

## MEDICAL AND HEALTHCHOICE POLICY

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V3	Kevin Chua, Chief People Officer	1 July 2022	1 July 2022	<a href="#">Minor Amendment</a>
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V1	Kevin Chua, Chief People Officer	1 July 2021	1 July 2021	

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## 1 DEFINITIONS & INTERPRETATION

Please refer to Appendix 1 for the definition of the various capitalised terms used in this Medical and HealthChoice policy ("**Policy Document**").

## 2 RATIONALE & OBJECTIVES

### 2.1 Rationale:

The University places strong emphasis to support and protect the health and wellbeing of our staff through offering competitive medical related benefits.

### 2.2 Objectives:

This Policy Document provides an overall guidance on eligibility, benefits, exclusions, and administration of the Medical, HealthChoice and Maternity Benefit:

A. [Medical Benefits Scheme](#)

B. [HealthChoice Plan](#)

C. [Maternity Benefit](#)

## 3 SCOPE

This Policy Document applies to all Staff across the University based on their [appointment](#). Staff who are eligible\* for medical benefits are covered under the **Medical Benefits Scheme**, **HealthChoice Plan** and **Maternity Benefit** where applicable.

\*[Applicable to staff below age 70 when they join NUS](#)

In Process

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## A. MEDICAL BENEFITS SCHEME

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### 4 MEDICAL BENEFITS SCHEME

4.1 The benefit plan year is from 1 July of the current year to 30 June of the following year.

4.2 The medical insurance plan provides coverage for medical treatment as follows:

A. **Outpatient:** expenses for outpatient consultation and treatment ([Panel GP Clinics](#))

B. **Hospital & Surgical:** expenses for surgical procedure and hospitalisation

C. **Major Medical:** expenses that exceed the Hospital & Surgical limits ([for staff only](#))

All reimbursement are subject to co-payment and annual limits (where applicable), please refer to the [Medical Plan Product Summary](#) for terms and conditions.

4.3 Staff eligibility will depend on the appointment on or before the start of the current plan year. Subsequent changes in appointment that result in changes to plan eligibility will only be effected in the next plan year. However, if a staff who is previously not eligible for medical benefits becomes eligible during the plan year, the staff will be placed on the medical plan from the effective date. Similarly, medical coverage will cease from the date that the staff becomes ineligible.

4.4 For staff whose appointments involve intermittent periods of resident service with NUS, only medical expenses incurred during the periods of resident service will be covered.

4.5 More information is available via the [FAQs](#).

#### Annual Premiums Co-Payment

4.6 Staff can opt to enrol their eligible dependant(s) on the medical plan at subsidised group premium rates. The annual premiums co-payment (after subsidy from NUS) are as follows:

Plan	Staff's Annual Premiums Co-Payment (Per Dependant)
A+	\$400
A	\$310
B1	\$235
B2	\$180

#### Premiums co-payment are non-refundable.

4.7 Dependant(s) can be enrolled on the same plan as the staff or a lower plan, but all covered dependant(s) must be placed on the same plan.

4.8 Premiums subsidised by NUS may be subject to income tax at prevailing rates, where applicable.

4.9 Staff who were on CCS and MSO schemes can refer to the [transition measures](#) for details.

## Register Dependant(s)

4.10 Eligible dependant(s) refer to any of the following and they can be residing in **Singapore or Overseas**:

- (a) Legal Spouse of employee who is below age 70, whom employee is still legally married to and is not divorced or legally separated from.
- (b) Common Law Partner or Domestic Partner who is below age 70, and has been declared to and accepted by NUS.
- (c) Child(ren) aged between 15 days (or upon discharge from hospital, whichever is later) and 25 years, unmarried and unemployed. This may include legally adopted child(ren), step-child(ren), child(ren) of single parent and child(ren) of Common Law Partner.

4.11 Staff can update dependant's records with via the Cloud HR System ([CHRS](#)), with supporting documents required as shown in the table below. This should be done within the dependant(s) enrolment timeline imposed by the insurer, generally within 60 days of hire or marriage and 90 days from childbirth.

Information Required	Copies of Documents Required
<ul style="list-style-type: none"><li>• Name of dependant</li><li>• Identification number</li><li>• Date of birth</li><li>• Relationship to staff</li><li>• Gender</li></ul>	<ul style="list-style-type: none"><li>• <b>Spouse:</b> Marriage Certificate &amp; Identity Card/ Passport</li><li>• <b>Child:</b> Birth Certificate</li><li>• <b>Common Law Partner:</b> <a href="#">Per MOM Guideline</a></li><li>• <b>Domestic Partner:</b><ul style="list-style-type: none"><li>a) <a href="#">Confirmation Form</a>; <b>and</b></li><li>b) Proof of shared residence / financial interdependence of at least 24 months (<u>any</u> of the following documents dated at least 24 months ago):<ul style="list-style-type: none"><li>→ joint mortgage or joint tenancy on a residential lease;</li><li>→ joint utility bills or separate telco bills showing same address;</li><li>→ identity cards showing same address;</li><li>→ joint bank or investment account statement;</li><li>→ joint ownership of vehicle;</li><li>→ mutual assignments of valid lasting powers of attorney, etc.</li></ul></li></ul></li><li>• <b>Identification number:</b> <u>One</u> of the following documents: Identity Card/ Birth Cert/ Passport/ Work Pass/ Dependant Pass</li></ul>

## Enrolment for Dependant(s)

4.12 Enrolment opens once a year for existing staff. Staff will receive an annual enrolment email from the NUS appointed benefits administrator before the start of a new plan year, typically in the month of May.

4.13 Eligible dependant(s)' coverage will be automatically renewed for the new plan year. No action is required if the staff wishes to keep the same coverage for their dependant(s). Otherwise, staff can enrol additional dependant(s), withdraw or make changes to their dependant's medical plan during this annual exercise. Dependant(s)' coverage or changes will be effective from 1 July of the year.

- 4.14 Enrolment is also open for new staff and new dependant(s) within the enrolment timeline imposed by the insurer, generally within 60 days of hire or marriage and 90 days from childbirth.
- 4.15 Dependant(s) coverage will be effective from hire date (new hire), from marriage registered date (new spouse) and 15<sup>th</sup> day from child's date of birth/upon discharge from hospital (whichever is later) (new born).
- 4.16 Staff will receive an invitation email from the NUS appointed benefits administrator about 2 weeks after they assume duty or after their dependant(s) records are registered with OHR. If dependant(s) records are not updated within the [timeline](#), staff will not be able to enrol them until the next plan year.
- 4.17 Enrolment for dependant(s) who are residing **overseas** should be done during the same window period / timeline stated above. Otherwise, the staff will not be able to enrol them until the next plan year.
- 4.18 Staff should access the [Medical & HealthChoice portal](#) to complete the enrolment within the window period stated on the portal. After the window period, enrolment or changes to dependant's medical coverage can only be done in the next plan year.

### **Insurance Underwriting**

- 4.19 New staff aged 70 to 75 are required to provide [health information](#) to the insurer for underwriting upon hire.
- 4.20 Existing staff and/or enrolled dependant(s) aged 75 or above are required to provide [health information](#) to the insurer for underwriting annually.
- 4.21 Depending on results of the underwriting, the insurer may:
- A. Accept staff and/or dependant on standard terms;
  - B. Accept staff and/or dependant with exclusion or benefit limitation/restriction; or capping for specified conditions; or
  - C. Decline insurance cover for staff and/or dependant.

If staff insurance cover is declined, all dependant(s) insurance cover will cease.

### **No Pay Leave**

- 4.22 Staff on no-pay leave will be covered under the medical insurance for the first 6 months of no-pay leave (NPL), after which insurance cover will cease for staff and dependants, and any unused HealthChoice points will be forfeited.
- 4.23 During the first 6 months of no-pay leave, staff will have to pay for medical expenses upfront (including panel clinics), and seek reimbursement via the Medical & HealthChoice portal.
- 4.24 Upon return from no-pay leave exceeding 6 months, staff and eligible dependant(s) will need to be re-enrolled on the applicable medical insurance plan (subject to terms and condition of appointment).

## Panel Clinics and Medical eCards

- 4.25 Staff can access the Medical & HealthChoice Portal via <http://healthchoice.nus.edu.sg> or scan the QR code. Click on "Panel Clinics Locator & Medical eCard", to locate Panel Clinics and retrieve Medical eCards for themselves and enrolled dependant(s). Screenshot of eCard is acceptable at the panel clinics.

It will take up to 3 weeks after staff commence work or upon dependant's enrolment for the account to be fully set up with the insurer.



[List of Panel GP Clinics](#)

- 4.26 Staff and enrolled dependant(s) are only required to make co-payment when they present the medical eCards at panel clinics. However, full payment is still required for services which are not on cashless arrangements (e.g. mental wellness related expenses) and for non-reimbursable or exclusion items. The insurer or NUS reserves the right to recover any amount not payable from the staff.
- 4.27 For visits to [hospitals](#), polyclinics, non-panel clinics or visit to panel clinics when medical eCard is not ready, staff should make full payment upfront and seek reimbursement accordingly.

## Telemedicine (WhiteCoat)

- 4.28 AIA has partnered with [WhiteCoat](#), a digital healthcare provider, to provide telemedicine services via video consultation, for treatment of common health conditions or symptoms.
- 4.29 Staff can download the "WhiteCoat Mobile App" to create an account. WhiteCoat will use the following information to validate if you are covered under AIA Corporate Insurance.
- A. Identification number registered with NUS **OR** the 10-digit AIA Member ID (can be found on the Medical Card); **AND**
- B. Date of Birth



[A Guide to Using the WhiteCoat App](#)

- 4.30 Once you have successfully added the "AIA Corporate Insurance" Profile, you are only required to make co-payment for your consultation and the prescribed medication will be delivered to you.
- 4.31 The medical and delivery expenses will be included as part of your S\$5,000 annual outpatient limits, subject to terms and conditions of the insurance. However, if you rescheduled for a second delivery, the additional delivery cost will be payable by you.
- 4.32 If validation is not successful, or if your dependant is not enrolled to AIA Corporate Insurance, you can still proceed to consult the doctor under the "retail" profile. You will have to make full payment upfront and seek reimbursement (if applicable).

## Co-Payments

4.33 Co-payments are summarised as follows, subject to annual limits of policy:

Clinic Type	Staff/Dependant (Co-Pay per visit)	Insurance Cap (Per visit)
Polyclinic	\$5	No
<a href="#">Panel GP Clinics</a>	\$10	No
Non-Panel GP	\$10	\$25
Teleconsultation ( <a href="#">WhiteCoat</a> )	\$10	No
Panel / Non-Panel Specialist* (referral from panel GP / non-panel GP / polyclinic / A&E)	\$25	No
Panel / Non-Panel Specialist (no referral)	Not payable	Not payable
A&E in Singapore or Overseas Hospitals	\$10	\$120
Overseas Non-emergency GP Visit	\$10	\$25
Overseas Non-emergency Specialist Visit	\$10	\$100

\*Visit to specialist must be referred by a registered medical practitioner. This referral is typically valid for 1 year from the date you first consult the specialist.

If there is a need for extended period of treatment beyond a year, please obtain a memo from your specialist for claims assessment. The memo should indicate your current medical condition/ diagnosis and the type of treatment required.

Referral letter is waived for outpatient Paediatrician's visit (children below 7 years old).

## Letter of Guarantee (LOG or LOG-PLUS)

- 4.34 The LOG is issued by the insurer to selected hospitals and medical institutions for partial waiver of upfront cash deposit in the event of hospitalisation and/or surgery. If you have a Medisave account, you are also required to sign the Medisave Authorisation Form when you are using the LOG.
- 4.35 The insurer may not issue LOG for non-covered treatment/medical conditions under the policy, or if the hospital/medical institution has no LOG facility with the insurer.
- 4.36 The insurance of LOG is not an admission of claim liability. Claims are still subject to insurer's assessment in accordance to the terms and conditions of the policy contract, upon receipt of complete documentation. It is the staff's responsibility to settle any amount not payable with the hospital directly.
- 4.37 For scheduled surgery, please write to the insurer 2 weeks in advance. The insurer will perform an interim assessment of your admission and provide a LOG amount closer to the estimated bill size, up to your benefits limits/balance.
- 4.38 In the event that incomplete information/insufficient time is provided to the insurer, a standard LOG of S\$10,000 will be issued.

### **Standard LOG - S\$10,000**

- 4.39 Please call Mercer Service Centre at +65 6797-9613 (Client Code 8787) > Press 2 to connect to AIA LOG Team.

Provide the required information to AIA, once the request is approved, a standard LOG of S\$10,000 will be issued to hospital.

<b>Information of Patient:</b> <ul style="list-style-type: none"><li>• Full name</li><li>• Staff number</li><li>• NRIC No/Passport No</li><li>• Gender</li><li>• Date of Birth</li><li>• Date of Hire</li><li>• Contact number</li><li>• Relationship to Staff (if patient is a dependant)</li></ul>	<b>Information of medical condition:</b> <ul style="list-style-type: none"><li>• Name of Hospital</li><li>• Name of Doctor (if available)</li><li>• Date of admission</li><li>• Nature of illness/injury</li><li>• Hospital contact person</li><li>• Estimated bill size</li></ul>
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### **LOG-PLUS - beyond S\$10,000**

- 4.40 Please write to the insurer 2 weeks prior to your scheduled surgery.

Complete the [AIA LOG-PLUS Request Form](#). All details in the form must be duly completed and signed by the Principal Doctor and Insured Member.

Send the completed form and all supporting document to [sg.eb.logrequests@aia.com](mailto:sg.eb.logrequests@aia.com).

AIA will perform an interim assessment of your admission and provide a LOG amount closer to the estimated bill size, up to your benefits limits/balance.

In the event that your admission duration has to be extended due to further treatment, please complete the [AIA LOG-PLUS Top-Up Form](#). All details in the form must be duly completed and signed by Principal Doctor and Insured Member.



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## B. HEALTHCHOICE PLAN

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### 5 HEALTHCHOICE PLAN

- 5.1 The HealthChoice plan is an integral part of the medical insurance plan extended to eligible staff. Staff will be allocated 500 HealthChoice points (1 HealthChoice point = S\$1) on a plan year basis.
- 5.2 The benefit plan year is from 1 July of the current year to 30 June of the following year. HealthChoice points will be pro-rated for new staff by months.  
Example: If a staff join in October (all dates inclusive), HealthChoice points =  $500/12 \times 9 = 375$ .
- 5.3 HealthChoice points can be used to offset medical insurance premium co-payment for enrolled dependant(s) and for a list of approved health and wellness related items.
- 5.4 HealthChoice points of current plan year, if unutilised, will be carried forward and credited in September of the following plan year. The carried forward points, if unutilised, will be forfeited by end of the following year.

#### Tax and Provident Fund

- 5.5 HealthChoice items will be subject to income tax and CPF contributions at prevailing rates, where applicable.

#### HealthChoice Items

- 5.6 Following are the list of approved health and wellness related items under HealthChoice. More information is available via the [FAQs](#).

No	Claims Item Description	Staff / Spouse / Child	
		Income Tax	CPF
1	Dental	X	X
2	Traditional Chinese Medicine ( <a href="#">TCM Practitioners Board</a> )	X	X
3	Outpatient Medical Expenses (not paid by insurer)	X	X
4	Health Screening & Vaccinations	X	✓
5	Alternative Medical Treatment	X	✓
6	Vision	✓	✓
7	Vacation	✓	✓
8	Sports & Fitness	✓	✓
9	Health & Wellness	✓	✓
10	Personal Medical and Life Insurance Premiums	✓	✓

For other dependants (apart from spouse and child), taxation and CPF apply to all claim items.

**Note:** [Dependants have to be registered](#) with OHR but do not need to be enrolled on the medical insurance plan. Please ensure their information is [updated in CHRS](#).

## 6 MEDICAL AND HEALTHCHOICE CLAIMS SUBMISSION

6.1 Staff can submit claims through the the Medical and HealthChoice Portal via <http://healthchoice.nus.edu.sg> or scan the QR code.



6.2 The claims types are as follows:

Claims Types	Claims Method	Retain Originals
HealthChoice	<b>Paperless:</b> upload soft copy of receipts or document:  ✓ Scan a copy or ✓ Take a photo	For 1 year
Medical: • Outpatient (GP/Specialist) • Inpatient (Hospitalisation & Surgical)		For 6 months

**Note: The benefits plan year is from 1 July of the current year to 30 June of the following year.**

Staff can refer to the [Claims Workflow](#) and Video Guides in the [Medical and HealthChoice Portal](#) for details instructions and supporting documents required. Staff have to retain original receipts for verification purposes.

6.3 HealthChoice claims submit by **20th** of the current month will be reimbursed via payroll in the following month.

6.4 Medical Outpatient, Hospitalisation & Surgical claims will take up to **4 weeks** to process upon receipt of complete documents. Approved claims will be paid by the insurer via GIRO.

### Claims Submission Timeline

6.5 The claims submission timelines are as follows:

Example: For expenses incurred from 1 July 2022 to 30 June 2023.

Claims Types	Submission Timelines
HealthChoice	Submit claims by <b>mid-July</b> 2023.
Medical	Submit claims within <b>6 months from incur date</b> or by <b>September</b> 2023, whichever is earlier.

Please look out for HR announcement nearer the date as late submissions will not be processed.

## 7 MEDICAL AND HEALTHCHOICE ENQUIRIES

### 7.1 For assistance:

Email [nus-enquiry@mercermarshbenefits.com](mailto:nus-enquiry@mercermarshbenefits.com) or

Call Mercer Contact Centre at: [+65 6797-9613](tel:+6567979613) (Client Code: 8787).

Press 1: Enquiry on HealthChoice, Medical Insurance Benefits and Dependant's Enrolment

Press 2: Request Letter of Guarantee (LOG) from Insurer

## 8 RELATED DOCUMENTS

### 8.1 The Medical Benefits Scheme and HealthChoice Plan Document should be read in conjunction with the following Related Documents:

No	Name of Document
1	<a href="#">Medical &amp; HealthChoice Portal</a>
2	<a href="#">Medical Plan Eligibility</a>
3	<a href="#">Medical Plan Product Summary</a>
4	<a href="#">Panel Clinics</a>
5	<a href="#">Claims Workflow</a>
6	<a href="#">Health Declaration Form</a>
7	<a href="#">Medical Claim Form (for private/oversea hospitals &amp; clinics)</a>
8	<a href="#">AIA LOG-Plus Request Form</a>
9	<a href="#">AIA LOG-Plus Top-Up Form</a>
10	<a href="#">Business Reply Envelope</a>
11	<a href="#">Transition Measures</a>
12	<a href="#">FAQs</a>

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## **B. MATERNITY BENEFIT**

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### **9 MATERNITY BENEFIT**

- 9.1 The provision of maternity benefit helps staff members defray cost related to childbirth expenses, and is funded centrally.
- 9.2 This benefit applies to eligible National University of Singapore (NUS) full-time and part-time staff with at least three (3) months of service with the University who are eligible for leave benefit and/or medical insurance benefit.
- 9.3 This maternity benefit is not applicable to contingent staff, part-time teaching staff and adjunct staff.

#### **Benefit Amount and Eligibility**

- 9.4 An eligible staff member who has (or whose spouse has) given birth to a child on or after 1 January 2022 can claim a cash benefit of SGD3,000.
- 9.5 Staff member must have at least three (3) months of service with NUS before the child is born.
- 9.6 If both spouses are employed by the University and are eligible for this benefit, only one of the staff members can claim and not both.
- 9.7 The cash benefit is provided per delivery (twins/triplets etc are considered as one delivery).
- 9.8 The benefit must be claimed within twelve (12) months from the child's date of birth. Late claim submissions will not be processed for payment.

#### **Tax and Provident Fund**

- 9.9 The maternity benefit is subject to income tax and CPF contribution at prevailing rates, where applicable.

### **10 MATERNITY BENEFIT CLAIMS SUBMISSION**

- 10.1 Update your child's information via [CHRS](#). You may refer to the [Quick Reference Guide](#) for details on how to update child's record.
- 10.2 Once your child's information is approved, submit the Maternity Benefit Claim via [CHRS](#):
  - (a) Click on the tile "My Profile"
  - (b) Click on "Benefits" on the orange header
  - (c) At the Benefits Entitlement Portlet, click on "Go to Benefits"
  - (d) Under Reimbursements for Maternity Benefits, click on "Start a Claim"
  - (e) Select the child whom you are claiming the benefit for and complete the required information
  - (f) Click on "Save" and "Confirm" to submit the claim
- 10.3 Once your claim is approved, you will receive payment in the next available payroll.

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## **B. GENERAL**

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### **11 REVIEW OF POLICY DOCUMENT**

- 11.1 This Policy Document shall be reviewed by the Policy Document Owner in accordance with the requirements set out in the University Policy Framework, or more frequently if deemed necessary by the Policy Document Owner. Any recommendation for changes to this Policy Document (whether amendments, repeal or otherwise) must similarly be carried out in accordance with the requirements of the University Policy Framework.
- 11.2 The University shall be entitled to revise, amend or update this Policy Document and to issue additional Policy Documents from time to time. All such revisions, amendments, updates and additions shall be deemed to be a part of this Policy Document. Any revisions, amendments, updates or additions to this Policy Document issued by the University may be published or notified through written notice, electronic mail, the University website, or such other form of communication as the University may deem appropriate.

### **12 QUERIES**

All questions as to the interpretation of this Policy Document shall be referred to the Policy Document Owner.

### **13 INTERPRETATION**

#### **13.1 Headings**

The headings of the provisions of this Policy Document are to facilitate reference only and do not form a part of this Policy Document, and shall not in any way affect the construction or interpretation thereof.

#### **13.2 Inconsistency with this Policy Document**

In the event of any inconsistency between the requirements set out in this Policy Document and those set out in the Related Documents and any other Policies, Procedures, Guidelines or other documents relating to the subject matter of this Policy Document, the requirements set out in this Policy Document shall prevail unless otherwise stated.

### **14 ADHERENCE TO POLICY DOCUMENT**

Compliance with this Policy Document is mandatory and any failure to comply with this Policy Document (including any arrangements that are established under it) may, at the University's absolute discretion, be investigated and result in such corrective and/or disciplinary action(s) as the University deems fit.

## **15 EXCEPTIONS TO THIS POLICY DOCUMENT**

Any exceptions to the requirements of this Policy Document requires prior written approval from President (or such other appropriate senior management personnel as the President may from time to time designate) and such approval will only be granted in very exceptional circumstances.

## **16 RELATED DOCUMENTS**

This document should be read in conjunction with the Related Documents set out in Section 8.

## **17 LIST OF APPENDICES**

<b>No.</b>	<b>Appendix</b>
1.	Definitions

In Process

## APPENDIX 1 DEFINITIONS

In this Medical and HealthChoice policy (this “**Policy Document**”), the following words shall have the following meanings:

<b>“Related Documents”</b>	All NUS Policy Documents, internal University legislation, external government legislation, websites, forms, templates, publications and other documents referred to in this Policy Document or related to the subject matter of this Policy Document, as amended and supplemented from time to time, including but are not limited to, the documents set out in Section 8.
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### Interpretation

1. The word ‘may’ when used to bestow a duty or power indicates that the action or decision may be enacted or not, at discretion.
2. For the avoidance of doubt, the words ‘must’, ‘shall’ or ‘will’, if used to bestow a duty or power, indicate that the action or decision is mandatory and must be enacted.
3. A reference to the word ‘including’ in any form is not to be construed or interpreted as a word of limitation.

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