



AIA SINGAPORE PRIVATE LIMITED
PRODUCT SUMMARY
GROUP HOSPITAL & SURGICAL (GHS) INSURANCE

Policyholder	:	SINGAPORE UNIVERSITY OF SOCIAL SCIENCES
Policy No.	:	0000078050
Period of Insurance	:	1 JANUARY 2022 to 31 DECEMBER 2022

PRODUCT INFORMATION

Group Hospital & Surgical (GHS) Plan is a medical expense insurance plan that seeks to reimburse the expenses incurred as a result of hospitalization or surgery. Through this insurance scheme, the member would be able to protect himself against exorbitant and escalating hospital bills.

The insurance is to provide 24-hour worldwide coverage in the event of hospitalization or surgery. There is no minimum duration as long as (a) the Hospital makes a charge for room and board or (b) there is a surgery performed.

ELIGIBILITY

Members over 16 and below 70 years of age, renewable up to age 74 last birthday.

DESCRIPTION OF BENEFITS (GHS)

- Daily Room & Board & Intensive Care Unit**
This benefit shall be paid when, upon recommendation of a Registered Medical Practitioner, an insured is hospitalised.
- Other Hospital Services**
This benefit shall be paid when an insured incurs charges for services rendered and supplies which are customarily supplied by the hospital (including implants).
- Surgical**
This benefit shall be paid when an insured incurs charges in connection with an operation performed by one or more Registered Medical Practitioners and/or Specialists, including any assistant surgeons.

Except for surgical operation charges that fall below the Minor Surgical Benefit Limit as shown in the Policy Schedule, each operation is subject to the amount obtained by multiplying the appropriate percentage shown for that operation in the Surgical Schedule of Fees by the maximum Surgical Benefit shown 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.

- In-Hospital Doctor's Consultation**
This benefit shall be paid when an insured incurs charges for consultation by Registered Medical Practitioners and/or Specialists while he is hospitalized. For this benefit only one visit per day shall be covered.
- Emergency Out-Patient Treatment (Accident)**
This benefit shall be paid when, as a result of an Accident and within twenty-four (24) hours following such an Accident an insured incurs charges for emergency out-patient treatment in the out-patient department of a Hospital or at a Registered Medical Practitioner's office and follow-up treatment within thirty-one (31) days thereafter.
- Pre & post Hospitalization Specialist Consultation, Diagnostic X-ray and Laboratory Test**
This benefit shall be paid when the insured incurs charges for Specialist consultations, diagnostic x-ray and laboratory examinations in the period commencing 120 days before hospitalization or surgery and 120 days after

discharge from the hospital or surgery. Consultation by Traditional Chinese Medicine practitioners are covered under post hospitalization.

7. Hospitalization in Singapore Government Restructured Hospital (GRH)
If an insured is hospitalized in a Singapore GRH while staying in a ward within his entitlement, individual limits of items (2) to (6) as described above shall not apply and the actual charges made for the hospitalization shall be paid subject to the GRH overall benefit limit.
8. Overseas Hospitalization (Accident)
This benefit shall be paid when an insured sustains Injury from an accident while traveling outside of Singapore and as a result of such Injury incurs hospitalization charges overseas within 180 days of departure from Singapore. This benefit applies to Insured Members who reside and work in Singapore.
9. Death
This benefit shall be paid to the Policyholder upon receipt of due proof of death of any insured in the form required by AIA.
10. Out-patient Kidney Dialysis/Cancer Treatment
This benefit shall be paid, when an insured incurs out-patient expenses (excluding medical or preventive health screening) for the following treatments:
 - (a) Kidney dialysis including home peritoneal 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.
11. Rehabilitation
This benefit shall be paid when an insured is recommended by the attending Registered Medical Practitioner and/or Specialist to recuperate in a community/ rehabilitation hospital registered and approved by the Ministry of Health of Singapore.
12. Mental Care
Where Mental Care is a benefit expressly included in the Benefit Schedule below, the sum of in-patient and out-patient charges shall be paid subject to the following conditions:
 - (a) in the case of in-patient charges incurred, the in-patient charges are for the insured's hospitalization in Singapore Institute of Mental Health or any Hospital, for psychiatric care and treatment only on the recommendation of a Registered Medical Practitioner or a psychiatrist for such hospitalisation;
 - (b) the insured will not be reimbursed for the same charges under any benefits other than Mental Care if the limit is a lump sum benefit; and
 - (c) in the case of out-patient charges, which include charges for tests and out-patient consultations with psychiatrists or psychologists, such charges are incurred ninety (90) days before hospitalization and ninety (90) days after discharge.

BENEFITS SCHEDULE

Plan	Classification
Plan 1	All Full-Time Undergraduate Students (Residing in Singapore)

GHS Benefits Schedule (Per Any One Disability)		Plan 1 \$
1a	Daily Room & Board (Max. 120 days)	6 Bed Govt / Restr
1b	Intensive Care Unit (Max. 30 days)	10,000
2	Other Hospital Services	800
3	Surgical Benefit (subject to surgical schedule in Private Hospital)	1,000
4	In-hospital Doctor Consultation (Max. 120 days)	20
5	Emergency Outpatient Treatment (Accident only)	200
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)	400
7	Hospitalisation in Singapore Government Hospital or Singapore Restructured Hospital (Overall Maximum Limit Per Disability)	5,000
8	Miscarriage (Includes Ectopic pregnancy)	As Per Disability
9	Overseas Hospitalisation (Accident) Maximum per disability, item 1 to 6 only	150% GHS Benefits
10	Death Benefit	5,000
11	Kidney Dialysis & Cancer Treatment (Max Per Policy Year)	5,000
12	Rehabilitation Benefit (up to maximum of 31 days)	5,000
13	Mental Care (Max Per Policy Year)	5,000

KEY PRODUCT PROVISIONS

1) EXCLUSIONS

No benefit shall be payable under this Policy for any one of the following occurrences:

- a) Pre-existing conditions which have existed during the 12 months prior to the commencement of insurance coverage in respect of the insured under this Policy, whether known or unknown to the insured in so far as the cause and pathology of the conditions have already existed, unless the insured has already been covered continuously for twelve (12) months under this Policy or under any group hospital and surgical policy issued in Singapore immediately prior to the commencement of insurance coverage under this Policy. A break of not more than 31 calendar days between the termination date under the previous insurer's contract and the commencement date under the present policy shall not constitute a lapse in coverage.
- b) Investigation and treatment of psychological, emotional, mental and behavioral conditions; alcoholism or drug addiction, intentional self-inflicted injuries while sane or insane, unless the policy has a "Mental Care" benefit expressly stated in the Benefit Schedule.
- c) Treatment of injuries sustained as a result of a criminal act of the insured.
- d) Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.
- e) General physical or medical check-up or health screening 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 or for preventive purposes; 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.

- f) Treatment of xanthelasma, skin tags, acne, alopecia, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition otherwise admissible under the Policy.
- g) Investigation for sleep apnea except if the insured subsequently undergoes a surgical procedure as recommended by a Specialist.
- h) Procurement and rental of/or use of special braces, any appliances, any equipment or prosthetic devices, wheel-chair, walking aids, hearing aids or the fitting of the same and non-medical services such as government taxes, television, telephone and the like.
- i) Any eye examination, treatment or surgical procedure for the correction of eye refraction; procurement of contact lenses and eye glasses, surgical procedure for correction of squint or other eye misalignment for ages 8 years old and above.
- j) Cosmetic procedure or plastic surgery except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.
- k) Dental or oral treatment except when payable under the Emergency Out-Patient Treatment (Accident) as a result of an injury sustained in an Accident.
- l) 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.
- m) Treatment relating to birth control; investigation or treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage; all consultations and treatments including surgical procedures required or recommended subsequent to consultations for the purpose of treating subfertility, infertility or at in-vitro fertilization clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine and the like.
- n) Treatment by Physiotherapist and Traditional Chinese Medical Practitioner; except if treatment is within 90 days of discharge from the Hospital.
- o) Acupuncture, acupressure, bonesetting, herbalist treatment, hypnotism, massage therapy, aroma therapy and other forms of alternative treatments such as but not limited to podiatry, osteopathy and chiropractic treatment.
- p) Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments.
- q) Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
- r) Acquired Immuno-Deficiency Syndrome (AIDS), AIDs related complexes and all illnesses or diseases associated with the Human Immuno-Deficiency Virus (HIV), unless acquired due to Medically Necessary blood transfusions or occupational related infections (where proof of which must be made available to the Company).
- s) Any treatment to prevent illness, promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps, shampoos and moisturizers.
- t) The costs and expenses incurred in acquiring an organ for organ transplant or the costs and expenses incurred by the donor of such organ.
- u) Hospital Confinement if the treatment, according to the general opinion of Specialists, could have been provided on an out-patient basis.
- v) Costs arising out of any litigation or dispute between the insured and any medical person or establishment from whom treatment has been sought or given, or any other costs not directly or specifically related to the payment of the medical expenses covered by the policy.

2) NON GUARANTEED PREMIUM

Premiums payable for this plan are not guaranteed and may be increased at Policy Renewal Date at the full discretion of the Company.

We shall have the rights to change the premium rate applicable for the policy:

- On any Policy Anniversary; or
- On any Premium Due Date provided that the rate charged has been in effect for at least 12 months; or
- When the risks insured against under the Policy have substantially increased, and we have given the Policyholder at least 31 days' notice before the Premium Due Date.

3) TERMS OF RENEWAL

The group policy contract may be renewed on the Policy Anniversary Date on such terms agreed by the Policyholder (employer). We can vary the premium and any other terms and conditions by giving written notice of such change to the Policyholder.

4) CANCELLATION CLAUSE

We may terminate the group policy on any Policy Anniversary Date by giving the Policyholder (employer) at least 31 days prior written notice of termination. Whenever such cancellation occurs, AIA shall return the unearned portion of premiums to the Policyholder (employer). The termination of coverage shall be without prejudice to the payment of claims arising prior to the date of termination.

5) TERMINATION

The coverage of a member shall automatically cease on the earliest of the following dates:

- (i) On the day the Policy is terminated; or
- (ii) On the expiry of the coverage for which the last premium payment was made on his account; or
- (iii) At the end of the Policy Year during which he attains the Maximum Age of Coverage as stated in the Policy Schedule; or
- (iv) On such date as may be communicated to him by reason of war or an act of war – such date to be determined at the insurer's discretion; or
- (v) On the date the Insured Member resigns, retires or terminates his employment with the Policyholder, or ceases to be covered under the Policy for any other reason; or
- (vi) On the expiry of 12 months from the start of the Insured Member being continuously:
 - (a) on temporary leave of absence; or
 - (b) on vacation without pay; or
 - (c) sick or injured (with or without continued uninterrupted absence from work).
- (vii) The date the Dependant ceases to fulfil the conditions that has permitted him to become insured as a Dependant.

6) MISSTATEMENT

- (a) If the age or date of birth or other relevant facts relating to an insured shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the policy terms and conditions, the true age and facts shall be used in determining whether insurance is in force under the policy terms and the benefits payable therefrom, and an equitable adjustment of premiums shall be made.
- (b) Where a misstatement of age or other relevant facts have caused a member to be insured where he is otherwise ineligible for any insurance, or where such statement has caused an insured to remain insured when he would otherwise be disqualified in accordance with the policy terms and limitations, we may in our absolute discretion declare the insurance of the insured to be void and annul such insurance, and there shall be a return of premiums paid in respect of the member, provided always that where there is fraud on the part of the policyholder or insured, no premiums paid will be returned. If any claim has been admitted and benefits paid before AIA was made aware of the misstatement, the Policyholder will on demand by AIA reimburse AIA all benefits paid or the monetary equivalent of such benefits (as may be reasonably determined by us) if they were not paid in cash.

SURGICAL SCHEDULE OF FEES

Surgical Code Table	Surgical Percentage
1A	5%
1B	10%
1C	15%
2A	20%
2B	25%

2C	30%
3A	40%
3B	45%
3C	50%
4A	55%
4B	60%
4C	65%
5A	70%
5B	75%
5C	80%
6A	85%
6B	90%
6C	95%
7A	100%
7B	100%
7C	100%

NOTE: Detailed surgical procedures under each category shown above shall be based on the prevailing "Table of Surgical Procedures" under the Medisave Scheme operated by the Ministry of Health of Singapore, which may be amended from time to time. Any amendments to the above Surgical Codes or Surgical Percentage under the Medisave Scheme operated by the Ministry of Health of Singapore shall automatically apply to the above table.

IMPORTANT NOTICE

This is only product information provided by AIA 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.