



**PRODUCT SUMMARY FOR
GROUP MEDICAL OUTPATIENT,
GROUP HOSPITAL & SURGICAL INSURANCE
AND GROUP MAJOR MEDICAL INSURANCE**

Name of Policyholder(s) : National University of Singapore (NUS)
Duke-NUS Graduate Medical School Singapore (GMS)
NUS High School of Mathematics and Sciences (NUSHS)

Policy Period : 01 July 2021 – 30 June 2022 (Both days inclusive)

NUS Group Medical Outpatient, Group Hospital & Surgical and Group Major Medical Insurances are medical expense insurance plans that seek to reimburse the outpatient and inpatient expenses incurred by an employee and his specified dependants.

Depending on the plan coverage, the company will pay the reasonable expenses incurred for the Insured Person's necessary medical treatment subject to the limits of compensation set out in the Benefits Schedule below.

POLICY SCHEDULE OF BENEFITS

(A) Group Medical Outpatient

	BENEFITS	LIMITS OF COMPENSATION
	OUTPATIENT CARE:	Overall limit of \$5,000 per Policy Year per Insured Person [For Items 1 to 6]^{7 & 8}
1.	Outpatient Primary Care :	Consultation, medication, basic diagnostic tests, x-rays and procedures
a.	Panel GP Visit ¹	\$10 ² co-payment per visit
b.	Non-Panel GP Visit	\$10 ² co-payment per visit, reimburse up to \$25 per visit
c.	Government Polyclinics	\$5 ² co-payment per visit
2.	Outpatient Specialist Care	Consultation, medication, basic diagnostic tests, x-rays and procedures
a.	Panel Specialist Visit ¹ / Non-Panel Specialist Visit (With referral letter from Panel / Non-panel Clinics, Polyclinics or A&E)	\$25 ² co-payment per visit
b.	For Panel Paediatrician Visit / Non-Panel Paediatrician Visit (Waiver of referral letter for children below 7 years old)	\$25 ² co-payment per visit
c.	Specialist Visit without referral letter	Not covered
3.	Emergency Outpatient Care (Accident & Emergency Treatment in Singapore or overseas)	\$10 ² co-payment per visit, reimburse up to \$120 per visit <i>Enhancement from \$100 to \$120 wef 1 July 2021</i>
4.	Overseas Claims	
a.	Non-Emergency Outpatient Primary Care	\$10 ² co-payment per visit, reimburse up to \$25 per visit
b.	Non-Emergency Outpatient Specialist Care	\$10 ² co-payment per visit, reimburse up to \$100 per visit
5.	Outpatient Mental Care (waiver of referral letter) ³	\$10 ² co-payment per visit, reimburse up to \$1,000 per policy year
6.	Teleconsultation (Whitecoat)	\$10 ² co-payment per visit
Notes: 1 Acceptance of medical card for Cashless Facility, subject to co-payment. 2 The co-payment includes Goods and Services Tax (GST), where applicable. 3 This benefit is on pay and reimbursement basis. 4 Includes Phototherapy, hand therapy, occupational therapy, immunotherapy (non-cancer related medical condition) or any other form of therapy and physiotherapy as recommended by doctors to be effective treatments for medical conditions. <i>Enhancement wef 1 July 2021</i> 5 Includes eye drops/eye sterile wipes as prescribed by attending ophthalmologist/eye specialist for an eye medical condition. <i>Enhancement wef 1 July 2021</i>		

(B) Group Hospital & Surgical

GROUP HOSPITAL & SURGICAL (Maximum per Policy Year per Insured Person)^{7 & 8}				
	Plan A+	Plan A	Plan B1	Plan B2
	S\$	S\$	S\$	S\$
Highest Ward Eligibility ³				
1. (a) Room & Board ² (max. 120 days, inclusive of ICU) ¹	1 Bedded Private	1 Bedded GRH	4 Bedded GRH	5&6 Bedded GRH
(b) Intensive Care Unit (ICU)	10,000	10,000	10,000	10,000
<u>Inpatient Benefits</u>				
2. Other Hospital Services				
3. Surgical Benefits				
4. Daily In-Hospital Doctor's Consultation (max. 120 days)				
<u>Outpatient Benefits</u>				
5. (a) Pre-Hospitalization Specialist Consultation (within 120 days prior to admission) Pre-Hospitalization Diagnostic X-ray and Laboratory Fees (within 120 days prior to admission) (b) Post-Hospitalization Treatment (within 120 days of discharge)	45,000	40,000	35,000	30,000
6. Death Benefit	5,000	5,000	5,000	5,000
7. Outpatient Kidney Dialysis/Cancer Treatment (including chemotherapy, immunotherapy, radiotherapy, erythropoietin and cyclosporine) (max. per policy period)	20,000	15,000	10,000	8,000
8. Miscarriage Benefit including ectopic pregnancy	1,500	1,500	1,500	1,500
9. Surgical Implant	7,000	7,000	3,000	3,000
10. Inpatient Mental Care ⁶	10,000	10,000	10,000	10,000
11. Emergency Out-patient Treatment (Accident) <i>Enhancement wef 1 July 2021</i>	2,000	2,000	2,000	2,000
Co-Insurance ⁴	10%	10%	10%	10%
12. Pro-rata Factor ⁵ (Payable by Insurer)				
– Private or Overseas Hospital	N/A	65%	50%	25%
– Restructured Hospital – Class A	N/A	N/A	85%	35%
– Restructured Hospital – Class B1	N/A	N/A	N/A	45%
– Restructured Hospital – Class B2	N/A	N/A	N/A	N/A
Notes: 1 Limit Any One Disability. 2 As charged means Room & Board will be reimbursed as per your bill for all admissible claims up to your highest ward eligibility, subject to co-payment. No inner limits shall apply. 3 Please refer to Singapore Ministry of Health website www.moh.gov.sg for information on different wards and hospitals in Singapore 4 Co-insurance shall apply to items 1 to 5b, 7 to 11. 5 Pro-rata factor shall apply to items 1 to 5b, 7 to 9 for hospitalization in wards higher than the member's selected/accepted insured plan. No pro-rata factor will be applied to (a) day surgery, (b) outpatient kidney dialysis and cancer treatment received from a Govt/Rest. Hospital and (c) non voluntary upgrading / upgrade to higher ward by the hospital due to no entitled room available. 6 Includes all inpatient expenses, room and board and pre/post-hospitalization expenses in relation to Inpatient Mental Care treatments. No separate payout under Item 1 - 5. 7 includes Phototherapy, hand therapy, occupational therapy, immunotherapy (non-cancer related medical condition) or any other form of therapy and physiotherapy as recommended by doctors to be effective treatments for medical conditions. <i>Enhancement wef 1 July 2021</i> 8 includes eye drops/eye sterile wipes as prescribed by attending ophthalmologist/eye specialist for an eye medical condition. <i>Enhancement wef 1 July 2021</i>				

(C) Group Major Medical (For Employee Only)

GROUP MAJOR MEDICAL (Maximum per Policy Year per Insured Person)				
	Plan A+	Plan A	Plan B1	Plan B2
	S\$	S\$	S\$	S\$
Highest Ward Eligibility ³				
1. Room & Board (from 121 st day onwards)	1 Bedded Private	1 Bedded GRH	4 Bedded GRH	5&6 Bedded GRH
2. In-Hospital Benefit <i>Eligible expenses per basic GHS provided</i> a. Other Hospital Services b. Surgical Benefits c. Daily In-Hospital Doctor's Consultation (max. 120 days) <i>Enhancement from \$20,000 to \$45,000, \$40,000, \$35,000, \$30,000 respectively wef 1 July 2021</i>	45,000	40,000	35,000	30,000
3. Deductible	Basic GHS			
4. Parental Accommodation <i>Maximum per day, up to 120 days per policy year</i>	100	100	100	100
5. Home Nursing <i>Maximum per day, up to 30 days per policy year (by registered nurse immediately following hospitalization and upon the recommendation of the attending physician)</i>	100	100	100	100
6. HIV Due to Blood Transfusion and Occupational Acquired HIV	10,000	10,000	10,000	10,000
Co-Insurance (applicable for item 1 to 6, excluding 3)	20%	20%	20%	20%
Overall Maximum Benefit payable per Policy Year (item 1 & 2)	45,000	40,000	35,000	30,000

POLICY BENEFITS DESCRIPTION

(A) Group Medical Outpatient

1. Outpatient Primary Care

a. Panel General Practitioner Clinics

As a result of Sickness or Injury, an Insured Member shall receive care and treatment from a Panel General Practitioner at his clinic, or from a Government Polyclinic, the Company shall pay the expenses incurred from the Panel Clinic or reimburse for expenses incurred at a Government Polyclinic, subject to the Co-payment or Deductible Amount if applicable.

b. Non-Panel General Practitioner Clinics

If an Insured Member shall incur expenses for care and treatment performed by a non-panel Registered General Practitioner or by a non-panel overseas Registered General Practitioner and if such services are included in the Schedule of Coverage, the Company shall pay for such expenses up to the maximum amounts specified in the Policy Schedule of Benefits.

2. Outpatient Specialist Care

Outpatient Specialist Consultation and Diagnostic X-ray Laboratory Tests

If an Insured Member referred by General Practitioner incur expenses for the following treatments, the Company shall pay for such expenses up to the maximum amounts specified in the Supplementary Contract Schedule subject to the Co-payment or Deductible Amount if applicable.

- (a) Outpatient Specialist Consultation as recommended by a Registered Medical Practitioner.
- (b) X-ray or Laboratory tests as recommended by a Registered Medical Practitioner.
- (c) Outpatient Specialised Investigation as recommended by a Specialist for the purpose of diagnosis.
- (d) The requirement for a recommendation by a Panel/Non-panel Doctor or Polyclinic is waived for visits to a paediatrician (limited to children below 7 years old)

3. Emergency Outpatient Care

If an Insured Member shall require emergency outpatient treatment at the Accident & Emergency Department of a Hospital, the Company shall pay for such expenses up to the maximum amounts specified in the Policy Schedule of Benefits.

4. Overseas Claims

Any claim for expenses incurred for non-emergency outpatient Primary Care outside of Singapore will be treated as a claim for Outpatient Primary Care provided by a Non-panel Doctor subject to Co-Payment (if applicable) as specified in the Policy Schedule of Benefits

5. Mental Care

Where an insured incurs outpatient expenses for care and treatment by a General Practitioner or psychiatrist or psychologist shall be paid subject to the Mental Care limit and co-payment (if applicable) as specified in the Policy Schedule of Benefits.

The above benefit is subject to the Overall Maximum Benefit Limit in the Schedule.

(B) Group Hospital & Surgical

1. Benefits are payable up to the limits as stated in the policy schedule.
2. Benefits are applicable worldwide for 24 hours a day, unless otherwise endorsed.

1a. Daily Room & Board

A Daily Room & Board Benefit shall be paid when an Insured Member is registered as a bed patient in a Hospital upon recommendation of a Registered Medical Practitioner. The amount of the said benefit shall equal to the actual charges made by the Hospital during the Insured Member's confinement, but this benefit shall not exceed any one day rate of Daily Room & Board Benefit set forth in the Policy Schedule or exceed the number of days as specified in the same Policy Schedule.

1b. Intensive Care Unit (I.C.U.)

The Company shall pay for the actual Room & Board charges incurred by the Insured Member while confined in an Intensive Care Unit (ICU) in the Hospital, subject to a maximum number of days and provided that the amount shall not exceed the ICU amount as specified in the Policy Schedule.

2. Other Hospital Services

If an Insured Member is entitled to benefits payable under Paragraph 1 and 2 of this Section, the Company shall also pay the amount actually charged by the Hospital for any of the following services rendered during the Hospital confinement which are customarily supplied by the Hospital but this amount shall not exceed in aggregate the Other Hospital Services amount as specified in the Policy Schedule.

- Administration of Blood Plasma, but not the cost of Blood or Blood Plasma;
- Ambulance Services to and / or from the Hospital up to \$150 Per Disability
- Anesthesia and Oxygen and their administration including anesthetist's fee;
- Basal Metabolism Tests;
- Dressings Ordinary Splints and Plaster Casts;
- Drugs and Medicine consumed on premises;
- Electrocardiograms;
- Intravenous Infusion;
- Laboratory Examinations;
- Physical Therapy;
- Use of Operation Room;
- X-ray Examinations.

3. Surgical Benefits

A Surgical Benefit shall be paid in an amount equal to the actual charges made for such operation performed by one or more Registered Medical Practitioners, including any assistant surgeons.

4. Daily In-Hospital Consultation

Consultation fees charged by Registered Medical Practitioners while an Insured Member was hospitalized shall be paid in an amount equal to the actual charges made for consultation provided, subject to the maximum In-Hospital Doctor Consultant Benefit and the maximum number of days as specified in the Policy Schedule.

5a. Pre-Hospitalization Specialist Consultation, Diagnostic X-Ray and Laboratory Test

The Company shall pay the amount of charges made for specialist consultation, diagnostic x-ray and laboratory examination which are recommended by a Registered Medical Practitioner and incurred within one hundred and twenty (120) days before hospitalization or surgery.

5b. Post-Hospitalization Specialist Consultation, Diagnostic X-Ray and Laboratory Test

The Company shall pay the amount of charges made for Specialist consultations, diagnostic x-ray and laboratory examination and physiotherapy which are recommended by a Registered Medical Practitioner and incurred within one hundred and twenty (120) days after hospitalization or surgery.

The above benefit is subject to the Overall Maximum Benefit Limit in the Policy Schedule

6. Death Benefit

Upon receipt of due proof of death of any Insured Member in the form required by the Company, an amount determined in accordance with the Policy Schedule shall be payable to the Policyholder.

7. Outpatient Kidney Dialysis & Cancer Treatment

This benefit applies only if the coverage has been applied for by the Policyholder and the Benefit Limit is shown on the Policy Schedule.

If an Insured Member incur outpatient expenses for the following treatments, the Company shall reimburse for such medical expenses, including prescribed medication up to the Maximum Benefit as stated in the Policy Schedule.

- (a) Kidney dialysis as recommended by a Registered Medical Practitioner.
- (b) Cancer treatment by a Registered Medical Practitioner. "Cancer" shall mean a focal autonomous new growth of tissue that has no useful function and the new growth has the characteristics of marginal invasion, relentless growth or distant spread with a lethal effect. Such cancer must be positively diagnosed by a Registered Medical Practitioner who is also a certified Pathologist, upon the basis of a Microscopic Examination of fixed tissues, or preparations from the Hemic System. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. Clinical diagnosis does not meet this standard.

Applicable to the insured employees only: if the total amount claimable under the benefit exceeds the limit as shown in the Policy Schedule, then any claim in excess of the limit can be claimed from items 5a and 5b of the Group Hospital & Surgical Policy Schedule provided that the respective limits for the said items have not exceeded. This right of claiming from items 5a and 5b cannot be exercised in the event that the amount claimed is for treatment received by the dependant(s).

Applicable to both the insured employees and Dependant(s): if the total amount claimable under the benefit for chemotherapy exceeds the limit as shown in the Policy Schedule, then any claim for consultation and/or normal medication required for chemotherapy in excess of the limit can be claimed from item 2 of the Group Outpatient Specialist Consultation as set out in the Policy Schedule provided that the limit under the said item is not exceeded. This right of claiming from item 2 of the Group Outpatient Specialist Consultation can be exercised in the event that the amount claimed is for treatment by the insured employee and dependant(s).

8. Miscarriage Benefit

The Company shall pay for the expenses incurred for miscarriage and ectopic pregnancy subject to the limit as specified in the policy schedule. Expenses which are incurred as a result of voluntary termination of pregnancy which is not medically necessary, is not covered.

9. Surgical Implant

Expenses incurred for the cost of surgical implants is covered if the surgical benefit is paid by Company, subject to the limit as specified in the Policy Schedule.

10. Pro-ration Factor

In the event that the Insured Member is warded in a class of ward different from which the Insured member is entitled to under the policy, the pro-ration factor shall apply for hospitalization in wards higher than the Insured member's ward entitlement.

	Pro-ration factor on the incurred hospital bill based on Insured Plan			
	Plan 1	Plan 2	Plan 3	Plan 4
Admission to Private or Overseas Hospital *	NA	65%	50%	25%
Admission to A Ward GRH #	NA	NA	85%	35%
Admission to B1 Ward GRH	NA	NA	NA	45%
Admission to B2 Ward GRH	NA	NA	NA	NA
Pre & Post Hospitalization	Follow that of admission			

* Regardless of type of ward

Applies to A1 & A2 Ward

Pro-ration factor shall apply to items 1 to 5b, 7 to 9 for hospitalization in wards higher than the insured member's selected / accepted plan.

No pro-ration factor shall be applied to:

- (a) day surgery and
- (b) outpatient kidney dialysis and cancer treatment received from a Singapore Government / Restructured Hospital
- (c) non voluntary upgrading / upgrade to higher ward by the hospital due to no entitled room available.

11. Overseas Claims

Any claim for expenses incurred at Hospital outside of Singapore will be treated as Private Hospital Entitlement.

12. Mental Care

Where Mental Care is a benefit expressly included in the Policy Schedule in the Policy, the sum of inpatient and outpatient charges shall be paid subject to the Mental Care limit and co-payment (if applicable) as specified in the Policy Schedule, subject to the following conditions:

- (a) in the case of inpatient charges incurred, the inpatient charges are for the insured's hospitalization in Singapore Institute of Mental Health or any Hospital, for psychiatric care and treatment only on the recommendation of a Registered Medical Practitioner or a psychiatrist for such hospitalization;
- (b) the insured will not be reimbursed for the same charges under any benefits other than Mental Care if the limit shown in the Policy Schedule is a lump sum benefit; and
- (c) in the case of outpatient charges, which include charges for tests and outpatient consultations with psychiatrists or psychologists, such charges are incurred one hundred and twenty (120) days before hospitalization and one hundred and twenty (120) days after discharge.

13. Emergency Out-Patient Treatment (Accident) (**enhancement wef 1 July 2021*)

This benefit shall be paid when, as a result of an Accident and within twenty-four (24) hours following such an Accident an insured incurs charges for emergency out-patient treatment in the out-patient department of a Hospital or at a Registered Medical Practitioner's office and follow-up treatment within thirty-one (31) days thereafter.

(C) Group Major Medical (For Employee Only)

1. In-Hospital Benefits

If while this Supplementary Contract is in force and as a result of Injury or Sickness, an Insured Member incurs In-Hospital expenses which are covered under the Benefit Provisions of the Basic Policy, the Company shall, subject to the Deductible Amount, Co-Insurance and the Maximum Benefit Per Policy Year stipulated in the Schedule hereto, reimburse the Insured Member for such eligible expenses which are in excess of the amounts payable under such Benefits Provisions.

The Room and Board expenses eligible under this Supplementary Contract shall be limited to the excess of the Room and Board Limit specified in the Schedule hereto over the Maximum Daily Room and Board Benefit reimbursed under the Basic Policy.

2. Parental Accommodation Benefit

If, while this Supplementary Contract is in force, an insured Dependant child, upon the recommendation of a Registered Medical Practitioner, is admitted into a Hospital for which benefits are payable under Item 1 – In-Hospital Benefits above, the Company shall reimburse the daily cost of an added bed in the same room for either parent or legal guardian staying with the insured Dependant child, subject to the limits as stipulated in the Policy Schedule.

3. Home Nursing Benefit

If, an Insured Member has been admitted into a Hospital for which benefits are payable under Item 1 – In-Hospital Benefits above, and upon discharge from the Hospital, as deemed medically necessary by the attending Registered Medical Practitioner, requires the services of a medically qualified and licensed nurse in the Insured Member's home to provide nursing services, the Company shall pay such nursing services, subject to the limits as stipulated in the Policy Schedule.

The plan and schedule of the nursing care must be established and prescribed in writing by the attending Registered Medical Practitioner for the continued treatment of the specific medical condition for which the Insured Member had been hospitalized for. No payment will be made for services provided with respect to custodial care, meal preparation, general housekeeping services, companionship, rest cure, convalescence or personal comfort issues.

4. Treatment of HIV Infection/Aids Benefit

If, while this Supplementary Contract is in force, an Insured Member:

- (a) receives a medically necessary blood transfusion and as a result of such a transfusion becomes infected with HIV.

Proof of the blood transfusion must be made available to the Company and in which the institution providing the transfusion admits liability for the HIV infection; or

- (b) the Insured Member becomes infected with HIV while carrying out the normal duties of his usual occupation either as a medical practitioner, nurse, laboratory technician, dental surgeon or nurse, ambulance paramedical worker.

Proof of the infection involving a definite source of the HIV infected fluids must be made available to the Company, including a negative HIV antibody test within five (5) days of the accident and subsequent test showing sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident, the Company shall pay the cost of the medical expenses incurred, subject to the limits as stipulated in the Policy Schedule.

POLICY EXCLUSIONS

(A) Group Medical Outpatient

No benefits under this Supplementary Contract shall be available for the following products, services, conditions or examinations:

1. Special nursing care, preventive check-up, pre-immunization and vaccinations, malaria chemoprophylaxis, experimental treatment and procedures under investigation and general/ physical or medical check-up or tests not incidental to the treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
2. Investigation and treatment of psychological, emotional, mental and behavioral conditions; alcoholism or drug addiction, intentional self-inflicted injuries while sane or insane, unless the policy has a "Mental Care" benefit expressly stated in the Policy Schedule.
3. Any expenses incurred in relation to congenital anomalies, physical defects or hereditary conditions and disorders, treatment occasioned by or resulting from pregnancy, childbirth, post delivery confinement, miscarriage or abortion or relating to birth control, sterilization of either sex, or infertility, sex change operation.
4. (a) Any expenses incurred in relation to cosmetic nature including but not limited to plastic surgery, acne treatment, skin peeling and pigmentation.

(b) Any expenses incurred for skincare products regardless whether it is prescribed by the Registered Medical Practitioner and treatment hair loss, treatment of an optional nature (e.g. anorexia, hyperhidrosis, obesity, weight reduction and/or weight improvement) and all forms of aesthetic procedures.

(c) Any expenses incurred for eye lubricants unless medically necessary and prescribed by a Registered Medical Practitioner. Eye lubricants which is prescribed due to eye refractive errors and any complications arising from such conditions shall not be payable.
5. Any expenses incurred in relation to illness or disablement arising from self-inflicted injuries, any unlawful act, misused of drugs or alcohol
6. Any expenses incurred in relation to health food, supplements, vitamins and minerals in the absence of specific deficiencies, and alternative treatments regardless whether it is prescribed by the Registered Medical Practitioner.
7. Any expenses incurred in relation to illness or disablement arising from sexually transmitted disease, HIV infection and AIDS, unless occupationally acquired, or any illness caused by the misconduct or negligence of the Insured Members.
8. Any expenses incurred in relation to procurement or use of special braces, equipments, prosthetic devices or appliance including but not limited to spectacles, contact lenses, fixing of glasses and optical reason, splints, insoles, hot or cold packs, guards and braces, hearing aids, and artificial limbs due to medical, surgical, and orthopedic aids.
9. Any expenses incurred in relation to dental and oral care/treatment including braces, bridges, crowns, root canals and implants,
10. Any expenses incurred in relation to treatment for refraction errors of the eyes.
11. Any expenses, including investigations, incurred in relation to illness and disablement during or in the course of employment which constitutes a valid claim under the Employee's Compensation Legislation.
12. Any surcharge incurred due to visits outside the normal operating hours of the clinic and house calls.

13. Drugs purchased without doctor's prescription (except NUS and NUHS clinicians and their dependant(s)).
14. Specialist consultation, x-ray or laboratory test not recommended by a Registered Medical Practitioner for the diagnosis of Sickness or Injury (except NUS and NUHS clinicians and their dependant(s)).

In Process

(B) Group Hospital & Surgical

No benefit shall be payable under this Policy for any one of the following occurrences:

1. Pre-existing conditions which have existed during the 12 months prior to the commencement of insurance coverage in respect of the insured under this Policy, whether known or unknown to the insured in so far as the cause and pathology of the conditions have already existed, unless the insured has already been covered continuously for twelve (12) months under this Policy or under any group hospital and surgical policy issued in Singapore immediately prior to the commencement of insurance coverage under this Policy. A break of not more than thirty-one (31) calendar days between the termination date under the previous insurer's contract and the commencement date under the present policy shall not constitute a lapse in coverage.

In the event that two insured employees are spouses and one insured employee resigns from the employment of the Policyholder, and:

- The insured employee who resigns; or
- A child who was a dependant of the insured employee who resigns,

become insured under this policy as a dependant of the insured employee who remains with the employment of the policyholder, then the 12 months' continuous insurance requirement shall not apply to such dependant(s).

For employees who joined on/before 31 March 2007:

The Pre-existing Condition of the full-time insured employees (either employed permanently or on contract) including their Dependant(s), shall be covered.

If there is any upgrade in plans or cover for the insured employee as a result of promotion of the insured employee, Pre-existing Condition shall be covered even if the 12 months continuous insurance requirement has not been fulfilled. If there is any voluntary upgrade in plan or cover, Company shall cover any pre-existing condition of insured employees for the upgraded or additional limit only if the 12 months continuous insurance requirement has been fulfilled except that Company shall not cover any Pre-existing Condition for the upgraded or additional limit for Outpatient Kidney Dialysis & Cancer treatment even if the 12 months continuous insurance requirement has been fulfilled. Pre-existing Condition for Outpatient Kidney Dialysis & Cancer Treatment shall be covered prior to any voluntary upgrade in plan or cover.

If there is any upgrade in plans or cover for the insured employee's Dependant(s), Pre-existing Condition shall be covered if the 12 months continuous insurance requirement has been fulfilled except that Company shall not cover any Pre-existing Condition for the upgraded or additional limit for Outpatient Kidney Dialysis & Cancer treatment even if the 12 months continuous insurance requirement has been fulfilled. Pre-existing Condition shall be covered prior to any voluntary upgrade in plan or cover.

2. Investigation and treatment of psychological, emotional, mental and behavioral conditions; alcoholism or drug addiction, intentional self-inflicted injuries while sane or insane, unless the policy has a "Mental Care" benefit expressly stated in the Policy Schedule.
3. Treatment of injuries sustained as a result of a criminal act of the Insured.
4. Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.
5. General physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury; treatment which is not medically necessary or treatment of an optional nature; treatment with respect to weight management; immunization, vaccination or inoculation; non-prescribed medication.
6. Procurement or use of special braces, any appliances, any machines, any equipment or prosthetic devices, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical services such as government taxes, television, telephone and the like.
7. Any eye examination/treatment, surgical procedure for correction of eye refraction; dental treatment and surgery and supplies for dental conditions, unless necessitated by damage to sound natural teeth as a result of an accident occurring during the period of insurance or cosmetic procedure or plastic surgery/treatment except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.

8. Any investigation, treatment or surgical operation for congenital anomalies or complications arising from such congenital anomalies, or physical defects present at and existing from the time of birth regardless of the time of discovery or the time of such treatment or surgical treatment.
9. Birth control measures, investigation or treatment pertaining to infertility, treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage due to medical reason; treatment 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.
10. Acupuncture, acupressure, bonesetting, herbalist treatment, hypnotism, massage therapy, aroma therapy and other forms of alternative treatments; treatments by podiatrist, chiropractors and traditional Chinese medicine practitioners.
11. Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent, nursing homes, sanatoria or similar establishments; outpatient rehabilitation services, such as speech therapy, heat therapy; counseling; alternative or complementary treatments, such as Traditional Chinese Medicine (TCM); stay in any healthcare establishment for social or non—medical reasons; confinement, isolation or quarantine for infectious diseases unless treatment is necessary.
12. Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
13. Acquired Immuno-Deficiency Syndrome (AIDS) or any HIV infection. For the purpose of this Policy:
 - a. The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; and
 - b. Infection by HIV shall be deemed to have occurred where blood tests indicate in the opinion of the Company either the presence of any HIV or antibodies to such virus.
14. Investigation for sleep apnea except if the insured subsequently undergoes a surgical procedure as recommended by a Specialist.

III Process

(C) Group Major Medical

No benefits are payable under this Supplementary Contract caused directly or indirectly, wholly or partly, by any of the following:

- (a) Acquired Immune Deficiency Syndrome (AIDS) or any Human Immunodeficiency Virus (HIV), (unless the condition was acquired due to blood transfusions or occupational related infections as provided for in Item 4 - Treatment of HIV Infection/Aids Benefit above).

For the purpose of this Supplementary Contract, the definition of AIDS shall be that used by the World Health Organization in 1987, or subsequent revision by the World Health Organization of that definition. Infection by HIV shall be deemed to have occurred where blood tests indicate in the opinion of the Company either the presence of any Human Immunodeficiency Virus or antibodies to such a virus.

- (b) No benefits are payable for Dependant(s).
- (c) All exclusions in the Basic Policy.

In Process

ELIGIBILITY

Subject to insurability, full-time / part-time, either employed permanently or on contract, employees of the Policyholder whose Age is 69 years old and below (last birthday as at start of the plan year) and Actively at Work is eligible to be covered under this Policy. The Dependant(s) of the employee can be covered under this Policy, subject to insurability and to the Policyholder's consent. Only persons appearing in the Schedule of Lives are covered under this Policy.

Dependant(s) means the Spouse and/or Child(ren) of the Insured Employee.

- (a) Spouse: age is 69 years and below (last birthday as at start of plan year), whom employee is still legally married to and is not divorced or legally separated from. This includes common law or live-in partner who has been declared to and accepted by NUS.
- (b) Child(ren): Aged between 15 days (or upon discharge from hospital, whichever is later) and 25 years (last birthday as at start of plan year), unmarried and unemployed*, including legally adopted child(ren), step child(ren), child(ren) of single parent and child(ren) of common law spouse.

*Unemployed child dependant includes those who are

- i. serving National Service;
- ii. full time or part time student at college or university whether undertaking part time or full time work; or
- iii. undertaking part time or full time work while waiting for results or on vacation before proceeding to the next level of higher learning.

Dependants do not need to be residing in Singapore to be eligible for policy coverage.

Existing Insured Member whose age last birthday is above 74 (**enhancement from age 69 wef 1 July 2018*) as at start of the plan year shall not be covered under this Policy, unless declared and accepted by us.

Policy is extended to cover insured employees who are on approved Extended Sick Leave / Further Extended Sick Leave (whether paid or unpaid), for a total continuous period of 18 months, or until date of termination, whichever is earlier. Cover is also extended to their insured dependants during this 18 months period.

BASIS OF COVER

Eligible Employees : Automatically covered
Employee's eligible dependants : Voluntary

KEY PRODUCT PROVISIONS

a) Cancellation of Policy

The Policyholder and/or AIA may cancel this Policy by mailing written notice of termination to the other party not less than 6 months before the policy expiry date. Once the notice period has expired, all cover under this Policy shall terminate. AIA may also cancel the cover on any Insured Member for failing to comply with the terms and conditions of the Policy

b) Terms of Renewal

This Policy is issued for the term on one (1) year and at the end of each Policy Year shall be automatically renewed provided that the Company issues an official receipt for the payment of the premium due on the following Policy Anniversary to be paid by the Policyholder on that date or within the grace period of thirty-one (31) days.

c) Non-Guaranteed Premium

The Company shall have the right to change the rate at which the premiums shall be calculated:

- (i) on any Policy Anniversary, and
- (ii) on any Premium Due Date provided the rate that is then being charged has been in effect for at least twelve (12) months, and
- (iii) when there is a substantial change in the risks being insured and provided further that the Company notifies the Policyholder at least thirty-one (31) days in advance of such Premium Due Date.

The Policyholder is required to pay the premium within 30 days from the date of invoice for this Policy.

d) Policy Owner's Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC).

e) Free-Look Provision

Not Applicable

IMPORTANT NOTICE

This is only product information provided by us and is designed to serve as a guide only. In the event of clarification or dispute, the prevailing terms and conditions of the Group Insurance contract with your employer shall apply.