



PRODUCT SUMMARY – GROUP OUTPATIENT CLINICAL (SP) INSURANCE

PRODUCT INFORMATION

The Group Outpatient Clinical (SP) Insurance is a medical expense insurance policy designed to reimburse outpatient expenses incurred by an employee or his covered dependants for medically necessary treatment in respect of any illness, injury or disease subject to the limits as stated in the Benefits Schedule.

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

GST for eligible claims is covered by the policy.

BENEFITS SCHEDULE AND PREMIUM TABLE

Please refer to the Benefits Schedule as attached.

a) Outpatient Specialist Benefit

Consultation and treatment (including medicine) provided by a Specialist in his clinic to whom the Insured Member was referred by a Panel General Practitioner or a Non-Panel General Practitioner.

The first consultation must take place within 30 days of the date of the referral letter and follow-up consultations with the same specialist must take place within 1 year from the date of first consultation.

A fresh referral letter is required for consultations beyond the time periods specified above.

b) Diagnostics X-Ray & Lab Tests

Diagnostics X-ray and Lab test(s) recommended by a Panel General Practitioner, a Non-Panel General Practitioner or a Specialist for the purpose of diagnosis.

c) MRI/CT scan

MRI/CT scan recommended by a Panel General Practitioner, a Non-Panel General Practitioner, or a Specialist

d) Outpatient Physiotherapy

Outpatient Physiotherapy recommended by a Panel General Practitioner, a Non-Panel General Practitioner, or a Specialist

e) TCM

“Traditional Chinese Medicine Practitioner” means a person who is registered under the Traditional Chinese Medicine Practitioners Act (Cap 333A) for the carrying out of any prescribed practice of traditional Chinese medicine,

This policy is extended to cover the Eligible Expenses, subject to the limits and co-payment shown in the Benefit Schedule, for the following -

- Consultation and Treatment (include medicine) provided by TCM Practitioner in his registered address

f) Chiropractic Consultation

This coverage shall extend to cover eligible expense of Chiropractic Consultation subjected to the limit and co-payment shown in the Benefit Schedule.

g) Mental Care

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E&OE
1/1/2016



This coverage shall extend to cover psychiatric treatment.

Psychiatric treatment shall mean treatment for an illness in the nature of a mental behavior, psychiatric or psychological disorder by a registered mental health practitioner qualified to provide the treatment.

Benefit Schedule

Plan 1	Classification
Basis of Cover	All Full-Time Students (Including International Students) and Part-time International Postgraduate Students (Residing in Singapore and Overseas)
Benefits (Referral Letter Required, unless otherwise stated) (Reimbursement Per Policy Year)	Plan 1 (S\$)
1. Specialist Consultation <ul style="list-style-type: none"> - Including Physiotherapy and Chiropractor (referral letter is waived for Chiropractor) 	Up to \$1,000 Per Policy Year
2. Diagnostic X-ray & Laboratory Test <ul style="list-style-type: none"> - includes MRI/CT Scan 	
3. Mental Care (referral letter waived)	
4. TCM inclusive of medicine (referral letter is waived) <ul style="list-style-type: none"> - \$30 per visit (Limited to 10 visits per policy year) 	
5. Specialist's Consultation without referral letter <ul style="list-style-type: none"> - \$30 per visit 	



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.
- Treatment of xanthelesema, syringoma, acne and alopecia.
- Cosmetic surgery
- Medical, surgical, dental, optical and other appliances (eg. Spectacles, contact lens and artificial limbs).
- Special nursing care, general physical or medical check-up or tests not incidental to the treatment or diagnosis of an actual sickness or injury or any treatment which is not medically necessary.
- Venereal disease and any disability or condition or complications due directly or indirectly to human immuno-deficiency virus (AIDS).
- Preventive check-up, pap-smear tests for ladies and vaccinations (eg hepatitis vaccinations, vaccinations for children such as DPT).
- Diagnostic MRI and/or CT Scan.
- Any type of therapy (eg physiotherapy, platelet rich plasma therapy) or dialysis.
- 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 and surgical procedure for correction of eye refraction.
- Any treatment or surgical procedure for congenital anomalies or genetic defects 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.
- Expenses incurred for treatment or services which are paid for by any other party or which are claimable under Workmen's Compensation insurance or other form of medical reimbursement insurance plan.
- Treatment of 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.