PRODUCT SUMMARY FOR
GROUP HOSPITAL & SURGICAL INSURANCE &
GROUP MEDICAL OUTPATIENT 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 2015 – 30 June 2016 (Both days inclusive)

NUS Group Hospital & Surgical and Group Medical Outpatient Insurance is a medical expense insurance plan that seeks 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

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>LIMITS OF COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT CARE:</td>
<td>Overall limit of $5,000 per Policy Year per Insured Person</td>
</tr>
<tr>
<td></td>
<td>Consultation, medication, basic diagnostic tests, x-rays and procedures</td>
</tr>
<tr>
<td>1. Outpatient Primary Care</td>
<td>Consultation, medication, basic diagnostic tests, x-rays and procedures</td>
</tr>
<tr>
<td>a. Panel Doctor</td>
<td>− $10* co-payment per visit</td>
</tr>
<tr>
<td>b. Non-Panel Doctor</td>
<td>− $10* co-payment per visit, reimburse up to $25 per visit</td>
</tr>
<tr>
<td>− Government Polyclinics</td>
<td>− $5* co-payment per visit</td>
</tr>
<tr>
<td>2. Outpatient Specialist Care**</td>
<td>Consultation, medication, basic diagnostic tests, x-rays and procedures, including physiotherapy</td>
</tr>
<tr>
<td>a. With referral letter from Panel Doctor or Polyclinics except for visits to paediatrician (limited to children below 5 years old)</td>
<td>− $25* co-payment per visit</td>
</tr>
<tr>
<td>− With referral letter from Non-Panel Doctor</td>
<td>− $25* co-payment per visit, reimburse up to $10 per visit, subject to 5 visits per policy year</td>
</tr>
<tr>
<td>− Without referral letter from any Panel / Non-Panel Doctors or Polyclinics</td>
<td>− Not covered</td>
</tr>
<tr>
<td>3. Emergency Outpatient Care (Accident &amp; Emergency Treatment in Singapore or overseas)</td>
<td>− $10* co-payment per visit, reimburse up to $100 per visit</td>
</tr>
<tr>
<td>4. Overseas Claims</td>
<td>− $10* co-payment per visit, reimburse up to $25 per visit</td>
</tr>
<tr>
<td>- Non-Emergency Outpatient</td>
<td>− $10* co-payment per visit, reimburse up to $100 per visit</td>
</tr>
<tr>
<td>Primary Care</td>
<td>− $10* co-payment per visit, reimburse up to $100 per visit</td>
</tr>
<tr>
<td>- Non Emergency Outpatient</td>
<td>− $10* co-payment per visit, reimburse up to $100 per visit</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>− $10* co-payment per visit, reimburse up to $100 per visit</td>
</tr>
</tbody>
</table>

*The co-payment includes Goods and Services Tax (GST), where applicable
**Only for treatment rendered by specialist recognized by the Singapore Medical Council Specialist Accreditation Board
## (B) Group Hospital & Surgical

**GROUP HOSPITAL & SURGICAL (Maximum per Policy Year per Insured Person)**

<table>
<thead>
<tr>
<th></th>
<th>Plan A+</th>
<th>Plan A</th>
<th>Plan B1</th>
<th>Plan B2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Ward Eligibility##</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. (a) Room &amp; Board (max. 120 days, inclusive of ICU)†</td>
<td>1 Bedded Private</td>
<td>1 Bedded GRH</td>
<td>4 Bedded GRH</td>
<td>5&amp;6 Bedded GRH</td>
</tr>
<tr>
<td>(b) Intensive Care Unit (ICU)</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Inpatient Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Hospital Services (max. 120 days)†</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Surgical Benefits” (subject to Surgical Schedule of Fees for private hospitals)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Daily In-Hospital Doctor’s Consultation (max. 120 days)†</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. (a) Pre-Hospitalisation Specialist Consultation (within 90 days prior to admission) Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees (within 90 days prior to admission) (b) Post-Hospitalisation Treatment (within 90 days of discharge)</td>
<td>45,000</td>
<td>40,000</td>
<td>35,000</td>
<td>30,000</td>
</tr>
<tr>
<td>6. Death Benefit</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>7. Outpatient Kidney Dialysis/Cancer Treatment ***(max. per policy period)</td>
<td>20,000</td>
<td>15,000</td>
<td>10,000</td>
<td>8,000</td>
</tr>
<tr>
<td>8. Miscarriage Benefit including ectopic pregnancy</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td>9. Surgical Implant</td>
<td>7,000</td>
<td>7,000</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Co-Payment ###</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>10. Pro-ration Factor #### (Payable by Insurer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‒ Private Hospital/ Medical Institution</td>
<td>N/A</td>
<td>65%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>‒ Restructured Hospital – Class A</td>
<td>N/A</td>
<td>N/A</td>
<td>85%</td>
<td>35%</td>
</tr>
<tr>
<td>‒ Restructured Hospital – Class B1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>45%</td>
</tr>
<tr>
<td>‒ Restructured Hospital – Class B2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Limit Any One Disability
** Surgical Schedule waived for Government / Restructured Hospitals including NUH
*** This benefit does not apply to employees or their dependants who join the Policyholder after 1 April 2007 and is suffering from pre-existing conditions requiring kidney dialysis/cancer treatment
# As charged means Room & Beard 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
## Please refer to Ministry of health website [www.moh.gov.sg](http://www.moh.gov.sg) for information on different wards and hospitals in Singapore
### Co-payment shall apply to items 1 to 5b, 7 to 9.
#### Pro-ration 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-ration 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.
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) Out-patient Specialist Consultation as recommended by a Registered Medical
       Practitioner other than the specialist himself.
   (b) X-ray or Laboratory tests as recommended by a Registered Medical
       Practitioner other than the specialist himself.
   (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 5 years
       old).

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

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.
B. GROUP HOSPITALISATION & SURGICAL

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, and each operation is subject to the amount obtained by multiplying the appropriate percentage shown for that operation in the Surgical Table maintained by the Singapore Ministry Health (‘MOH’) and the maximum Surgical Benefit as specified in the Policy Schedule. If two or more surgical procedures are performed through a single incision, reimbursement for expenses for all such procedures shall not exceed the amount indicated for the one surgical procedure performed for which the largest amount is payable.

**Surgical Schedule of Fees**

<table>
<thead>
<tr>
<th>Ministry of Health Table</th>
<th>% of Surgical Benefit Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>10%</td>
</tr>
<tr>
<td>Table 2</td>
<td>30%</td>
</tr>
<tr>
<td>Table 3</td>
<td>50%</td>
</tr>
<tr>
<td>Table 4</td>
<td>75%</td>
</tr>
<tr>
<td>Table 5</td>
<td>85%</td>
</tr>
<tr>
<td>Table 6</td>
<td>95%</td>
</tr>
<tr>
<td>Table 7</td>
<td>100%</td>
</tr>
</tbody>
</table>
The Company will determine the limits for any surgical procedure which does not fall within the MOH Surgical Table. Such limits will be objectively determined based on the gravity and severity of the procedure as compared to the most comparable listed procedure.

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.

5. a) Pre-Hospitalisation 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 (90) days before hospitalization or surgery.

b) Post-Hospitalisation 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 ninety (90) 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 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.

<table>
<thead>
<tr>
<th>Pro-ration factor on the incurred hospital bill based on Insured Plan</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
<th>Plan 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to Pte Hospital *</td>
<td>NA</td>
<td>65%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Admission to A Ward GRH #</td>
<td>NA</td>
<td>NA</td>
<td>85%</td>
<td>35%</td>
</tr>
<tr>
<td>Admission to B1 Ward GRH</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>45%</td>
</tr>
<tr>
<td>Admission to B2 Ward GRH</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Pre &amp; Post Hospitalisation</td>
<td>Follow that of admission</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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.

**ELIGIBILITY**

Subject to insurability, full-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

- Spouse: Legal Spouse of employee whose age is 69 years old and below (last birthday) whom employee is still legally married to and is not divorced or legally separated from. Extends to include common law or live-in partner of same or different sexes who are declared to the Policyholder.

- Child(ren): Aged between 15 days and 19 years (last birthday as at start of the plan year) inclusive, unmarried and unemployed, including legally adopted child(ren), step-child(ren), child(ren) of single parent and child(ren) of common-law spouse. Extends to include unmarried children up to age 25 years (last birthday as at start of the plan year) if the child is
  
  i) serving National Service;
  ii) a full-time or part-time student at a 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 must be residing in Singapore at the start of policy coverage and shall not be out of Singapore for a continuous period of more than 180 days.

Persons whose age last birthday is above 69 as at start of the plan year shall not be covered under this Policy, unless declared and accepted by us.

**BASIS OF COVER**

Employees: Automatically covered unless staff opts out
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) General Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the Policy

1. Pre-existing Conditions which have existed during the twelve (12) months preceding the Entry Date of the Insured Member, whether known or unknown to the Insured Member in so far as the cause and pathology of the conditions have already existed, unless the Insured Member affected by these conditions has been insured under this Policy or any equivalent Group Hospital & Surgical insurance policy issued in Singapore (without any break in cover prior to commencement of cover under this Policy; or unless declared and accepted by Company) continuously for twelve (12) months. A break in cover of less than 14 calendar days between the termination date under the previous group insurer and the commencement of cover under this Policy shall not constitute a break in cover as stated above. Evidence of previous group insurance coverage must be provided to Company upon request, or upon submission of claim.

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 and mental and behavioral conditions; alcoholism or drug addiction, counseling sessions. Injuries due to insanity or self-infliction; conditions related to functional disorders of the mind (e.g. psychiatric); rest care or sanitaria care (e.g. neurasthenia, anxiety state, anemia) and treatment for sleep disorders. If diagnosed as Obstructive Sleep Apnea, it will be claimable.

3. Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.

4. Special nursing care, preventive check-up, malaria chemoprophylaxis, experimental treatment and procedures under investigation and 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.

5. Procurement or use of special braces, any appliances, any machines, any equipment or prosthetic devices 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 or the fitting of the same. Non-medical services such as government taxes, television, telephone and the like.

6. Any eye examination/treatment; surgical procedure for correction of eye refraction; any expenses incurred in relation to dental and oral care/treatment including braces, bridges, crowns, root canals and implants, 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.

7. 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. Any expenses incurred in relation to congenital anomalies, physical defects or hereditary conditions and disorders.

8. Birth control measures, investigation or treatment pertaining to infertility, treatment occasioned by or resulting from pregnancy, childbirth, post delivery confinement, miscarriage, abortion or relating to birth control, sterilization of either sex, or infertility, sex change operation, 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.

9. Any expenses incurred in relation to cosmetic nature including but not limited to plastic surgery, acne treatment, skin peeling and pigmentation.

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

11. 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.
12. 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.

13. Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent homes, sanatoria or similar establishments; outpatient rehabilitation services, such as speech therapy (except physiotherapy and Hormone Replacement Therapy, unless due to severe osteoporosis or surgical induced menopause) or dialysis or acupuncture, 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.

14. Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.

15. 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. 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.

16. 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.

17. Any surcharge incurred due to visits outside the normal operating hours of the clinic and house calls

18. Drugs purchased without doctor’s prescription (except NUS and NUHS clinicians and their dependant(s)).

19. 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)).

f) 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.