of health screening, health spas, massages, reflexology, prescribed optical treatment (excluding laser eye surgery including but not limited to LASIK procedures or related treatments), podiatry, dietician consultations, vaccinations, inoculations and health fitness programme, including gym membership.
- ^ a) For all Restructured Hospitals in Singapore, up to 120 days per disability and not applicable to Day Surgery.
b) This benefit is applicable to Singaporeans and Singapore Permanent Residents only.
c) This benefit is payable only if the ward type is the same for the entire length of stay in the hospital.

Additional Notes

- Remuneration - 20%
- Pre-existing conditions will be covered after 12 months waiting period.
Pre-existing conditions will be covered from inception if this option is chosen subject to minimum 15 employees and loading of 20%
- For take-over - all existing conditions imposed on individual members, if any, will continue to be applicable.
- Upgraded Clause will apply for insured member who upgrades their plan.
- Premium quoted is without TMIS option.
- Maximum entry age is 69 (ALB) and renewable up to age 80 years (ALB).
- Per disability is separated by 14 calendar days.
- This plan is not applicable for employees who is holding a S Pass or Work Permit issued by Ministry of Manpower Singapore (MOM).
Please purchase the Foreign Worker Medical Insurance (Workmedic) from us.
- The quoted rates is based on average of 36 years and subject to change if the final average age crosses to the next age band.

GROUP MAJOR MEDICAL (GMM) RIDER

Proposer : ZIO
Intermediary : Mercer Health & Benefits (Singapore) Pte. Ltd.
Policy Commencement Date : 01-09-24
Basis of Coverage : Plan 1 -
Quoted By : LawW
Validity of Quote - 30 days from : 10-07-25
No. of Employees : 0
Participation : Compulsory
Remuneration : 20%
Policy Type : Health Insurance

SCHEDULE OF BENEFITS		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Maximum Benefit Per Disability (Item 1 to 6)		Not Applicable	\$100,000	\$80,000	\$70,000	\$60,000
1	Daily Room & Board (payable from 121 days onwards, including ICU and HDW)		As per GHS limits			
2	Other Hospital Services		As Charged			
3	Surgical Expenses					
4	Daily In-hosp Physician’s Consultation (payable from 121 days onwards)					
5	Parental Accommodation/ per day (up to maximum 120 days)		\$100	\$100	\$100	\$100
6	Home Nursing Care (max 30 days) - By registered nurse immediately following hospitalisation and on the recommendation of the attending physician		\$80	\$80	\$80	\$80
7	Human Immune Deficiency Virus (HIV) Benefit (per policy Year) - due to blood transfusion and occupationally acquired		\$10,000	\$10,000	\$10,000	\$10,000
Deductible			Basic GHS limits			
Co-payment						
Government / Restructured Hospital			10%			
Private Hospital		20%				

Additional Notes

- 1) Remuneration - 20%
- 2) Pre-existing conditions that the insured member has during the 12 months prior to being covered under this rider will be permanently excluded
- 3) All existing conditions imposed on individual members, if any, will continue to be applicable.

Conditions :

- a) Coverage as per Income's policy terms, conditions, provisions and exclusions.
- b) Quotation is valid only if it is taken up as an extension to the Group Hospital and Surgical Policy.
- c) Plan chosen has to be the same as the GHS plan. All employee needs to take up this rider once chosen
- d) The above premium is based on the information provided. Should there be a change in material informaton provided, Income reserves the rights to amend the previous quoted premiums.
- e) The quoted rates is based on average of 36 years and subject to change if the final average age crosses to the next age band.

GROUP HOSPITAL AND SURGICAL (GHS)

Scope

- Coverage/Objective : Reimbursement of eligible Medical Group Health Insurance expenses incurred by an insured member in connection with his/her hospital confinement or surgery which results directly from an illness or injury.
- Eligibility : All full time active insured members over age 16 years and up to age 69 years (last birthday) employed by the proposer in Singapore (full particulars of the insured members must be furnished before commencement of the scheme). Coverage is renewable up to age 80 years (last birthday).
- Dependants : Dependants eligible for cover shall include:-
 - a) Spouse of the insured member over age 16 years and up to age 69 years (last birthday), while not divorced or legally separated from the insured member. Coverage is renewable up to age 80 years (last birthday); and
 - b) All unmarried and unemployed children, including legally adopted child and stepchild, from the age of 15 days (inclusive) to age 24 years old (inclusive) and including enlisted in full time National Service(excluding NS regulars)
- Territorial / Operative Time : Worldwide / 24 Hours

Underwriting

- Health Declaration Form (HDF) : **Compulsory Basis**
Waived

Voluntary Basis
All employees who are under voluntary plans will be required to complete the HDF, otherwise agreed by Income. Insured members are to confirm that they have read and understood the contents of two documents, Your Guide to Health Insurance and Product Summary.
- Members Based Outside Singapore : Please provide the name, nationality and country of residence of such insured member. Income reserves the right to impose additional premium or other special terms and conditions to grant cover, or to decline cover on such insured members. All insured members must be on the payroll of a Singapore registered company.
- Renewal : This policy is issued for a term of one year and upon the expiry of the term, it may be renewed each year thereafter for a further term of one year subject to the consent of Income and the payment of the new premium.

Terms and Conditions

- Limitations : When an insured member is covered under Work Injury Compensation Act (cap. 354) and any revision thereof; any insurance coverage under the government legislation; or other group or individual insurance excluding Integrated Shield Plan and its rider, the benefits payable under this policy shall be limited to the balance of the medical expenses incurred which are not covered or payable, subject to the benefit limits computed in accordance to the table of insured benefits and terms and conditions of this policy.
- Upgraded Clause : Pre-existing condition exclusion will apply to all upgraded plans for employees and dependants for a period of 12 months unless insured members has already been previously covered continuously under the same plan.
- Main Exclusions :
 - a) Pre-existing condition, unless the insured member has been insured continuously for 12 months under this policy or any group hospital and surgical insurance issued in Singapore provided that the period between the last resignation date and the commencement of his/her insurance coverage under this policy is not more than 31 days from the last resignation date.
 - b) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
 - c) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
 - d) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment benefit); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
 - e) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
 - f) Developmental delay and/or learning disabilities.
 - g) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.
 - h) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an accident covered under this policy.
 - i) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
 - j) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in hospital or treatment.
 - k) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
 - l) Circumcision unless medically necessary.
 - m) Birth defects; congenital illness or abnormalities.
 - n) Admission for sleep test for diagnostic purposes unless it is followed by surgery; any surgery or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.

- o) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- p) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic surgery which are medically necessary arising from an illness or injury while the insured member is insured under this policy.
- q) Intentional, self-inflicted injuries or attempted suicide whether the insured member is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any illness or injury resulting from such disorders or mental conditions; drug addiction or alcoholism and any illness or injury resulting from or under the influence of alcohol or drugs.
- r) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- s) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- t) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.
- u) The benefits payable under this policy will not include the reimbursement of any Goods and Services Tax and other duties or taxes charged or chargeable.

- Take-Over Cases : If the proposer is currently insured and Income is taking over the cover, we will accept all insured members on the same terms and conditions imposed by the current insurer for the benefits last insured by the current insurer. All employees must be 'actively at work'

Income reserves the right to adjust the terms and conditions for acceptance of cover for that employee or to decline acceptance. Please provide evidence of policy documents and renewal invitation terms, conditions and insured members' listing.

- "Any One Disability" Definition : Shall mean all disabilities arising from the same cause including any and all complications, as well as concurrent disabilities from different causes during the same hospital confinement. Subsequent disability from the same cause shall be considered as a new disability if it is separated by 14 days following the latest discharge from the hospital or surgery.

Remarks

- Period of Insurance : One year from policy commencement date
- Premium : The prevailing Goods and Services Tax (GST) is to be added to the premium quoted. Premiums are not guaranteed and Income reserves the right to review and revise the premium rate on policy renewal date.
- Right to Modify/ Withdraw : We reserve the right to review the quotation, rates and any terms and conditions should the information provided be incorrect or incomplete or misstatement or non-disclosure of any material facts that may affect the validity of the policy.

- Cancellation of Policy : The policyholder and/or us may cancel this policy by giving the other party 30 days' written notice. Once the notice period has expired, all cover under this policy shall terminate. We may also cancel the cover on any insured member for failing to comply with the terms and conditions of the policy.

If your policy is cancelled by us, there shall be a pro-rated refund of premiums to you for the unexpired part of the period of insurance under your policy.

If the policy is cancelled by you, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months

- Free Look Cover Period : This Group policy has no Free Look period.
- Assumption : **Assuming that none of the insured members are suffering from any terminal illness such as, but not limited to, cancer, kidney condition, heart disease, etc., or on long-term medical leave.**
- Disclaimer : The client or intermediary is not allowed to show or disclose any of the terms of our quotation to any competing party, without our prior permission.
- Currency : All benefits, premium and benefits stated in this slip are in Singapore dollars(S\$), unless otherwise stated.
- Exclusion of third party rights (Rights of Third Parties) Act (Cap.53B) : The contract is between the policyholder and Income only. A person who is not a party to this policy shall have no rights whatsoever to enforce any of its terms.
An insured member may exercise any demand for rights under this policy only through the policyholder. Income reserves the right not to respond to any communication from an insured member except through the policyholder.
- Binder Bill : This policy will be subjected to binder bill unless:
 - a) Proposer dictates a basic core plan for the insured employees; and
 - b) Insured employees have the option to upgrade or downgrade from the core plan.

If the quote is accepted by the proposer and employee data is not received by Income within 30 days from the policy inception date, Income will issue a binder bill based on the latest declaration of insured member or headcount by proposer during quotation. For more information, please refer to your intermediary or Income.

- Policy Owners' Protection (PPF) Scheme :

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

- Personal Data Use Statement :

By providing the information and submitting this quotation, application or transaction, I/we consent and agree to Come Limited ("Come"), its representatives, agents, relevant third parties (referred to in Come's Privacy Policy at <https://www.come.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Come Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

 - I/we have obtained their consent for the collection, use and disclosure of their personal data; and
 - I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (<https://www.come.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

- Prohibited persons

If you are or any relevant person is found to be a prohibited person:

 - a) we are entitled not to accept the application; and
 - b) if any policy or cover of any insured member is issued, we are entitled to end the policy or cover of any insured member, not pay any benefit or not allow any transaction to be carried out under the policy.

We will not refund any unutilised premium when the policy is ended.

You will need to inform us immediately if there is any change in your or any relevant person's identity, status or identity documents. Our decision in every respect of the above will be final.

OUTPATIENT PRIMARY CARE RIDER

Proposer	: ZIO
Intermediary	: Mercer Health & Benefits (Singapore) Pte. Ltd.
Policy Commencement Date	: 01-09-24
Basis of Coverage	: Plan 1 -
Quoted By	: LawW
Validity of Quote - 30 days from	: 10-07-25
No. of Employees	: 67
Participation	: Compulsory
Remuneration	: 20%
Policy Type	: Health Insurance

OUTPATIENT PRIMARY CARE	PLAN 1	PLAN 2	PLAN 3
a) Panel General Practitioner (GP) & Polyclinics Limit per visit/ day No. of Visits per year Co-payment per visit	As Charged Unlimited Nil	As Charged Unlimited Nil	As Charged Unlimited Nil
b) Telemedicine (Preferred Panel) Limit per visit No. of Visits per year Co-payment per visit	As Charged Unlimited Nil	As Charged Unlimited Nil	As Charged Unlimited Nil
c) Panel X-Ray & Laboratory Test - referred by Panel GP/Polyclinic Limit per visit No. of Visits per year Co-payment per visit	As Charged Unlimited Nil	As Charged Unlimited Nil	As Charged Unlimited Nil
d) Non-Panel General Practitioner, including x-ray and laboratory test Limit per visit/ day No. of Visits per year Co-payment per visit	\$50 Unlimited Nil	\$45 Unlimited Nil	\$35 Unlimited Nil
e) Traditional Chinese Medicine Limit per visit/ day No. of Visits per year Co-payment per visit	\$80 6 Nil	\$70 6 Nil	\$60 6 Nil
f) Emergency Care Limit per visit/ day No. of Visits per year Co-payment per visit	\$200 Unlimited Nil	\$200 Unlimited Nil	\$150 Unlimited Nil
g) Overseas Outpatient Treatment Limit per visit No. of Visits per year Co-payment per visit	\$200 Unlimited Nil	\$200 Unlimited Nil	\$150 Unlimited Nil

Additional Notes

- 1) Remuneration - 20%
- 2) The above premium is based on the information provided. Should there be a change in material information provided, Income reserves the rights to amend the previous quoted premiums.
- 3) Once this rider is chosen, all employees will be covered under this rider
- 4) Panel of clinics is managed by Alliance Medinet.
- 5) All co-payment shall include Goods and Services Tax (GST), wherever applicable.
- 6) Insured members will pay in full first and seek reimbursement for any of the following (if extended under the policy):
 - a. Visits to the polyclinics / non-panel General Practitioners / Emergency Care
 - b. Overseas Outpatient Treatment / traditional chinese medicine
- 7) The quoted rates is based on average of 67 years and subject to change if the final average age crosses to the next age band.

OUTPATIENT SPECIALIST RIDER

Proposer	: ZIO
Intermediary	: Mercer Health & Benefits (Singapore) Pte. Ltd.
Policy Commencement Date	: 01-09-24
Basis of Coverage	: Plan -
Quoted By	: LawW
Validity of Quote - 30 days from	: 10-07-25
No. of Employees	: 67
Participation	: Compulsory
Remuneration	: 20%
Policy Type	: Health Insurance

OUTPATIENT SPECIALIST CARE	PLAN 1	PLAN 2	PLAN 3
a) Panel Specialist & Specialist Outpatient Clinics in Restructured Hospitals - referred by Registered Medical Practitioner Limit per visit No. of Visits per year Co-payment per visit	As Charged Unlimited Nil	As Charged Unlimited Nil	As Charged Unlimited Nil
b) Panel Outpatient Pediatrician - waiver of referral letter (child aged 15 days to 7 years old) Limit per visit No. of Visits per year Co-payment per visit	As Charged 3 Nil	As Charged 3 Nil	As Charged 3 Nil
c) Panel X-Ray & Laboratory Test - referred by Panel Specialist / SOC in Restructured Hospitals Limit per visit No. of Visits per year Co-payment per visit	As Charged Unlimited Nil	As Charged Unlimited Nil	As Charged Unlimited Nil
d) Non-Panel Specialist and/or X-ray & Laboratory Test - referred by a Registered Medical Practitioner i. Limit per visit ii. Limit per year iii. Co-payment per visit iv. Limit per visit without referral letter - Limit per year	\$200 \$1,600 Nil \$50 3	\$180 \$1,400 Nil \$50 3	\$150 \$1,200 Nil \$50 3
e) Outpatient Pediatrician (Non-panel) Waiver of referral letter (child aged 15 days to 7 years old) Limit per visit No. of Visits per year Co-payment per visit	\$150 3 Nil	\$120 3 Nil	\$100 3 Nil
f) Diagnostic Scan - referred by Registered Medical Practitioner Annual Limit No. of Visits per year Co-payment per visit	\$1,500 Unlimited Nil	\$1,200 Unlimited Nil	\$1,000 Unlimited Nil
g) Physiotherapy / Chiropractor referred by Registered Medical Practitioner for Physiotherapy only. Limit per year Co-payment per visit	\$800 Nil	\$700 Nil	\$600 Nil
h) Outpatient Psychiatric/Psychology Consultation (OPTIONAL) referred by Registered Medical Practitioner Limit per year Co-payment per visit	\$500 Nil	\$500 Nil	\$500 Nil

Additional Notes

- 1) Remuneration - 20%
- 2) Specialist must take-up with Outpatient Primary Care.
- 3) Once this rider is chosen, all employees will be covered under this rider.
- 4) Panel of clinics is managed by Alliance Medinet.
- 5) All co-payment shall include Goods and Services Tax (GST), wherever applicable.
- 6) Insured members will pay in full first and seek reimbursement for any of the following (if extended under the policy):
 - a) Visits to Specialist Outpatient Clinics (SOC) in Restructured Hospitals / non-panel Paediatrician / non-panel Specialists
 - b) Outpatient diagnostic test or scan / outpatient chiropractor / physiotherapy
- 7) The quoted rates is based on average of 67 years and subject to change if the final average age crosses to the next age band.

OUTPATIENT RIDER -Outpatient General Practitioner & Specialist Consultation (Reimbursement)

Proposer	:	ZIO
Intermediary	:	Mercer Health & Benefits (Singapore) Pte. Ltd.
Policy Commencement Date	:	01-09-24
Basis of Coverage	:	Plan -
Quoted By	:	LawW
Validity of Quote - 30 days from	:	10-07-25
No. of Employees	:	67
Participation	:	Compulsory
Remuneration	:	20%
Policy Type	:	Health Insurance

OUTPATIENT - NON-PANEL	PLAN 1	PLAN 2	PLAN 3
a) Non-panel General Practitioner / Telemedicine including X-tray/Lab Test			
Limit per visit/day	\$100	\$80	\$70
Co-payment per visit	Nil	Nil	Nil
b) Traditional Chinese Medicine			
Limit per visit/day	\$80	\$70	\$60
No. of Visits per year	6	6	6
Co-payment per visit	Nil	Nil	Nil
c) Specialist Consultation - referred by Registered Medical Practitioner			
Limit per year	\$2,500	\$1,500	\$1,000
No. of Visits per year	Unlimited	Unlimited	Unlimited
Co-payment per visit	Nil	Nil	Nil
d) Diagnostic Test/Scan - referred by Registered Medical Practitioner			
Limit per year	\$2,000	\$1,200	\$1,000
Co-payment per visit	Nil	Nil	Nil
e) Outpatient Pediatrician - Waiver of referral letter child age 15 days to 7 years old)			
Limit per visit	\$100	\$100	\$100
No. of Visits per year	3	3	3
Co-payment per visit	Nil	Nil	Nil
f) Physiotherapy / Chiropractor referred by Registered Medical Practitioner for Physiotherapy only			
Limit per year	\$700	\$600	\$400
Co-payment per visit	Nil	Nil	Nil
g) Outpatient Psychiatric/Psychology Consultation referred by Registered Medical Practitioner (OPTIONAL)			
Limit per year	\$500	\$500	\$500
Co-payment per visit	Nil	Nil	Nil

Additional Notes

- 1) Remuneration - 20%
- 2) All co-payment shall include Goods and Services Tax (GST), wherever applicable.
- 3) Insured members will pay in full first and seek reimbursement for any of the following (if extended under the policy):
 - a) Visits to the polyclinics / non-panel General Practitioners / non-panel Pediatrician / Specialist Outpatient Clinics (SOC) in Restructured Hospitals / non-panel Specialists / A&E department.
 - b) Outpatient diagnostic test or scan / outpatient chiropractor / physiotherapy / traditional chinese medicine.

The quoted rates is based on average of 67 years and subject to change if the final average age crosses to the next age band.

GROUP MATERNITY RIDER

Proposer	:	ZIO
Intermediary	:	Mercer Health & Benefits (Singapore) Pte. Ltd.
Policy Commencement Date	:	01-09-24
Basis of Coverage	:	Plan -
Quoted By	:	LawW
Validity of Quote - 30 days from	:	10-07-25
No. of Employees	:	67
Participation	:	Compulsory
Remuneration	:	25%
Policy Type	:	Health Insurance

SCHEDULE OF BENEFITS - LIMITS PER DISABILITY	PLAN 1	PLAN 2	PLAN 3
Normal Delivery	\$5,000	\$3,500	\$3,000
Caesarean Delivery	\$6,500	\$4,500	\$4,000
Miscarriage or Abortion (non-accidental miscarriage due to medical reason)	\$2,500	\$1,500	\$1,000
Minimum headcount	5 female employees or spouse of employees		

Coverage

We shall pay for charges incurred in connection with any one period of hospital confinement, including all pre-natal and post-natal check-up expenses, where an insured member undergoes a normal delivery/caesarean delivery/abortion or suffers a miscarriage.

Additional Notes

- 1) Remuneration - 20%
- 2) The maternity rider is an extension to the Group Hospital and Surgical
- 3) For normal delivery/caesarean delivery, we shall pay for the expenses incurred provided the insured member
- 4) has been continuously insured under the plan for at least 10 months.
- 5) For abortion/miscarriage, we shall pay for the expenses incurred provided the insured member has been continuously insured under the plan for at least 90 days.
- 6) The maternity rider does not cover any expenses related to the newborn child.

DENTAL RIDER (NON-PANEL)

Proposer	: ZIO
Intermediary	: Mercer Health & Benefits (Singapore) Pte. Ltd.
Policy Commencement Date	: 01-09-24
Basis of Coverage	: Plan -
Quoted By	: LawW
Validity of Quote - 30 days from	: 10-07-25
No. of Employees	: 67
Participation	: Compulsory
Remuneration	: 25%
Policy Type	: Health Insurance

SCHEDULE OF BENEFITS	PLAN 1	PLAN 2
OVERALL ANNUAL LIMIT (item 1 TO 19)		\$700
1 EXAMINATION	As Charged up to Annual Limit	As Charged up to Annual Limit
2 X-RAY i) Intraoral - first film ii) Intraoral - each additional iii) Bitewing - first film iv) Bitewing - each additional v) Panorex		
3 TEST & LABORATORY Biopsy and examination of tissue		
4 PROPHYLAXIS Prophylaxis (cleaning and polishing)		
5 FLUORIDE TREATMENT Fluoride Application		
6 FILLINGS (SILVER) - for posterior teeth only i) Amalgam - one surface ii) Amalgam - two surfaces iii) Amalgam - three or more surfaces iv) Reinforced Pin		
7 FILLINGS (TOOTH-COLOURED MATERIAL) i) One Surface ii) Two surfaces iii) Three surfaces		
8 GOLD INLAY RESTORATIONS i) Inlay, gold - one surface ii) Inlay, gold - two surfaces iii) Inlay, gold - three or more surfaces		
9 PULPOTOMY i) Pulpotomy ii) Pulp Cap		
10 ROOT CANAL TREATMENT i) Single root canal filling ii) Double root canal filling iii) Three or more canals iv) X-ray of the tooth involved with the diagnostics wire or wires in place must accompany claim for payment		
11 EXTRACTIONS Routine (simple) - each tooth		
12 SURGICAL EXTRACTIONS i) Erupted tooth or root ii) Soft tissue impaction iii) Part bony impaction iv) Completely bony impaction v) Oral antral root recovery vi) Closure of oral antral fistula vii) Removal of labial frenum viii) X-ray of the tooth or root involved		
13 ALVEOPLASTY i) Per quadrant, in connection with extractions ii) Per quadrant, not in connection with extractions iii) For a complete Alveoplasty involving more than one quadrant		
14 EXCISION OF TUMOUR Excision of tumour		
15 FRACTURE OF JAW i) Simple ii) Compound iii) X-ray of the fracture		
16 REPAIR OF PROSTHETIC APPLIANCE i) Repair of broken complete or partial denture ii) Repair denture and replace broken tooth iii) Adding tooth to partial denture to replace extracted tooth iv) Add tooth to partial denture plus clasp		
17 SPACE MAINTAINERS i) Fixed band type (uni or bilateral) ii) Removal in acrylic (uni or bilateral)		
18 PERIODONTAL TREATMENT i) Root planning per tooth ii) Root planning per quadrant iii) X-ray of the teeth		
19 MISCELLANEOUS i) Analgesics (oral only) ii) Antibiotics (oral only) iii) Tooth replantation (Own natural tooth) iv) Tooth implantation (Own natural tooth)		

Additional Notes

- 1) Remuneration - 25%
- 2) The dental insurance is an extension to the Group Hospital and Surgical
- 3) Insured member has a choice of any registered dental clinics in Singapore.
- 4) Once this rider is chosen, all employees will be covered under this rider
- 5) Claims shall be on a reimbursement basis

Exclusions

We will not pay for any charges incurred for the following, including any medical conditions arising/relating to:

- a) Any treatment for corrective purposes including but not limited to crowning, bridges, capping; tooth implantation and prosthetic appliances, crowns and bridges
- b) Procedures with respect to congenital malformations, orthodontic treatment, surgery for cosmetic/reconstructive reasons except as a result of an accident.
- c) Any treatment provided before the commencement of this rider