



Product Summary for GROUP HOSPITAL AND SURGICAL

Policyholder: **KAPLAN HIGHER EDUCATION ACADEMY PTE. LTD.**

Presented to: _____
(Name of Applicant)

Covered Member: _____ Age & Gender: _____
(Name of Insured) (Age last birthday)

DECLARATION:

I/We confirm that I/we have received a copy of the following documents and have read and understood the contents of these two documents:

- a) Your Guide to Health Insurance
- b) Product Summary

Signature of Applicant (on behalf of all persons to be insured)

Signature of Intermediary

Date: _____

Date: _____

Group Hospital & Surgical Plan No.: _____

Expiry Date of Cover: **31 December 2022**

Product Information

This is a hospital & surgical plan that helps to reduce the financial burden on the family while you or your covered family member is hospitalized. We will pay for the expenses according to the limits of compensation set out in the Benefits Schedule, depending on the plan you have chosen.

BENEFITS

1. Group Hospital and Surgical Insurance

	Benefits per Disability (S\$)	Plan 2
1	Daily Room & Board (Max. 120 days, including I.C.U.)	4 Bedded (Restr) As Charged up to \$30,000
2	Intensive Care Unit (I.C.U.)	
	<i>Inpatient Benefit</i>	
3	Other Hospital Services (including surgical implants up to the benefit limit or \$1,500, whichever is lower)	
4	Surgical Benefit *	
5	Daily In-hospital Consultation (Max. 120 days)	
	<i>Outpatient Benefit (within 90 days)</i>	
6	Pre-Hospitalisation Specialist Consultation	
7	Pre-Hospitalisation Diagnostic X-ray & Laboratory Fees	
8	Post-Hospitalisation Treatment (include TCM with referral)	
9	Emergency Outpatient Treatment (Accidental)	
10	Ambulance Fees	
11	Claim Medical Report Fees	
12	Outpatient Dental Treatment(Accidental)	500
	<i>Others</i>	
13	Outpatient Kidney Dialysis and Cancer Treatment (Per policy year)	3000
14	Outpatient Cancer Treatment (Per policy year)	3000
15	Death Benefit	5,000
16	Inpatient Psychiatric Treatment(with referral by GP or SP)	1000

Annual Premium - SGD (before GST)

	Plan 2
Student Only	\$52

* Surgical table will not apply

Basis of Cover

1. Group Hospital and Surgical Insurance

Plan Type	Category Description	Participation
Plan 2	Local Student	Voluntary

Eligibility

Local Students : All students from 13 years to 64 years old (age last birthday)

Renewal Age Limit

Coverage for students is renewable up to maximum 75 years old (last birthday),

Voluntary Participation

Pre-existing condition will not be covered for local students. Completion of Health declaration form is not required.

Important Note:

1. Voluntary take up of plans will only be allowed based on the following:
 - A) Existing Local Students
Once a year and within 30 days from renewal date
 - B) New Local Students
Within 30 days from date of enrolment to the school

2. In the event of termination of student under the policy period, there will be no refund.

The insurance coverage granted is subjected to the terms and conditions of the Policy.

I. Basic Hospital and Surgical Benefits

1) Daily Room and Board

We shall pay for the Daily Room & Board charges (that is ward charges) when the insured member is admitted as a patient in a hospital.

The ward charges are not to exceed the maximum daily benefit or maximum number of days as specified in the table of insured benefits.

In the event that an insured member is being treated and/or confined in a non-standard room (whether voluntary or otherwise), we shall pay only the charges incurred in respect of a standard room in that hospital.

2) High Dependency Ward (HDW)

We shall pay for the daily charges incurred when the insured member is confined to the HDW, provided the daily HDW charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the table of insured benefits.

3) Other Hospital Services

We shall pay for the charges incurred when the following services are rendered:

- Use of operating room
- Drugs and medicines consumed in the hospital only
- Dressings, ordinary splints and plaster casts
- Physical Therapy
- Anaesthesia and oxygen and their administration
- Intravenous infusions
- Inpatient diagnostic procedures

We shall also pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be medically necessary by a Registered Medical Practitioner and not implanted for cosmetic reasons, up to the limit for this benefit or S\$1,500, whichever is lower.

4) Surgical Expenses

We shall pay for the charges incurred for surgical operations performed by a Registered Medical Practitioner in a hospital or clinic.

The amount payable for all surgical operations performed for any one disability shall not exceed the maximum benefit limit obtained by multiplying the respective percentages for the operations listed in the surgical table maintained by the Ministry of Health (MOH) Singapore and the surgical expenses limit as specified in the table of insured benefits.

Surgical Table

<u>MOH Table</u>	<u>% of Surgical Benefit payable</u>
Table 1	10%
Table 2	30%
Table 3	50%
Table 4	75%
Table 5	85%
Table 6	95%
Table 7	100%

We will determine the % of surgical benefit payable for any surgical procedure which does not fall within the surgical table above. Such limits will be objectively determined based on the severity of the procedure as compared to the most comparable listed procedure.

If two or more surgical procedures are performed during a single operation through the same incision, benefits will be allowed only for the surgical procedure having the largest limit.

The surgical table will not apply to surgery that is below S\$1,500, or for surgery that is done in a restructured hospital.

5) **Daily In-Hospital Physician's Consultation**

We shall pay for the consultation fees charged by a Registered Medical Practitioner for consultation during hospital confinement, subject to the maximum daily benefit and maximum number of days, as specified in the table of insured benefits.

6) **Pre-Hospitalisation Specialist Consultation**

We shall pay for the charges incurred for specialist consultation (including medication) recommended by a Registered Medical Practitioner, if such charges are incurred within **90** days prior to the date of hospitalisation or day surgery for the same condition.

We shall not pay if hospitalisation or surgery is not required.

7) **Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees**

We shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a hospital, clinic or laboratory on the recommendation of a Registered Medical Practitioner, if such charges are incurred within **90** days prior to the date of hospitalisation or day surgery for the same condition.

We shall not pay if hospitalisation or surgery is not required.

8) **Post Hospitalisation Treatment**

We shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/surgery provided its recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement, if such charges are incurred within **90** days following discharge from the hospital or clinic (in the case of day surgery).

We shall not pay for medicines or drugs prescribed for use beyond 120 days after such discharge.

9) Emergency Accidental Out-Patient Treatment

We shall pay for the charges incurred if, as a result of an accident, the insured member requires emergency outpatient treatment for injury by a Registered Medical Practitioner in a hospital/clinic or by a Chinese Physician. Such treatment must be sought within 24 hours following the accident.

We shall also pay for the charges incurred for follow-up treatment by a Registered Medical Practitioner or a Chinese Physician up to 31 days from the date of accident.

Any charges incurred for treatment by a Chinese Physician shall not exceed S\$500 per accident.

10) Outpatient Dental Treatment (Accidental)

We shall pay for the charges incurred if, as a result of an accident, the insured member requires dental treatment by a dentist to his/her sound natural teeth. Such treatment must be sought within 24 hours following the accident.

We shall also pay for the charges incurred for follow-up treatment by a dentist up to 31 days from the date of accident.

This excludes dental implants, crowning, bridges or dentures.

11) Surgical Implants

We shall pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be medically necessary by a Registered Medical Practitioner and not implanted for cosmetic reasons.

12) Death Benefit

We shall pay the death benefit if the insured member dies while his/her cover under this policy is in force.

13) Ambulance Fees

We shall pay for the charges incurred for ambulance services to and/or from hospital, provided the insured member is admitted as a patient in a hospital.

14) Claim Medical Report Fees

We shall pay for the charges incurred for any medical reports requested by us.

15) Overseas Hospitalisation Due to Accidental Causes

We shall pay for the charges incurred for confinement in a hospital including day surgery outside Singapore as a result of an accident within their benefit entitlement set out in the table of insured benefits.

The accident must occur while the insured member is travelling outside of Singapore, for a period not exceeding 180 days of the date of departure from Singapore.

The limit for this benefit is equivalent to 1.5 times of the maximum benefit limits as specified in the table of insured benefits within their benefit entitlement for the following benefits:

- Daily Room and Board
- Intensive Care Unit (ICU)
- High Dependency Ward (HDW)
- Other Hospital Services
- Surgical Benefit
- Daily In-Hospital Consultation
- Pre-Hospitalisation Specialist Consultation
- Pre-Hospitalisation Diagnostic X-ray and Laboratory Fee
- Post Hospitalisation Treatment
- Emergency Accidental Out-Patient Treatment
- Outpatient Dental Treatment (Accidental)

This benefit is applicable to insured members and their dependant(s) who reside and work in Singapore.

16) Outpatient Kidney Dialysis & Cancer Treatment Benefit

We shall pay for the charges incurred for the following treatment received by the insured member in a hospital or a licensed medical centre or clinic:

- Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer.
- Outpatient renal dialysis.
- Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved by the Ministry of Health (MOH) Singapore.
- Consultation fees, medicines, and examinations and tests carried out by the attending Registered Medical Practitioner as part of stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy or outpatient renal dialysis medical treatment only.

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 contract. Please consult your Financial Services Consultant should you require further explanation.

1. Geographical limit

This policy provides the insured member with 24-hour worldwide coverage whether such insured member is in Singapore or outside Singapore.

2. Cancellation Clause

The Company reserves the right to terminate the coverage at any time by giving 30 days' notice in writing to the policyholder. Whenever such cancellation occurs, the Company shall return the unearned portion of premiums paid. The termination of coverage shall be without prejudice to payment of claims arising prior to the date of termination.

3. Policy renewal

This policy is issued for a term of one year and upon the expiry of the term, it may be renewed each year thereafter for a further term of one year subject to our consent and the payment of the annual premium.

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

If you have any existing medical condition at the policy renewal date, you may not be covered under the renewed policy for such a medical condition. If such a medical condition is covered under the renewed policy, you may need to pay additional premiums.

4. Non-Guaranteed Premium

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

5. Exclusions

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

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under your policy, except as specifically covered under the policy. You are advised to read the policy contract for the full list of exclusions.

(a) Pre-existing condition is not covered unless declared and accepted by us.

Pre-existing condition means any injury or illness which the insured member has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under this policy.

(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.

6. Reasonable Expenses

Reasonable expenses means 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.

7. Claims Conditions

Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.

- (a) The insured member has to notify to us, within 30 days from the hospital latest discharge date, informing us of any possible claim.
For death claim, notice must be given within 3 months from the death of the insured member.
- (b) It shall be a condition precedent to our liability under this policy that all claims shall be made within 60 days from the date of invoice of a medical claim. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemised bills.
- (c) Any information required by us for assessing the claim shall be furnished promptly by you or the Insured member at your expense.
- (d) Any benefits payable under this policy shall be paid to you or the insured member. The insured member or your receipt of any benefit payable under your policy shall in all cases be deemed final and complete discharge of all our liability.

Failure to furnish notice within the time provided in this policy shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

8. Waiting Period

No waiting period.

9. Change of Occupation

In the event of a change in occupation of the insured member, the insured member shall notify the Company in writing of the new occupation. The Company shall increase or reduce the premium rates according to the risk classification for the new occupation.

10. Non-Medisave Approved Policy

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

11. Termination of Cover of Insured Member

The cover for an insured member under this policy shall terminate and all benefits shall cease for that insured member if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the insured member reaches the maximum age of coverage as stated in the policy schedule;
- (c) When the insured member ceases to be eligible as an insured member;
- (d) At the expiry of the period for which the last premium payment is made on account of the insured member's cover;
- (e) The date the insured member enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the insured member;
- (g) When the insured member is on temporary leave of absence, vacation without pay or absent from work due to sickness or injury for more than 6 months;
- (h) Non-payment of the premium after the grace period; or
- (i) Any condition under policy contract Clause A of What you need to be aware– arises.

Where applicable, the cover for the dependant(s) of the insured member shall automatically terminate when:

- (a) The cover for the insured member ceases; or
- (b) The spouse and/or child(ren) ceases to fall within the definition of a dependants in this policy.

12. Free Look Provision

Not Applicable.

13. Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg) or www.lia.org.sg or www.sdic.org.sg.



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.