

NTUC Income Insurance Co-operative Limited
Group Hospital & Surgical Insurance
Product Summary – Private Education Institution

Product Information

This is an expense reimbursement plan that helps to reduce your financial burden in event of you being hospitalised. The insurer will reimburse the following eligible expenses incurred according to the limits set out in the Benefits Schedule.

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy. Please consult AEGIS Insurance Agencies Pte Ltd or your Private Education Institution should you require further explanation.

Members' Eligibility for Coverage

The entry age of the Insured Member must not exceed 69 at last birthday.

Non-Guaranteed Premium

Premiums payable for this coverage are not guaranteed and may be increased at policy renewal at the full discretion of the Insurance Company.

Deductibles

There are no deductibles for this plan.

Pro-Ration Factors/ Co-Insurance

A pro-ration factor is applied if you are hospitalised:

- a) in a ward higher than that specified in the Benefits Schedule in Singapore Government / Singapore Government Restructured Hospital or
- b) in a private hospital in Singapore

Overseas Hospitalisation

***Reasonable expenses** apply if you are hospitalized in a hospital outside Singapore.

Reasonable expenses mean expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Cover does not apply: 1) when you travel expressly for treatment outside Singapore

2) when you are out of Singapore for a period exceeding ninety (180) consecutive days at a time

Minimum Period of Confinement

For day surgery cases, there are no minimum hours to be eligible for claim. However, for non-surgical admissions, when you are charged for a full day room and board, you can submit the claim for assessment.

Exclusions

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under **your policy**, except as specifically covered under **this policy**.

(a) **Pre-existing condition**, unless the **insured member** has been insured continuously for 12 months under **this policy** or any group hospital and surgical insurance issued in Singapore provided that the period between the last resignation date and the commencement of his/her insurance coverage under **this policy** is not more than 30 days from the last resignation date.

(b) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.

(c) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.

(d) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same **Registered Medical Practitioner** treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment **benefit**); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.

(e) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.

(f) Developmental delay and/or learning disabilities.

(g) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye-glasses; surgical procedure for correction of squint or other eye misalignment.

(h) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an **accident** covered under **this policy**.

(i) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.

(j) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in **hospital** or treatment.

(k) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided 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.

(l) Circumcision unless **medically necessary**.

(m) Birth defects; congenital **illness** or abnormalities.

(n) Admission for sleep test for diagnostic purposes unless it is followed by **surgery**; any **surgery** or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is **medically necessary**.

(o) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).

(p) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic **surgery** which are **medically necessary** arising from an **illness** or **injury** while the **insured member** is insured under **this policy**.

(q) Intentional, self-inflicted injuries or attempted suicide whether the **insured member** is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any **illness or injury** resulting from such disorders or mental conditions; drug addiction or alcoholism and any **illness or injury** resulting from or under the influence of alcohol or drugs.

(r) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.

(s) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.

(t) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.

Termination of Insured Member's Cover

There are other circumstances whereby the cover of the Insured Member will terminate.

The following is a list of some of these circumstances:

- Insured Member attains age 69 years;
- Insured Member ceases to be a student with the school;
- Insured Member dies;
- Insured Member's maximum policy limits have been exhausted.

Cover on the Insured Member automatically ceases once the master policy contract is terminated due to non-payment of premiums or other causes specified in the policy contract. No premium refund for early termination of Insured Member or Policy before the expiry date.

Expenses covered by other sources

In the event an **insured member** is covered under:

- a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider

The **benefits** payable under **this policy** shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance to the **table of insured benefits** and terms and conditions of **this policy**.

Right of recovery

The insurer may recover any amount **they** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits**. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

Claims Procedure

Insured Members are to submit the following documents to us through the school within 30 days from the date of discharge from hospitalisation, from the date of death or from the date expenses were incurred for which the claim is made, whichever is applicable:

Admission to Government/Restructured Hospitals (Alexandra, Changi, KK Women's & Children, National University, Singapore General and Tan Tock Seng, Ng Teng Fong, Khoo Teck Puat, Sengkang General Hospital)

- Duly Completed Claim Form
- A copy of the Inpatient Discharge Summary given to patient upon discharge
- A copy of the Day Surgery Authorization Form signed by the patient before surgery
- A copy of the Referral Letter, if any
- Final Original Hospital Bill showing the Medisave deduction
- Original Pre/Post Hospitalisation Medical Bills

Admission to a Private Hospital (EastShore, Gleneagles, Mount Alvernia, Mount Elizabeth, Raffles, Thomson Medical Centre and Day Surgery Centers/Clinic)

- Duly Completed Claim Form
- Medical Certification of Treatment to be completed by the attending physician/surgeon
- A copy of Referral Letter if any
- Final Original Detailed Hospital Bills
- All Other Original Medical Bills related to admission/surgery

Frequently Asked Questions (FAQs)

Private Education Institution (PEI) Group Hospitalisation & Surgical Insurance

1. What does the insurance cover?

The insurance covers mainly medical expenses incurred for hospitalisation and/or surgery due to illness or accident in a Singapore Government/Restructured hospital.

Please refer to the Benefits Schedule given to your school for the details.

2. Which hospital can I seek treatment at?

You can seek treatment at the following Singapore Government/Restructure Hospitals:

- Singapore General Hospital
- Alexandra Hospital
- KK Women's & Children's Hospital
- National University Hospital
- Tan Tock Seng Hospital
- Changi General Hospital
- Khoo Teck Puat Hospital
- Ng Teng Fong General Hospital
- Sengkang General Hospital

Please note that hospitalisation in a Ward higher than that you are entitled to or in Private Hospitals is subject to a pro-ration factor. For hospitalisation in overseas hospitals, you will only be covered up to the reasonable and customary cost of treatment in Singapore Government / Restructured Hospital for similar or comparable treatment or the cost incurred in the foreign hospital, whichever is lower. In such cases, you may not be fully reimbursed for such claims incurred.

3. Will I be covered if I go back to my home country or travel during vacation?

Yes, you will be covered as long as you are a registered student of your school pursuing a course of study. Hospitalisation and/or surgery expenses incurred will be covered up to the reasonable and customary cost of treatment in Singapore Government/Restructured Hospital, whichever is lower, subject to the policy limits applicable.

****Cover does not apply: 1) when you travel expressly for treatment outside Singapore.
2) when you are out of Singapore for a period exceeding 180 consecutive days at a time***

4. I am a part-time student who opted to be covered. Am I covered during work?

No, you will not be covered for illness or injury sustained during work.

5. Are pre-existing conditions covered?

For students on compulsory scheme, pre-existing conditions are covered after you have been insured for 12 consecutive months.

6. What should I do if I need to stay in the hospital or have surgery? Do I have to pay the medical costs myself?

Please settle the medical bills directly with the hospital and retain all **ORIGINAL** bills to be submitted to the insurance company. Please note that you may have to pay the cash deposit determined by the hospital and should you choose to stay in a higher class of ward or a private hospital, your claim may not be fully covered.

For pre or post hospitalisation / surgery and emergency outpatient treatment, please pay first and claim reimbursement.

7. Are outpatient services or treatment for illness covered?

GP outpatient services for illness (e.g. common cold, fever etc.) are not covered.

8. Is outpatient treatment after an accident covered?

Yes, only if treatment is sought at a clinic or hospital within 48 hours from the time of accident. Follow-up treatment by the same physician is covered up to 31 days from date of accident subject to the policy limit in the benefits schedule.

9. How do I make a claim?

Please refer to claim procedure on page 4.

10. When I utilize my Medisave/Medishield Integrated Plan to pay for my treatment, how will my claim be reimbursed (for Singapore citizens and PRs only)?

Payment made by Medisave will be refunded to the respective Medisave Account holder and Medishield Integrated Plan.

11. When do I need to submit the claim?

You should submit the claim or give notice that you will be making a claim as soon as possible but within 30 days from discharge. For late submission/notification, please provide a valid reason.

12. I have submitted my hospitalisation/surgery claim earlier. I wish to submit follow-up treatment bills. What should I do?

Please inform your school when submitting the bill that it is for follow-up treatment so that we are able to trace your records. The claim form is not required.

13. How long does it usually take to process my claim?

Upon receipt of all required documents including **ORIGINAL** bills, approved claims will be settled within 6 to 8 weeks.

14. How will I be notified of the result of my claim?

You will be notified through your school. Reimbursement for approved claims will be via cheque payment to you through your school.

15. When will my insurance end?

The insurance will end when one of the following occurs, whichever happens first:

- when you cease to be a registered student of your school
- exhaustion of the policy limit applicable to you during the policy year
- expiry of the insurance policy

16. If I have questions or need assistance, who should I contact?

AEGIS Insurance Agencies Pte Ltd

Tel: (65) 6837 0306

Email : customerservice@aegisic.com

Website : www.aegisic.com

NTUC Income Customer Service Hotline (Claims)

Tel: (65) 6332 1133

Important - The information contained in this FAQ is subject to the actual terms and conditions of the policy contract your school has with '**NTUC Income Insurance Co-operative Limited**'.