

PRODUCT SUMMARY
NANYANG TECHNOLOGICAL UNIVERSITY (NTU)
GROUP HOSPITAL AND SURGICAL INSURANCE FOR STUDENTS (GHSI)

BACKGROUND ON RAFFLES HEALTH INSURANCE

Raffles Health Insurance is a wholly-owned subsidiary of Raffles Medical Group – a leading integrated healthcare service provider in Singapore.

Raffles Health Insurance is a leading healthcare insurance specialist in Singapore, supported by RMG’s wide network of family medicine clinics and tertiary care private hospital, Raffles Hospital, to provide fully integrated and coordinated healthcare for our policy owners and members. We strive to be the preferred healthcare partner and service provider, specialising in providing you a healthcare financing solution to cater to your healthcare needs.

INTRODUCTION

The insurance covers reasonable and customary charges incurred for hospitalisation and/or surgical expenses for treatment for illness or injury sought at a Singapore Government Restructured Hospital but subject to policy limits, terms and conditions. The insurance extends to cover outpatient mental health treatment.

POLICY NUMBER : GMD18000021

SCHEDULE OF BENEFITS

Group Hospital and Surgical Insurance (GHSI) - 1 July 2021 to 30 June 2023

| SCHEDULE OF BENEFITS (SGD) | |
|---|----------------------------------|
| BENEFITS PER INSURED PERSON / PER POLICY YEAR | PLAN 1 (GRH1/B1 WARD) |
| A. HOSPITAL & RELATED BENEFITS | |
| 1. Daily Room & Board | As Charged |
| 2. High Dependency Ward | As Charged |
| 3. Intensive Care Unit | As Charged |
| 4. Hospital Miscellaneous Services (including ambulance fees) | As Charged |
| 5. Surgeon’s Fee | As Charged |
| 6. Anaesthetist’s Fee | As Charged |
| 7. In-Hospital Physician’s Visit | As Charged |
| 8. Pre-Hospitalisation / Surgery Specialist Consultation (within 90 days before admission) | As Charged |
| 9. Pre-Hospitalisation / Surgery Diagnostic Services (within 90 days before admission) | As Charged |
| 10. Post-Hospitalisation / Surgery Treatment (up to 90 days after discharge) | As Charged |
| 11. Emergency Outpatient Treatment (due to accident only) | As Charged |
| 12. Dental Treatment (due to accident only) | As Charged |

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| B. Outpatient Kidney Dialysis | As Charged |
| C. Outpatient Cancer Treatment | As Charged |
| D. Other Benefits | |
| 13. Medical Report Fee | As Charged |
| 14. Course Termination Benefit | S\$3,000 |
| Maximum Limit Per Student Per Policy Year (Sections A1 to D14) | S\$50,000 |
| 15. Funeral Expenses | S\$5,000 |
| 16. Repatriation of Remains to Home Country | S\$5,000 |
| 17. Return Air-Tickets for 2 Family Members (or Appointed Persons) of Deceased Person | S\$6,000 |
| 18. Accidental Death Benefit | S\$15,000 |

| SCHEDULE OF BENEFITS (SGD) | |
|---|---------------|
| BENEFITS PER INSURED PERSON / PER POLICY YEAR | PLAN 1 |
| OUTPATIENT SPECIALIST BENEFIT (WITHIN SINGAPORE ONLY) | |
| 19. Charges incurred in the Accident & Emergency Department of a Singapore Government / Restructured Hospital ¹ 20. Charges for consultation with a Specialist from the Fullerton Health @ NTU or a Singapore Government / Restructured Hospital ¹ including prescribed drugs, diagnostic procedures and laboratory tests, if recommended in writing by the Fullerton Health @ NTU or Accident & Emergency Department of a Singapore Government / Restructured Hospital ¹ 21. Outpatient and minor surgery done at Fullerton Health @ NTU or Fullerton Healthcare Group. | S\$1,000 |
| 22. Charges for consultation and treatment by a Psychiatrist of a Singapore Government / Restructured Hospital ¹ or Private Hospital / Clinic including the Fullerton Health @ NTU, if recommended in writing by the Fullerton Health @ NTU or the Accident & Emergency Department of a Singapore Government / Restructured Hospital ¹ 23. Charges for in-house Psychiatric consultation and treatment at Fullerton Health @ NTU 24. Outpatient physiotherapy referred by Fullerton Health @ NTU (referral letter required) 25. Outpatient TCM ² treatments referred by Fullerton Health @ NTU (referral letter required) | S\$1,000 |

The Schedule of Benefits provides a brief outline of Your coverage and benefits. Please read the section on Description of Benefits for full details. All benefits are subject to the conditions, exclusions and limitations described in the Policy.

Where a Co-insurance applies, then we will only reimburse the amount in excess of the Co-insurance.

- Government Restructured Hospitals (GRH) shall refer to all institutions defined as such by the Ministry of Health in Singapore.
- Traditional Chinese Medicine shall refer to practitioners registered with the Ministry of Health Singapore.

DESCRIPTION OF BENEFITS

- 1. Daily Room and Board** Hospital charges for accommodation, general nursing services and meals for each day of confinement as an Inpatient in a Hospital at the recommendation of a Physician. The total number of days for which the daily room and board charges are payable shall not exceed the maximum number of days Per Disability as specified in the Schedule of Benefits.

In the event the Insured Person is warded in a higher class of ward from that which he/she is entitled under this Policy, We shall only reimburse the charges that would have been incurred if the Insured Person had been warded in accordance with the plan under which he/she is covered as specified in the Schedule. In the event the Insured Person is warded in a lower class of ward, We shall only reimburse the charges incurred in accordance to the class of ward that the Insured Person was actually warded in.

Where Our Physicians deem the length of Inpatient stay or Hospital charges to be unreasonable, We reserve the right to limit payment to what Our Physicians deem to be Reasonable & Customary Charges.
- 2. Intensive Care Unit (ICU)** The daily room and board charges incurred when an Insured Person is confined as an Inpatient in the Intensive Care Unit or High Dependency Ward of a Hospital. The benefit payable shall not exceed the maximum limit and number of days Per Disability as specified in the Schedule of Benefits.
- 3. Surgeon's Fees (if applicable)** The Surgeon's Fees reimbursable shall be either the actual fees for the Surgery or an amount obtained by multiplying the maximum benefit payable as per the Schedule of Benefits with the percentage number payable according to the Group under which the Surgery is classified in the Surgical Schedule of Fees, whichever is the lower.

If two or more surgical procedures are performed during the course of a single operation through the same incision, benefits will be allowed only for surgical procedure having the higher limit.
- 4. In-Hospital Physician's Visit** Fees charged for daily bedside visits made by the attending Physician during the Insured Person's confinement in the Hospital. This benefit is limited to one visit per day and shall be payable up to the maximum daily limit specified in the Schedule of Benefits. The total number of days for which the benefit is payable shall not exceed the maximum number of days specified in the Schedule of Benefits.
- 5. Hospital Miscellaneous Charges** Hospital charges incurred while confined in the Hospital :

 - (a) prescription drugs consumed in the Hospital
 - (b) Inpatient diagnostic procedures and physiotherapy that are medically necessary
 - (c) ambulance charges of up to \$75, provided the Insured Person is admitted as an Inpatient
 - (d) special nursing and medically necessary ancillary services & consumable items
 - (e) use of an operating theatre necessary for surgery

DESCRIPTION OF BENEFITS

- 6. Pre-Hospitalisation Specialist Consultation & Diagnostic Services** Charges incurred for consultation with a Specialist upon the recommendation in writing by a Physician and any examination and tests ordered by the Specialist and performed for the diagnosis of a medical condition which results in Hospitalisation or Surgery within the period specified in the Schedule of Benefits. The benefit payable shall not exceed the maximum limit specified in the Schedule of Benefits. This shall also include treatment at the A&E Department of the Hospital that necessitates immediate Hospitalisation.
- 7. Post-Hospitalisation Follow-Up Treatment** Charges incurred for follow-up treatment by the same attending Physician received immediately after discharge from a Hospital or Day Surgery, provided the treatment is for the same medical condition for which the Inpatient treatment or Day Surgery was required. The benefit payable shall not exceed the maximum limit specified in the Schedule of Benefits and the treatment must be received within the period specified in the Schedule of Benefits.
- 8. Emergency Accidental Outpatient Treatment** Charges incurred for emergency outpatient medical treatment at a clinic or Hospital for bodily Injury sustained in an Accident. This benefit is payable provided the medical attention is sought within 24 hours of the occurrence of the Accident. Charges incurred for follow-up treatment shall be payable up to 31 days from the time of the Accident but the total benefit shall not exceed the maximum limit specified in the Schedule of Benefits.
- 9. Rehabilitation Benefit** If an Insured Person is recommended by the attending Physician to recuperate in a community or rehabilitation Hospital registered and approved by the Ministry of Health of Singapore, We shall pay for the actual charges incurred for such confinement subject to a maximum of 31 days after hospitalisation or surgery but not exceeding the maximum lump sum limit specified in the Schedule of Benefits.
- 10. Parental Accommodation** We shall reimburse the daily cost of an added bed in the same room for either parent or legal guardian staying with the Insured Person. The total benefit payable shall not exceed the maximum daily limit and number of days Per Disability as specified in the Schedule of Benefits.
- 11. Home Nursing Benefit** Fees charged for the services of a medically qualified and licensed nurse in the Insured Person's home for the continued treatment of the specific medical condition that is covered under this Policy and for which the Insured Person has been hospitalised. Such services must be deemed medically necessary by the attending Physician in writing and must commence within 60 days of discharge.
- The plan and schedule of the nursing care must be established and prescribed in writing by the attending Physician.
- No payment will be made for services provided with respect to custodial care, rest cure, convalescence or personal comfort issues.
- The total benefit payable shall not exceed the maximum daily limit and number of days Per Disability as - specified in the Schedule of Benefits.

DESCRIPTION OF BENEFITS

12. Treatment for HIV Infection and AIDS benefit

We shall pay for the medical charges incurred where :

1. The Insured Person is infected with the Human Immunodeficiency Virus (HIV) through blood transfusion, provided the following conditions are met :
 - a) The blood transfusion was medically necessary;
 - b) Proof of the blood transfusion must be made available to Us; and the institution providing the blood transfusion admits liability for the HIV infection.
2. The Insured Person becomes infected with the Human Immunodeficiency Virus (HIV) whilst carrying out the normal duties of his/her usual occupation either as a medical practitioner, nurse, laboratory technician, dental surgeon/nurse or ambulance paramedical worker, provided the following are proven to Our satisfaction :
 - a) Proof of the infection involving a definite source of the HIV infected fluids must be made available to Us, including a negative antibody test within 5 days of the accident;
 - b) Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

The total benefit payable shall not exceed the maximum limit per year specified in the Schedule of Benefits.

13. Outpatient Kidney Dialysis & Cancer Treatment

Medical expenses incurred for kidney dialysis performed at a legally registered dialysis centre and treatment of cancer provided by the outpatient unit of a Hospital or a registered national cancer centre. The total benefits shall not exceed the maximum limit specified in the Schedule of Benefits.

14. Accidental Miscarriage

Charges incurred for Hospitalisation or outpatient medical treatment by a Physician for miscarriage from an Accident within 24 hours of the occurrence of such Accident. The total benefit shall not exceed the maximum limit specified in the Schedule of Benefits. The benefit shall exclude pre-natal treatments but shall include ectopic pregnancy.

15. Overseas Hospitalisation Due to Accident

Charges incurred for Hospitalisation or outpatient medical treatment for Injury sustained in an Accident while travelling outside of Singapore. We shall pay for the actual medical expenses incurred overseas, up to the maximum limit specified in the Schedule of Benefits. Period of cover shall apply to travel within 180 days of departure from Singapore.

16. Special Grant

A lump sum as specified in the Schedule of Benefits shall be payable in the event of the Insured Person's death resulting from an: (a) Accident; or (b) illness during his/her hospitalisation or within the post-hospitalisation period after his/her discharge from the hospital.

17. Daily Hospital Cash Benefit

Where an Insured Person is warded in a lower class of ward than his/her entitlement at a Singapore Government Restructured Hospital, a Daily Hospital Cash Benefit shall be payable up to a maximum number of days per disability as specified in the Schedule of Benefits. This benefit is not applicable for Day Surgery cases and the entire duration of Hospital Confinement must be in the same class of ward.

DESCRIPTION OF BENEFITS

- 1. Specialist (SP) Services** Charges incurred for consultation and treatment by a Specialist, where such treatment is recommended in writing by a General Practitioner. The benefit payable shall be subject to the Co-Payment and/or maximum limit per visit as specified in the Schedule of Benefits.
- Where such Specialist treatment is not recommended by a General Practitioner, there shall be no reimbursement of any charge incurred unless otherwise specified in the Schedule.
- The Insured Person may visit any Specialist Outpatient Clinics at Raffles Hospital and receive treatment by producing his/her RHI membership card or providing the clinic with his/her NRIC number. Where Co-Payment applies, the Insured Person shall be required to pay the amount of Co-Payment at the clinic on the day of visit.
- For treatments sought at Singapore Government/Restructured Hospitals or Non-Panel Specialists, the Co-Payment shall be deducted from the claim submitted and the balance reimbursed to the Insured Person.
- In the event of an Emergency, an Insured Person referred by the A&E Department to visit any Specialist shall constitute a referral.
- 2. Outpatient Emergency Treatment** Charges incurred for an emergency outpatient treatment of an Illness or Injury at the Accident and Emergency (A&E) Department of a Hospital in Singapore. The benefit payable shall be subject to the Co-Payment and/or maximum limit as specified in the Schedule of Benefits.
- 3. Annual SP Limit** Maximum aggregate amount of benefits payable under the Policy for all Outpatient Specialist benefits in respect of any one Insured Person per Policy Year.

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 required to refer to the actual terms and conditions in the contract.

1. Eligibility for Group Hospital & Surgical Plan and Group Outpatient Clinical Policy

Plan 1: All Matriculated or Registered Students comprising of:

- Full-time international undergraduate and postgraduate students
- Full-time registered students with LKC (Lee Kong Chian School of Medicine), with additional rider. Rider extension to cover LKC Medicine students for work related injuries during clinical attachments and occupationally acquired HIV.
- International undergraduate and postgraduate students studying on exchange / non-graduating programmes
- “Bridging” international students – they arrive 6 to 12 months prior to being matriculated or registered with NTU, NIE (National Institute of Education) or RSIS (S. Rajaratnam School of International Studies)
- International students of newly created or formed entities, schools or institutes.

The following students are automatically covered unless they opt-out:

- All full-time undergraduate and postgraduate students who hold Diplomatic Pass
- Singaporean and Singapore PR postgraduate students (subject to review and approval of One Stop @ SAC or NIE)

2. Voluntary Dependant Coverage (Subject to Underwriting and Additional Premium)

Voluntary Dependant coverage eligibility:

- a) Dependant of an Member (subject to the Member being covered) who is resident in the same Country of Residence as the Member.
- b) The Insured Persons must be residents of Singapore defined as Singapore Citizens, Permanent Residents and expatriates or foreigners holding a valid Employment Pass, Work Permit, Student Pass or Dependant Pass.

Note: Course Termination Benefit under Group Hospital & Surgical Policy is not applicable to insured dependants.

Dependants definition as follows: Any of the following persons related to the Policyholder:

- a) legal spouse aged between 16 and 65 years old
- b) an unmarried and unemployed child age between 15 days and 18 years
- c) an unmarried and unemployed child aged between 19 years and 25 years if he/she is enrolled in an accredited educational institution on full-time higher education and not in full-time national service.
- d) an unmarried child who is more than 19 years old, primarily supported by the parent and incapable of self-support due to mental retardation or severe physical handicap.

A Child dependant shall include stepchildren, adopted children and children for whom the Member is the legal guardian.

3. Extensions for Group Hospital and Surgical and Group Outpatient Clinical Policies:

- a) Pre-existing conditions will be covered from inception.
- b) Covers injuries sustained:
 - i. during participation in activities/ events organized by Nanyang Technological University (NTU) and its various clubs; and
 - ii. during external events in which the student is participating as a student of NTU.
- c) Coverage for communicable diseases requiring isolation and/ or quarantine by law such as SARS, Bird Flu and other infectious diseases.
- d) Coverage for first- year matriculated or registered students will commence upon student's arrival in Singapore up to 2 weeks prior to course commencement.
- e) Coverage for international students will extend to cover students domiciled in West Malaysia and travel to NTUC or classes.
- f) Coverage for international students will continue during Industrial Attachment. Professional Attachment and Professional Internship programmes, as well as whilst they are overseas on exchange, study trips and home vacation. Students are covered up to maximum of 6 months whilst overseas for home vacation or personal reasons (non-school related activities) for which the insurance premium has been paid.
- g) Covers mental illness.
- h) Coverage for each student shall terminate upon the end of the policy period of the year for which premium has been paid provided the student who has completed their course or graduated, have not started full-time employment.
- i) If a matriculated or registered student is granted Leave of Absence due to medical reason, the cover will terminate at the end of the policy period for which the insurance premium has been paid.
- j) If a matriculated or registered student is granted Leave of Absence due to internship in company, the cover will terminate at the end of the policy period for which the insurance premium has been paid.
- k) LOG facility is only available in Singapore Government Restructured Hospitals based on pre-certification covering up to limits of the policy.
- l) In view of the current COVID-19 situation worldwide, coverage for international students will continue whilst they are on home leave staying in Singapore, for which the insurance premium has been paid.

4. Exclusions for Group Hospital and Surgical Insurance

Unless specifically included in the Benefit Schedule or Endorsements, all medical care, tests and treatment in relation to the following shall not be reimbursed by Us:

- a) All medications, investigations or treatment requested by the Insured Person. Drugs purchased without doctor's prescription. Special nursing care, general physical or medical check-up or test not incidental to the treatment of diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
- b) Experimental medical treatment or diagnostic examinations or services for education purposes, such as, but not limited to, investigations and/or treatment as part of clinical trials. Blood tests for food allergies are specifically excluded.
- c) Alternative treatment clinic or centres, where alternative treatment includes but is not limited to, chiropractic, acupuncture, podiatry, reflexology, hydrotherapy, occupational and speech therapy. Unless pre-approve by Us or as indicated in the Benefit Schedule.
- d) Routine physical examinations, medical check-ups, health screening or any other tests or treatment which are not medically necessary and any preventive treatments including vaccination and preventive medicines and pap smear screening.
- e) Emotional, stress, psychiatric, psychological or sleep disorders; Alcoholism or drug addiction; Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane; Injuries sustained as a result of a criminal act of the Insured Person. Consultation or treatment for developmental conditions; Treatment for developmental delay and/or learning disabilities in children.
- f) Any expenses incurred in relation to birth control measures, pregnancy, infertility, post-delivery confinement, miscarriage, ligation, abortion, erectile dysfunction and Hormone Replacement Therapy. Consultation or treatment for natural/physiological menopause and/or medical conditions arising directly from it (such as osteoporosis) except where the menopause was induced by the surgical removal of both ovaries deemed medically necessary.
- g) Any expenses incurred in relation to cosmetic nature including but not limited to aesthetic and plastic surgery: acne, skin peeling or treatment for hair loss, and sex change operation, pigmentation, keloids, skin tags, moles, circumcision & viral wart (except where it is medically or functionally necessary) or treatment relating to the same.
- h) Consultation or treatment at wellness or lifestyle clinics or centres; Treatment for obesity, weight reduction or weight improvement; Treatment and Investigations for sleep apnoea. All bariatric surgeries/surgeries to achieve weight loss are specifically excluded, regardless of the reason the bariatric surgery is being done for. Vitamins and health supplements unless medically required as a result of vitamin deficiency.
- i) Congenital conditions or birth defects or conditions arising therefrom.
- j) Any expenses incurred in relation to illness or disablement arising from, venereal disease, HIV infection, AIDS or any illness caused by the misconduct or negligence of the Insured Members.
- k) Any dental treatment or surgery except where the procedure is necessitated by damage to sound natural teeth as a result of an Accident or Injury occurring during the Period of Insurance. For avoidance of doubt, any treatment that requires the expertise of a Dental Surgeon, regardless of the disease or condition being treated, will be excluded. This is regardless of the involvement or any Medical Doctor in the treatment or surgery for that condition.

- l) Any expenses incurred in relation to procurement or use of special braces, equipment, prosthetic devices or appliances including but not limited to spectacles, contact lens or artificial limbs due to medical, surgical, dental or optical reason. Implants, medical appliances and prosthetic devices including spectacles, hearing aids, wheelchairs, lenses and pressure garments; Non-medical services or specially requested items not normally included in the room rate such as international calls, television, radio or similar facilities
- m) 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 Workmen's Compensation Act, Singapore.
- n) Claims for which all original receipts and/or bills are not submitted for processing within three months of incurring such expenses.
- o) Any eye examination or surgical procedure for correction of eye refraction.
- p) Hospitalisation for the primary purpose of investigation, x-ray examinations, including CT Scans and MRI Scans, medical check-up or health screening, without any medical treatment.
- q) Non-hospital charges, including nursing care or ambulatory care, rest cures or sanatoria care, convalescent care, hospice care and treatment arising from any geriatric, psycho-geriatric or psychiatric condition.
- r) Treatment or surgical procedures done for aesthetic purposes. This includes Cosmetic (aesthetic) or plastic surgery or any treatment which relates to or is needed because of previous cosmetic treatment, except where reconstructive Surgery:
 - i. is necessary for functional or medical purposes after an Accident or following Surgery for a medical condition (provided that the Accident or Surgery occurred while the Insured Person was covered under this Policy); and
 - ii. is done at a medically appropriate stage after the Accident or Surgery; and
 - iii. the cost of the treatment is approved by Us in writing before it is done.
- s) Injuries arising from direct participation in a strike, riot, insurrection, any act of war (whether declared or undeclared) or any act of terror, injuries arising from participating in any sports in a professional capacity.
- t) All visits for second opinion of the same condition for the insured that had previously been claimed with Raffles Health Insurance.

5. Exclusions for Group Outpatient Specialist Rider

- a) Congenital conditions or birth defects or conditions arising therefrom.
- b) Hospitalisation for the primary purpose of diagnosis, x-ray examinations, including CT Scans and MRI Scans, medical check-up or health screening, except if the eventual treatment requires Hospitalisation or Surgery.
- c) Experimental medical treatment or diagnostic examinations or services for education purposes, such as, but not limited to, investigations and/or treatment as part of clinical trials. Blood tests for food allergies are specifically excluded.
- d) Drugs/Medicines not registered with the Health Science Authority (HSA) of the Ministry of Health are specifically excluded. Drugs which are registered with the HSA but used for purposes other than those approved by the HSA, also referred to as "off-label use of medicine" are also specifically excluded.
- e) Non-hospital charges, including nursing care or ambulatory care, rest cures or sanatoria care, convalescent care, hospice care and treatment arising from any geriatric, psycho-geriatric or psychiatric condition.

- f) Any dental treatment or surgery except where the procedure is necessitated by damage to sound natural teeth as a result of an Accident or Injury occurring during the Period of Insurance. For avoidance of doubt, any treatment that requires the expertise of a Dental Surgeon, regardless of the disease or condition being treated, will be excluded. This is regardless of the involvement of any Medical Doctor in the treatment or surgery for that condition.
- g) Treatment arising from pregnancy, childbirth, abortion or miscarriage (except accidental miscarriage) and any complications arising therefrom; Investigations and treatment relating to birth control, assisted reproduction, sterilisation (or its reversal), infertility and erectile dysfunction; Consultation, treatment or surgical procedures done at fertility clinics, in-vitro fertilisation clinics, reproductive assistance clinics or centres and reproductive medicine clinics or centres.
- h) Treatment or surgical procedures done at aesthetic and plastic surgery clinics or centres or by a plastic Surgeon; Cosmetic (aesthetic) or plastic surgery or any treatment which relates to or is needed because of previous cosmetic treatment, except where reconstructive Surgery:
 - i. is necessary for functional or medical purposes after an Accident or following Surgery for a medical condition (provided that the Accident or Surgery occurred while the Insured Person was covered under this Policy); and
 - ii. is done at a medically appropriate stage after the Accident or Surgery; and
 - iii. the cost of the treatment is approved by Us in writing before it is done.
- i) Any eye examination or surgical procedure for correction of eye refraction.
- j) Consultation or treatment at wellness or lifestyle clinics or centres; Treatment for obesity, weight reduction or weight improvement; Sex reassignment surgery; Investigations for sleep apnoea. All bariatric surgeries/surgeries to achieve weight loss are specifically excluded, regardless of the reason the bariatric surgery is being done for.
- k) Emotional, stress, psychiatric, psychological or sleep disorders; Alcoholism or drug addiction; Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane; Injuries sustained as a result of a criminal act of the Insured Person.
*Outpatient psychiatric consultation & treatment shall be covered as per Schedule of Benefits.
- l) Consultation or treatment for natural/physiological menopause and/or medical conditions arising directly from it (such as osteoporosis) except where the menopause was induced by the surgical removal of both ovaries deemed medically necessary.
- m) All vaccinations, prophylactic treatment and anti-viral drugs (except in immune compromised patients); Vitamins and health supplements unless medically required as a result of vitamin deficiency; Treatment of acne, pigmentation, keloids, skin tags, moles, alopecia, circumcision (except where it is medically necessary) or treatment relating to the same.
- n) Alternative treatment clinic or centres, where alternative treatment includes but is not limited to, chiropractic, acupuncture, podiatry, reflexology, hydrotherapy and physiotherapy.
- o) Consultation or treatment for developmental conditions; Treatment for developmental delay and/or learning disabilities in children.
- p) Implants, medical appliances and prosthetic devices including spectacles, hearing aids, wheelchairs, lenses and pressure garments; Non-medical services or specially requested items not normally included in the room rate such as international calls, television, radio or similar facilities
- q) Injuries arising from direct participation in a strike, riot, insurrection, any act of war (whether declared or undeclared) or any act of terror; Injuries arising from participating in any sports in a professional capacity.

- r) Any investigation, test or treatment arising directly or indirectly from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS-related condition or infection by Human Immune Deficiency Virus (HIV). Investigations and treatment of Human Papilloma Virus are specifically excluded.
- s) Routine physical examinations, medical check-ups, health screening or any other tests or treatment which are not medically necessary and any preventive treatments including vaccination and preventive medicines.
- t) All medications, investigations or treatment requested by the Insured Person.
- u) Preventive drugs for trips, facial creams, hair care treatment products; Dietitian program or nutritional therapy; Occupational and speech therapy.

6. Reasonable and Customary Charges

Charges and fees for medical care and treatment shall be considered Reasonable and Customary to the extent that it does not exceed the general level of charges or fees being made by others of similar medical standing in the locality where the charge is incurred when giving like or comparable treatment, services or supplies to individuals of the same gender and of comparable age for a similar illness or injury at the Singapore General Hospital.

7. Admission in a different ward type from entitlement

In the event the Insured Person is warded in a higher class of ward from that which he/she is entitled under this Policy, We shall only reimburse the charges that would have been incurred if the Insured Person had been warded in accordance with the plan under which he/she is covered as specified in the Schedule. In the event the Insured Person is warded in a lower class of ward, We shall only reimburse the charges incurred in accordance to the class of ward that the Insured Person was actually warded in.

8. Claims Procedures

Written notice of claim must be provided to Us within thirty (30) days after the occurrence of any event which may give rise to a claim under this Policy, or as soon as reasonably possible.

All claims shall be made on Our prescribed form and submitted to Us together with all original documentation, itemised bills, receipts, prescriptions and diagnosis.

We shall have the right and the opportunity through Our Physicians to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. We shall bear the expenses incurred in such examinations, unless the claim is proven to be invalid, in which case We shall be entitled to recover all the expenses so incurred from You.

In the course of claims investigation and where required, We may request for a medical report from the attending Physician. Such medical report is reimbursable up to \$75 per Disability.

If the Insured Person fails to cooperate with Us in Our admission of the claim, We may at Our discretion, terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable.

9. Automatic Termination

Insurance under this Policy in respect of each Insured Person shall automatically terminate on the earliest happening of the following events:

- a) on the date this Group Policy is terminated; or
- b) upon the death of such Insured Person; or
- c) on the date of termination of employment of the Member; or
- d) on the date in which the Member is retired or pensioned; or
- e) the Insured Person no longer meets the eligibility requirements; or
- f) non-payment of premium by the Policyholder after premium due date.

Cessation of Active Service by an Insured Person (or cessation of membership in good standing in case of associations) shall be deemed to constitute the termination of his/her coverage under this Policy, except that while the Insured Person is temporarily on part-time employment or is absent on account of Sickness or Injury, coverage shall be deemed to continue until premium payments for such Insured Person's insurance are discontinued, but not for a period longer than 6 months from the date of termination of Active Service.

Where the insurance for the Insured Person who is also the Member is terminated, insurance for all his/her Dependants shall simultaneously terminate.

10. Note

The above is a summary of the Policy. The precise terms and conditions of the plan are set out in the policy wordings.

For Claims Enquiries

Raffles Health Insurance Pte Ltd

(Registration No. 200413569G)

25 Tannery Lane, Singapore 347786

Tel: +65 6286 2866 Fax: +65 6812 6615

Email: claims@raffleshealthinsurance.com

Operating Hours: Monday to Friday 9.00am – 6.00pm. Closed on Saturdays, Sundays and Public Holidays

NTU One Stop @ SAC

50 Nanyang Avenue, NS3-01-03, Academic Complex North, Singapore 639798

Tel: +65 6790 6823 / 3626

Enquiries (Student only): ASK ONE STOP

Scan QR below to submit your enquiry (Students)



NIE Student Services Centre (SSC)

Office of Academic Administration & Services (OAAS)

1 Nanyang Walk, Blk 1 Level 1, Singapore 637616

Tel: +65 6219 6081 / 6082

Email: studentservices@nie.edu.sg

<https://www.rafflesmedicalgroup.com/ntu-ghs>

A member of **RafflesMedicalGroup**

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Corporate Office: 585 North Bridge Road #11-00 Raffles Hospital Singapore 188770

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The standard terms and conditions of this plan are provided in the relevant policy contract. Details are correct at the time of printing and may be subject to change in future.

Disclosure Statement

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 your Insurer or visit the GIA/ LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)