



PRODUCT SUMMARY – GROUP HOSPITAL & SURGICAL INSURANCE

PRODUCT INFORMATION

The Group Hospital & Surgical Insurance is a medical expense insurance policy designed to reimburse the expenses incurred by an employee or his covered dependants as a result of hospitalization and/or surgery.

This policy provides 24 hours worldwide coverage, subject to insured person not being away from Singapore for continuous period exceeding 90 days.

The maximum entry age for this insurance is 70 age next birthday with termination age being at 75 age next birthday.

“Any One Disability” means all disabilities including all complications arising from the same cause except that - in relation to an Eligible Student, after 12 days; and following the latest discharge from hospital, any subsequent disability, including a recurrence or relapse from the same cause will be considered a new disability.

GST for eligible claims is covered by the policy.

BENEFITS SCHEDULE AND PREMIUM TABLE

Please refer to the Benefits Schedule as attached.

a) Room & Board (including Intensive Care Unit - 30 days) Benefit

The daily room and board charges incurred by the insured person during his Hospital Confinement shall be payable up to the maximum amount per day as stated in the Benefits Schedule, subject to a maximum of 120 days any one disability.

In the event the insured person is confined in the Intensive Care Unit of a Hospital, this policy will reimburse up to the maximum amount any one disability as stated in the Benefits Schedule.

b) Hospital Miscellaneous Services

This policy will reimburse following expenses incurred by the insured person while in hospital confinement:-

- Use of operation room
- Anaesthetist fees, anaesthesia, oxygen and other gases and their administration
- Blood transfusion including the cost of blood
- Drugs and medicine consumed as an in-patient
- X-ray examination, microscopic and laboratory tests, electrocardiogram
- Ambulance fee to and/or from the hospital
- X-ray therapy, radio therapy, physical therapy, basal metabolism tests, radio and isotopes and
- Dressing, ordinary splints and plastic casts

c) Surgery Fees

This policy will reimburse insured person for surgical fees and in-hospital doctor’s fees subject to the following:

Operation percentage X Maximum Surgical Fees

Operation percentage refers to the percentage applicable to the operation as set out in the Schedule of Surgical Operations.

Maximum Surgical Fees refers to the amount stated in the Benefits Schedule for the plan that is applicable to the insured person.



The Schedule of Surgical Operations is not applicable to surgical fees of S\$1,500 and below and for surgery performed at Singapore Restructured and Government Hospitals including National University Hospital. Such surgical fees are reimbursed in full subject to the maximum any one disability for Surgical Fees as shown in the Benefits Schedule.

d) In-Hospital Doctor's Visits

Where no surgery is performed, this policy will reimburse expenses incurred by insured person for charges made by a Registered Medical Practitioner or Specialist for consultation during Hospital Confinement subject to:

- maximum amount per day
- maximum of one visit per day
- 120 days any one disability

as shown in the Benefits Schedule.

e) Diagnostic X-rays and Laboratory Tests

This policy will reimburse expenses incurred for outpatient diagnostic X-rays and laboratory examinations recommended by a Registered Medical Practitioner up to the maximum per disability as shown in the Benefits Schedule, provided hospitalization or surgery is required within 120 days of such diagnostic X-rays and laboratory examinations.

f) Specialists' Consultations

This policy will reimburse outpatient specialists' consultation expenses (excluding medication) recommended by a Registered Medical Practitioner up to the maximum per disability as shown in the Benefits Schedule, provided hospitalization or surgery is required within 120 days of such specialists' consultations.

g) Post Hospitalization Benefit

This policy will reimburse expenses incurred for follow-up treatments for the same disability by the same Registered Medical Practitioner treating the insured person during hospital confinement within 120 days of hospital discharge, subject to the maximum per disability as shown in the Benefits Schedule.

h) Emergency Accidental Outpatient Benefit

This policy will reimburse expenses incurred by the insured person as an outpatient in a hospital or clinic for emergency treatment of an injury within 24 hours from the time of accident and any follow-up treatment up to 31 days from date of accident, subject to the limit shown in the Benefits Schedule.

i) Kidney Dialysis and Cancer Treatment

This policy will reimburse expenses incurred by insured person for kidney dialysis and/or chemotherapy and radium therapy treatment for cancer as an outpatient, subject to the maximum per policy year as shown in the Benefits Schedule.

j) Miscarriage Benefit

This policy will reimburse expenses incurred by insured person for miscarriage and ectopic pregnancy subject to the maximum limit as shown in the Benefits Schedule.

k) Death Benefit

If the Insured person dies, a sum as shown in the Benefits Schedule shall be payable.



l) Rehabilitation Benefits

We will reimburse Eligible Expenses incurred by the insured Members for rehabilitation recommended by the attending Registration Medical Practitioner to recuperate in a community Hospital registered and approved by the Ministry of Health of Singapore, subjected to -

- A maximum of 31 days after hospitalization or surgery
- A maximum per disability for Rehabilitation Benefit

m) Overall Limits in Government / Restructured Hospitals

When Individual Limits do not Apply

Even if we state differently in the policy, if an Insured Member -

- a. is confined in a Singapore Government or Singapore Government Restructured Hospital (including National University Hospital) and;
- b. is staying in a class ward where the Daily Room & Board charges do not exceed the maximum Daily Room & Board Benefit specified in the Benefits Schedule for the applicable plan,

then, the individual limits for "Other Inpatient Benefits" and "Outpatient Benefits" specified in the Benefits Schedule shall not apply. Instead, we will reimburse the actual charges falling under these Benefits, up to the limit for "Lump Sum Benefit Per Disability for Government or Restructured Hospitals", shown in the Benefits Schedule.

n) Overseas Hospitalization due to Accident

We will pay up to a limit of 150% of the in-hospital benefits if an insured members is hospitalized overseas due to accident

o) Mental Care

This policy is extended to cover insured members for inpatient psychiatric treatment at Singapore Government/Restructure Hospital as defined below-

"Psychiatric treatment provided to the insured during inpatient hospital treatment by a Registered Medical Practitioner who is qualified to provide treatment"



Benefit Schedule

Plan 2		Classification
Basis of Cover		All Full-Time International Undergraduate Students and Part-time International Postgraduate Students (Residing in Singapore and Overseas)
GHS Benefits Schedule (Per Any One Disability)		Plan 2 \$
1a	Hospital Room & Board, per day up to (maximum 120 days inclusive of ICU)	4 Bed Govt / Restr
1b	Intensive Care Unit ((subject to overall max of 30 days)	10,000
2	Hospital Miscellaneous Services	30,000
3	Surgical Benefit <ul style="list-style-type: none"> Surgical Schedule of Fees applies only to private hospitals Surgery fees of up to S\$1500 not subjected to surgical schedule 	
4	In-hospital Doctor Consultation (Max. 120 days)	
5	Emergency Outpatient Treatment (Accident only)	
6	Pre- and Post-Hospitalization / Surgery Specialist Consultation, Diagnostic X-ray & Lab Tests (Expenses incurred 120 days prior to admission and 120 days after discharge)	
7	Hospitalization in Singapore Government Hospital or Singapore Restructured Hospital (Overall Maximum Limit Per Disability)	NA
8	Miscarriage (Includes Ectopic pregnancy)	NA
9	Overseas Hospitalization (Accident)	150% GHS Benefits
10	Death Benefit	10,000
11	Kidney Dialysis & Cancer Treatment (Max Per Policy Year)	10,000
12	Rehabilitation Benefit (up to maximum of 31 days)	5,000
13	Mental Care (Max Per Policy Year)	5,000
14	Medical Second opinion (Maximum per policy year)	300



KEY PRODUCT PROVISIONS

A) EXCLUSIONS

- Treatments for psychological or psychiatric condition and illness, or alcoholism or drug addiction.
- Birth control measures, infertility or impotency or their treatment, pregnancy including normal delivery, caesarean operation, abortion, miscarriage and all complications arising from them except when covered under item j) of the Benefits Schedule.
- Any dental work or treatment, oral surgery, orthodontics or orthognathic surgery, or Temporomandibular Joint Disorder except for the cost of surgery required as a result of an injury.
- Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses.
- Study and treatment of sleep apnoea.
- Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by an accident, treatment of xanthelesema, syringoma, acne and alopecia.
- Procurement or use of wheel-chair, crutches, dialysis machine and any other hospital-type equipment, use of special braces, any appliances, any medical equipment or prosthetic devices, or any implants. (However, expenses incurred in connection with implants which are necessary to preserve the health or life of the Insured Member and recommended by a Registered Medical Practitioner are not excluded);
- Service (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic or health screening
- Any treatment or surgical procedure for congenital anomalies or genetic defects (eg inguinal hernia and hydrocele) existing from the time of birth regardless of the time of discovery of such anomalies or defects and the time of such treatment or surgical procedure.
- rest cures, sanatoria care, special nursing care.
- Venereal disease and any disability or condition or complication due directly or indirectly to the human immuno-deficiency virus (AIDS).
- Treatment for obesity, weight reduction or weight improvement, even if caused directly or indirectly by a medical condition covered under this policy.
- Circumcision (except where it is medically necessary) or treatment relating to it.
- Treatment of injuries or conditions resulting from direct participation in a strike, riot or civil commotion, insurrection or any act of war (whether declared or undeclared).
- Intentional self-inflicted injuries, while sane or insane.
- Services of a non-medical nature
- Treatment or services that are not necessary or reasonably required for the illness or injury.
- Treatment for varicocele.
- Any treatment of an optional or preventive nature; immunization, vaccination or inoculation; non-prescribed medication, over-the-counter items such as but not limited to vitamins, supplements, shampoos and moisturizers even if recommended by the attending doctor.
- Services of a non-medical nature, such as the use of telephone, radio and the like, medical sundries (e.g. tissue paper, denture cup) and administrative or other charges (of a non-medical nature) in connection with the provision and/or performance of medical supplies and/or services (e.g. non-resident bill surcharge)
- Treatment or services that are not necessary or reasonably required for the illness or injury.

B) NON GUARANTEED PREMIUM

Premiums payable for this insurance policy are not guaranteed and may be increased at Policy Renewal Date at our full discretion.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.



C) TERMS OF RENEWAL

This policy may be renewed on the Policy Renewal Date by payment of the renewal annual premium which we reserve the rights to vary the premium and any other terms, conditions or exclusions by giving you at least 30 days' prior written notice of such change. If you continue to pay the renewal premium after we have given you such notice through your Employer, it means that you have accepted the renewal terms.

This is a short-term accident and health policy and we are not required to renew this policy. We may terminate this policy by giving you 30 days' notice in writing.

D) CANCELLATION CLAUSE

We may terminate this Policy on any Renewal Date by giving you at least 30 days' prior written notice of termination. The termination of coverage shall be without prejudice to payment of claims arising prior to the date of termination.

E) WAITING PERIOD

Not applicable.

F) FREE LOOK PERIOD

Not applicable.

IMPORTANT NOTICE

This is only a product summary provided by us and should serve as a guide only. In the event of clarifications or disputes, the prevailing terms and conditions of the Group Insurance Policy Contract with your University shall apply.