

Eastspring Investments

Employee Insurance and Flexible Benefits

1st January 2018 to 31st December 2018

This presentation provides a brief and general description of the Employee Benefits for all permanent full time employees. It is issued subject to the provisions, terms and conditions of the Master Policy which is kept by the Human Resources Department. It is for your information only and is not a document of title. The terms and conditions of the policy may be amended or discounted by the company and **CXAGroup** without the consent of, or giving notice to the employees.

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- About **CXAGroup**
- Introduction of Pru Benefits
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About CXAGroup

CXAGroup (CXA) is Asia's first employee benefits and healthcare big data start-up

- **CXAGroup:**
 - consists of **CXA Insurance Brokers Singapore (f.k.a Pan Resources)** and **CXA Singapore (f.k.a Panflex)**
 - Insurance Consultant and Broker
 - Third-Party benefits administrator
- **CXAGroup provide advice such as:**
 - benefit coverages
 - claimable benefits and limits
 - claims process

Pru Benefits Scheme

Flex Benefits Period:

1st January 2018 to 31st December 2018

Incurred date of receipts/events will have to commence from the date of employment or 1st January 2018, whichever is later.

Enrolment Period:

20th November 2017 to 1st December 2017

Note:

If we do not receive your enrolment by the deadline, we will assume that: -

- you would like to be covered at your *last accepted coverages* (Existing Employees)
- you would like to be covered at your *default coverages* (New Hires)

Eligibility:

- All Full-Time, Permanent Employees and their Eligible Dependants

List of Insurance Products

for full-time, permanent employees



1. Group Hospital & Surgical
2. Group Term Life
3. Group Crisis Cover (Dread Disease) (GCC Extra)

Basis of cover – Overview

All Full-Time, Permanent Employees

Group Term Life	
Default Basis of Cover	\$50,000
Voluntary Basis of Cover	Additional \$10,000 up to max of 36x Basic Monthly Salary or \$1.5mil (rounded off to the nearest 10,000), whichever is lower

Group Crisis Cover (Dread Disease) (GCC Extra)	
Default Basis of Cover	\$50,000
Voluntary Basis of Cover	Additional \$10,000 up to max of 36x Basic Monthly Salary or \$1.3mil (rounded off to the nearest 10,000), whichever is lower

Group Hospital & Surgical		
Default Basis of Cover	All Full-Time, Permanent Employees and Eligible Dependants	Plan 1
Voluntary Basis of Cover	All Full-Time, Permanent Employees and Eligible Dependants	Plan 2 / Plan 3
	All Full-Time, Permanent Employees (i.e Option to opt out dependants)	Plan 1 / Plan 2 / Plan 3

Important Insurance Definitions

- **Age**

All ages reflected are as per next birthday

- **Dependants**

1. Spouse

- i. Not divorced or
- ii. legally separated from employee

2. Children

- i. from age 15 days old (*not in hospital confinement*) to age 25 years old
- ii. unmarried and unemployed

***Dependants** who are not residing in Singapore and have no intention to reside in Singapore will not be eligible for all insurance coverage.*

List of Recognised Hospitals* in Singapore

Private Hospitals	Restructured Hospitals
Farrer Park Hospital **	Alexandra Hospital (managed by Jurong Health)
Concord Cancer Hospital **	Changi General Hospital
Gleneagles Hospital	Khoo Teck Puat Hospital
Mount Alvernia Hospital	KK Women's & Children Hospital
Mount Elizabeth Novena Hospital **	National University Hospital
Mount Elizabeth Hospital	Ng Teng Fong General Hospital
Parkway East Hospital	Singapore General Hospital
Raffles Hospital	Tan Tock Seng Hospital
Thomson Medical Centre	Singapore National Eye Centre
	Singapore Cancer Centre**
	Singapore Heart Centre**
	National Skin Centre**

* Treatment at any other local hospitals not mentioned above are not covered.

** Letter of Guarantee (LOG) is not accepted at these hospitals

Group Hospital & Surgical

Hospital Cash Allowance Benefit . . .

Hospital cash allowance (*up to maximum 90 days per disability*) is only payable if you downgrade to the wards listed in the below table and stay in the same class of ward for the entire length of hospital confinement in a Singapore Restructured Hospital.

(Applicable only to **Singaporean and Singapore Permanent Residents**)

Applicable to Plan 1,2,3

Class of Ward	Hospital Cash Benefit per day
B1 (4 Bed)	\$50
B2 (6 Bed)	\$100
C (Open ward)	\$150

Group Hospital & Surgical

Covers expenses upon hospitalisation and/or surgery due to illness or accident
– 24 hours worldwide

Hospitalisation without any surgical procedures

- At least 6 hours with Room & Board charge

Surgery / Hospitalisation done in Private / Overseas specialist clinics or hospitals

- Subject to completion of claim form Section 2 (Attending Physician Report) by attending physician – Expenses incurred for the completion of report by the physician will be borne by the claimant
- Detailed breakdown bills to be translated into English

Group Hospital & Surgical

Some covers at a glance

1. **Daily Room & Board** (Maximum 90 days per disability)
2. **Inpatient Benefits**
 - Hospital Miscellaneous Services
 - Surgical Expenses
 - Daily in hospital doctor's visit (Maximum 90 days per disability)
3. **Outpatient Expenses**
 - Pre-hospitalisation Specialist Consultation & Diagnostic x-ray & lab tests
(90 days **before** admission to hospital / day surgery)
 - Post-hospitalisation
(90 days **after** discharge from hospital / day surgery)
4. **Emergency Accidental Outpatient Treatment**
(treatment must be sought within 24hrs. Includes follow-up treatment up to 31 days)

Refer to [Appendix A](#) for the detailed breakdown of benefits

Some Common Exclusions

for Group Hospital & Surgical

1. **Pre-existing conditions** - any disability which is known or unknown will be covered after 12 months waiting period unless there is a break of not more than 31 days from the previous group insurer to this present cover.
2. Treatment for Congenital conditions and any physical birth defects arising out of or resulting therefrom.
3. Pregnancy related, infertility problems, treatment or surgical procedures done at fertility clinics
4. Sleep apnea test, weight reduction or improvement
5. Services for purposes of diagnosis or medical check-up or preventive care or investigative purposes, pap smears tests for ladies and vaccinations (e.g. hepatitis vaccinations)
6. Mental or psychiatric cases
7. Cosmetic surgery and sex change operation
8. Any unlawful act or misuse of drugs
9. Any expenses incurred in relation to surgical, dental, optical and other appliances (e.g. spectacles, contact lenses and artificial limbs)
10. Supplements & retail items, even if prescribed by doctor, alternative forms of treatment eg. Podiatrist, Physiotherapy, Chiropractor, etc

Group Term Life

- > Pays upon Death or Total & Permanent Disablement* due to illness or accident
- > Existing full time and permanent employees aged 65 and above will be covered for death benefits only

* Total & Permanent Disablement refers to:

- Unable to do any form of work, occupation or profession **OR**
- Total and irrecoverable loss of sight of both eyes **OR**
- Loss by severance or loss of use of two or more limbs at or above the wrists or ankles **OR**
- Total and irrecoverable loss of sight of one eye together with loss by severance of one limb above the wrist or ankle

Group Crisis Cover (Dread Disease) (GCC Extra)

Pays upon *diagnosis* (subject to 30 days survival period)

1. Major Cancers
2. Heart Attack of Specified Severity
3. Stroke
4. Coronary Artery By-pass Surgery
5. Kidney Failure
6. Aplastic Anaemia
7. End Stage Lung Disease
8. End Stage Liver Failure
9. Coma
10. Deafness (Loss of Hearing)
11. Heart Valve Surgery
12. Loss of Speech
13. Major Burns
14. Major Organ / Bone Marrow Transplantation
15. Multiple Sclerosis
16. Muscular Dystrophy
17. Parkinson's Disease
18. Surgery to Aorta
19. Alzheimer's Disease / Severe Dementia

20. Fulminant Hepatitis
21. Motor Neurone Disease
22. Primary Pulmonary Hypertension
23. HIV Due to Blood Transfusion and Occupationally Acquired HIV
24. Benign Brain Tumor
25. Viral Encephalitis
26. Bacterial Meningitis
27. Angioplasty & Other Invasive Treatment For Coronary Artery
28. Blindness (Loss of Sight)
29. Major Head Trauma
30. Paralysis (Loss of Use of Limbs)
31. Terminal Illness
32. Progressive Scleroderma
33. Apallic Syndrome
34. Systemic Lupus Erythematosus with Lupus Nephritis
35. Other Serious Coronary Artery Disease
36. Poliomyelitis
37. Loss of Independent Existence

Group Crisis Cover (Dread Disease) (GCC Extra)

Some exclusions

1. Pre - existing illness known or unknown
2. Heart attack, critical cancer and coronary artery surgery diagnosed or occurring 90 days from the issue date or reinstatement of the policy
3. Waiting period of 30 days for all other Dread Disease
4. AIDS or Infection by HIV
5. Willful misuse of drugs and alcohol
6. Suicide or any attempted suicide or self-inflicted injuries while sane or insane

Note:

Any employee who suffered from any dread diseases previously, will not be eligible for the cover

Group Term Life / Group Crisis Cover (Dread Disease) (GCC Extra) – Medical Underwriting



Underwriting means declaring your health status to the insurer, after which coverage is upon written acceptance by the insurer, who may decline, postpone, exclude items or increase premium

e-Health Declaration form – Please complete it during the enrolment period. If not, you will be deemed as not wanting the cover and your coverage will be back to your last accepted or default cover

If your sum insured is
less than or equal to
\$50,000
and

You are ***aged 65 and below***

No Underwriting

If your sum insured is
more than
\$50,000
and/or

You are aged above 65

Underwriting Required



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Group Hospital & Surgical

Claim Procedure

Before Admission

1. **Request** for “Letter of Guarantee” from **CXAGroup** (only for covered medical conditions)
2. **Sign** “Medisave Form” or “Shield” authorisation form at hospital (if applicable) (Deductible &/or Co-insurance rider will not be reimbursed)
3. **Pay** deposit if Letter of Guarantee is not used

Upon Discharge

1. **Settle** any amount due to the hospital (if applicable)

After Discharge

1. **Input** claim details via **CXA** portal (<https://pru-benefits.cxagroup.com>)
2. **Upload** all soft copy receipt(s) and supporting document(s) into the portal and click “Submit”
3. **Keep** all receipts and documents for at least 1 year for audit purposes

Note

- Insurer will reimburse to employee within 4 to 8 weeks upon receipt of full and complete submission of supporting documents.
- Hospital final detailed bill will only be sent to the insurer after 3 to 4 weeks from the date of discharge
- Full and complete supporting documents* - Please refer to “Group Hospital & Surgical – Checklist”



Group Hospitalisation & Surgical

Claims Scenario

Employee A covered at **GHS default plan 1 (Annual Benefit Limit of \$200,000)**

If Employee A is required to undergo Appendectomy Operation,

Before Admission, Employee A should

1.Request for “Letter of Guarantee” from **CXAGroup** (only for covered medical conditions) OR

2.Pay deposit - if “Letter of Guarantee” is not used

3.Sign “Medisave Form” – applicable to Singaporean or Singapore PR

Note: Employee A is advised not to activate MediShield, this is because if it is a payable medical condition and MediShield is activated, deductible &/or Co-insurance rider will not be reimbursed under GHS.

Upon Discharge

1.Settle any amount due to the hospital (if applicable)

If \$30,000 of the total bill is claimable from his/her GHS Plan, Employee A will have a remaining sum of \$170,000 in his/her Annual Benefit limit for the rest of the policy year.

For example:

GHS Policy period = 1st Jan 2018 to 31st Dec 2018

Annual Benefit Limit for GHS Plan 1 = \$200,000

Operation Date = 31 March 2018

Amount claimed for Appendectomy Operation = \$30,000

Balance amount in Annual Benefit Limit for GHS Plan 1 = \$170,000 until 31st Dec 2018

Group Hospital & Surgical

Checklist

Claims must be submitted within 30 days upon discharge

Singapore Restructured Hospitals

- ✓ Inpatient Discharge summary / Day Ambulatory form
- ✓ Original & Final hospital bills
- ✓ Original Pre & Post bills from specialist
(Incurred within 90 days before hospitalization & after discharge)
- ✓ Copy of Shield Settlement Letter; *if applicable*
- ✓ *Copy of Referral Letter from General Practitioner doctor; if applicable*

Private & Overseas Hospitals

- ✓ Original & Final summary hospital bills
- ✓ Original & Final detailed hospital bills
- ✓ Original Pre & Post bills from specialist
(Incurred within 90 days before hospitalization & after discharge)
- ✓ Duly completed Medical Certification of Treatment Report by attending physician doctor
(part of the claim form)
(Expenses incurred for the completion of claim form by the attending physician doctor will be borne by claimant)
- ✓ Copy of Shield Settlement Letter; *if applicable*
- ✓ *Copy of Referral Letter from General Practitioner doctor; if applicable*

Termination of Insurance Covers

- Child/Children entering full-time military, naval or air service
- When the insured member attains 70 years old
- On leaving company's employment
- On leave or absent from work, vacation without pay, sick or injured for more than 6 months continuously

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Flex Point Allocation

Category	All Full Time, Permanent Employees
GTL	36 x Basic Monthly Salary (Rounded up to the nearest \$10,000) @ Default Rate for Benefits Selection
GCC Extra	36 x Basic Monthly Salary (Rounded up to the nearest \$10,000) @ Default Rate for Benefits Selection
GHS	Insurance premium for \$200,000 annual coverage based on Family Demographics
Dental	\$200

Voluntary upgrade/downgrade for employees/ Enrolment of dependents (premium rates)

Product	Default Basis of Cover	Voluntary Basis of Cover	Rate
Group Term Life (GTL)	\$50,000	Additional \$10,000 up to max of 36x Basic Monthly Salary or \$1.5mil (rounded off to the nearest 10,000), whichever is lower	\$1.00 per \$1,000 sum insured
Group Crisis Cover (Dread Disease) (GCC Extra)	\$50,000	Additional \$10,000 up to max of 36x Basic Monthly Salary or \$1.3mil (rounded off to the nearest 10,000), whichever is lower	\$1.60 per \$1,000 sum insured
Group Hospital and Surgical (GHS)	<u>Plan 1</u> Employee Only (EO) = \$669 Employee & Spouse (ES) / Employee & Child (EC) = \$1,505.25 Employee & Family (EF) = \$2,341.50	1) Plan 1 2) Plan 2 3) Plan 3	<u>Plan 1</u> EO = \$669 ES/EC = \$1,505.25 EF = \$2,341.50 <u>Plan 2</u> EO = \$630 ES/EC = \$1,417.50 EF = \$2,205 <u>Plan 3</u> EO = \$593 ES/EC = \$1,334.25 EF = \$2,075.50

Flex Point Allocation and benefit selection



Name = Employee A Category = All Full-Time, Permanent Employees

Basic monthly salary = \$3,000

Number of Dependants = 1 Dependant (Spouse)

Category	Flex \$ Allocation
GTL	$\$3,000 \times 36 = \$108,000 = \$110,000$ (Nearest \$10,000) $\text{Flex\$} = \$110,000 \times \$1 / \$1,000 = \text{\textcolor{teal}{\$110}}$
GCC Extra	$\$3,000 \times 36 = \$108,000 = \$110,000$ (Nearest \$10,000) $\text{Flex\$} = \$110,000 \times \$1.60 / \$1,000 = \text{\textcolor{teal}{\$176}}$
GHS	Employee Only = \$669 Employee & Spouse / Employee & Child = \text{\textcolor{teal}{\\$1,505.25}} Employee & Family = \$2,341.50
Dental	\text{\textcolor{teal}{\\$200}}
Total Flex \$ Allocation = $\$110 + \$176 + \$1,505.25 + \200 = \text{\textcolor{teal}{\\$1,991.25}}	

Default Basis of Cover	Benefit Selection	Flex\$ Utilised
\$50,000	Additional \$40,000	$\$90,000 \times \$1.00 / \$1,000 = \90
\$50,000	Default	$\$50,000 \times \$1.60 / \$1,000 = \80
Plan 1 Employee & Spouse (ES) = \$1,505.25	Downgrade to Plan 3 Employee & Spouse (ES)	Plan 3 ES= \$1,334.25

Total Flex \$ Utilized after Selection = **\text{\textcolor{teal}{\\$1,504.25}}**

Balance Flex\$ Transferred to FSA = **\text{\textcolor{teal}{\\$487}}**

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FSA / MSA Definition of Dependants

- Dependants* are as defined below:

Spouse

- Legally married & not separated from employee

Children

- Single & unemployed
- from 15 days old (not in hospital confinement) up to 25 years old

* Dependants living overseas will be eligible

Flexible Spending Account

Eligibility: All Full-Time, Permanent Employees and their eligible dependants

Claims submission Eligibility :
From date of employment or 1st Jan 2018 whichever earlier

Items	Tax Status
Healthcare	
Expenses beyond MSA Limits – GP and Specialists	Non-Taxable
Expenses beyond MSA Limits - Traditional Chinese Medicine and Accupunture – registered with MOH	Non-Taxable
Expenses beyond MSA Limits - Physiotherapy and Chiropractor	Non-Taxable
Expenses beyond MSA Limits – Dental (Note: Dependant's claims are subjected to CPF)	Non-Taxable
Expenses beyond MSA Limits – Maternity (Only Female Employees and Spouse)	Non-Taxable
Expenses beyond MSA Limits - Health Screening and Vaccinations - CPF	Non-Taxable
Expenses beyond Hospital and Surgical plan	Non-Taxable
Individual Insurance – Medical or Life - CPF	Taxable
Medical and Dental Appliances - CPF	Taxable
Family Oriented Benefits	
Expenses beyond MSA Limits – Optical Expenses - CPF	Taxable
Holiday Subsidy (Note: Dependant's claims are subjected to CPF)	Taxable
Children's Academic Related Expenses (Child(ren) only – CPF	Taxable
Childcare Expenses at MSF Registered schools (Child(ren) only - CPF	Non-Taxable
Other Benefits	
Self-Improvement Course Fees (Employee only) - CPF	Taxable
Club Memberships (eg. Fitness, Social, Recreation, Country Clubs) (Employee only) - CPF	Taxable
Home Passage (for named employees with Home Passage only)	Taxable
Telecommunication Bills – Only Mobile Plan portion (Employee and Spouse only) – CPF	Taxable
Communication/Technology/Electronic Expenses (Employee and Spouse only) - CPF	Taxable

***Note:**

Claims that fall under the exclusion list (refer to the latest list of exclusions) or with payment made by Medisave will not be processed.

Medi\$ Allocation

Category	Medi\$ Allocation
All Full Time , Permanent Employees and their eligible dependants	\$5,000

Medical Spending Account

Claims submission Eligibility :
From date of employment or 1st Jan 2018 whichever earlier

Items	Tax Status
Outpatient GP	Non-Taxable
Outpatient Specialist	Non-Taxable
Traditional Chinese Medicine and Acupuncture – registered with MOH	Non-Taxable
Physiotherapy and Chiropractor	Non-Taxable
Dental (Note: Dependant's claims are subjected to CPF)	Non-Taxable
Maternity	Non-Taxable
Health Screening and Vaccinations - CPF	Non-Taxable
Optical – Prescribed Spectacles or Contact Lens (max. 2 pairs per year per claimant) - CPF	Taxable
Optical – Prescribed Disposable Contact Lens (max 1 year supply) - CPF	Taxable
Expenses Beyond Group Hospital and Surgical Plan	Non-Taxable

***Note:**

Claims that fall under the exclusion list (refer to the latest list of exclusions) or with payment made by Medisave will not be processed.

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Flex Claim Submission

- Input claim details via **CXA Portal**
(<https://pru-benefits.cxagroup.com/>)
- Upload all scanned original receipts online (Note: Please keep your original receipts for a minimum of 1 year and submit to HR or Benefits provider upon request)
- Claims incurred overseas:
 - i. exchange rates must be provided such as credit card statement / exchange rate slip etc.
 - ii. if the above is not provided, exchange rate will be referenced from <https://www.oanda.com/currency/converter/> for calculation purpose
 - iii. will be reimbursed in Singapore currency

Claim Status

- **Submitted:** The document have not been received or verified by **CXAGroup**.
- **Approved :** Claims have been approved but have not generated the payroll file yet, “reimbursement amount” have not reflected yet.
- **Paid :** Claims have been paid on the date indicated, “reimbursed amount” will be reflected.
- **Rejected :** Claims are not payable and the reason will be reflected under Admin Remarks.

Points to note

- **Balance Flex\$** (100%) will be **brought forward** to next year's Flex Scheme and must be fully utilised within the year.
- **Balance Non-Flex Benefit Entitlement (MSA)** will be **forfeited** at the end of Benefit period
- **Taxable items** will be declared in employee's IR8A
- **Monthly claims cut-off** will take place on 22nd of the month
- **Reimbursement of claims** will take place on the 19th of the month via payroll
- **2017 Yearly claims cut-off** will take place on 19th January 2018

Points to note

New Hires & Resignees:

- **Allocated Flex\$** will be pro-rated according to the number of calendar days
- **New joiners** will be able to submit and incur Flex and Non-Flex (MSA) claims from the date of employment.
- **Resignees** who had over-utilised allocated Flex\$ will have the excess amount clawed back by the company

Claims incurred overseas:

- exchange rates must be provided such as credit card statement / exchange rate slip etc.
- If the above is not provided, exchange rate will be referenced from www.oanda.com for calculation purpose
- will be reimbursed in SGD currency

Note: Should you require instructions on how to go about navigating the portal, you can click on “Need Help” to watch the Videos after logging into the portal.

CXA Portal Demo



Need Help?

Call Us

(65) 6220 9119

Email

help@cxagroup.com

Helpline Hours:
9am to 6pm



Discounts at some service providers



Q & A



Any Questions?



Appendix A

GHS



SCHEDULE OF BENEFITS	PLAN 1	PLAN 2	PLAN 3
1 Daily Room & Board <i>Maximum no. of days</i>	1 Bed 90 days per confinement		
2 Intensive Care Unit (ICU) <i>Maximum no. of days</i>	ICU - As Charged HDW - As Charged 30 days per confinement		
3 In-patient Expenses Includes : (a) Hospital Miscellaneous Services (b) Surgical Fees <i>Surgical schedule applicable</i> (c) Daily in hospital doctor's visit <i>Maximum no. of days</i>	As Charged Include Surgical Implants up to 10,000 per surgery Day Surgery including Pre & Post Surgery Treatment up to 6,000 per surgery <i>Surgical schedule applies to limit for private hospitals</i> 90 days per confinement		
4 Out-patient Expenses Includes : (a) Pre - hospitalisation - Specialist Consultation - Diagnostic X-ray & Lab Tests, including specialized diagnostic test Qualification period - No. of days before admission to hospital / day surgery (b) Post - hospitalisation Qualification period - No. of days after discharge from hospital / day surgery	As Charged includes medication 90 days 90 days		



Appendix A (continue...)

GHS



SCHEDULE OF BENEFITS	PLAN 1	PLAN 2	PLAN 3
5 Emergency accidental outpatient treatment (Treatment must be sought within 24 hours. Including follow-up treatment up to 31 days)		3,000	
6 Outpatient Treatment : Maximum limit (a) Kidney Dialysis, (b) Erythropoietin, Cyclosporin (c) Chemotherapy for Cancer Treatment (d) Radiotherapy for Cancer Treatment <i>Pre existing conditions</i>	60,000 Refer to a 60,000 Refer to c	per policy year 40,000 Refer to a 40,000 Refer to c	30,000 Refer to a 30,000 Refer to c <i>Waiting period 12 months</i>
7 Death / Funeral Expense Benefit		3,000	
8 Ambulance Fees		<i>Under Hosp Misc Services (not exceeding the daily R&B amount)</i>	
9 Overseas Hospitalisation due to accidental causes		Up to Annual Benefit Limit	
10 Annual Benefit Limit	200,000	150,000	100,000
11 Extension to cover GST		NO	
12 Coverage from age 65 to 69		Up to Annual Benefit Limit	

