



AIA SINGAPORE PRIVATE LIMITED

PRODUCT SUMMARY

GROUP HOSPITAL & SURGICAL (GHS) INSURANCE

Policyholder	:	NANYANG TECHONLOGICAL UNIVERSITY (NTU) NATIONAL INSTITUTE OF EDUCATION (NIE) Undergraduates NATIONAL INSTITUTE OF EDUCATION (NIE) Postgraduates NIE INTERNATIONAL PRIVATE LIMITED (NIEI)
Policy No.	:	0000084272
Policy Anniversary	:	Every 1 st July

PRODUCT INFORMATION

Group Hospital & Surgical (GHS) Plan is a medical expense insurance plan that seeks to reimburse the expenses incurred as a result of hospitalisation 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 hospitalisation 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

1. All matriculated or registered students over 16 and below 70 years of age, renewable up to age 84 last birthday who comprises of the following:
 - (a) Full-time international and Singapore PR undergraduate students of NTU and NIE
 - (b) Full-time postgraduate students of NTU and NIE
 - (c) Full-time students with Lee Kong Chian School of Medicine (LKCMedicine)
 - (d) Registered students on bridging/exchange/non-graduating programmes

Full-time Singaporean postgraduate students (except students from NTU's Lee Kong Chian School of Medicine), and full-time postgraduate students who hold Diplomatic Immigration Passes, may opt-out of this insurance coverage.

All other students above are automatically covered.

2. Eligible dependents on Voluntary basis (Subject to Medical Underwriting & Additional premium)

Dependents are defined as:

- (a) Spouse of a student below entry age and is not already insured as a student under this policy; or
- (b) Child (ren) of a student, provided such child is at least 15 days old and is below 25 years old, unmarried and unemployed.
- (c) 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 dependent shall include stepchildren, adopted children and children for whom the Insured Member is the legal guardian.

DESCRIPTION OF BENEFITS (GHS)

1a. Daily Room and Board Benefit

A Daily Room & Board Benefit shall be paid when, upon recommendation of a Registered Medical Practitioner, you are registered as a bed patient in a Hospital or Community Hospital. The amount of the said benefit shall be equal to the actual charges made by the Hospital during the Insured Member's confinement, but in no event shall the benefit under this paragraph exceed for any one day the rate of Daily Room & Board Benefit set forth in the Schedule of Benefits or exceed the number of days as specified in the same schedule.

1b. Intensive Care Unit Benefit

This benefit shall be paid when, upon recommendation of a Registered Medical Practitioner or Specialist, an insured is registered as a bed patient in a Hospital and incurs charges in connection with an Intensive Care Unit (ICU), Intermediate Care Area (ICA) and High Dependency Ward (HDW) in the Hospital, but in no event shall the benefit under this paragraph exceed the number of days as specified in the same schedule.

2. Other Hospital Services

This benefit shall be paid when an insured incurs charges for the following supplies and services rendered during such Hospital Confinement which are customarily supplied by the Hospital or Community Hospital.

- *Administration of Blood Plasma, but not the cost of Blood or Blood Plasma;*
- *Ambulance Services to and/or from the Hospital not to exceed for any trip the rate of the Daily Room & Board benefit;*
- *Anesthesia and Oxygen and their administration including anesthesiologist's fee;*
- *Basal Metabolism Tests;*
- *Dressing Ordinary Splints and Plaster Casts;*
- *Drugs and Medicine consumed on premises;*
- *Electrocardiograms;*
- *Intravenous Infusion;*
- *Laboratory Examinations;*
- *Physical Therapy;*
- *Use of Operation Room;*
- *X-ray Examinations;*
- *Implants*

3. Surgical Fee

A surgical benefit shall be paid in an amount equal to the actual charges made for such operation performed by one or more Registered Medical Practitioners, including any assistant surgeons, provided however that the maximum benefit for all surgical operations shall not exceed the maximum Surgical Fee shown in the Schedule of Benefits. Surgical benefit shall not be subject to Surgical Schedule of Fees for surgical operation performed in a Singapore Government Hospital or Singapore Government Restructured Hospital or Private Hospital.

4. 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 hospitalised. For this benefit only one visit per day shall be covered, but in no event shall the benefit under this paragraph exceed the number of days as specified in the same schedule.

5. 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 sixty (60) days thereafter.

6. (a) Pre-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 one hundred and twenty (120) days before hospitalisation or surgery.

(b) Post Hospitalisation Specialist Consultation, Diagnostic X-ray and Laboratory Test and TCM consultations

This benefit shall be paid when the insured incurs charges for Specialist consultations, TCM consultations, diagnostic x-ray and laboratory examinations and physiotherapy which are recommended by a Registered Medical Practitioner or Specialist in the period ending one hundred and twenty (120) days after hospitalisation or surgery.

The above benefit is subject to the Overall Maximum Benefit Limit in the Policy Schedule.

7. Hospitalisation in Singapore Government Restructured Hospital (GRH)

If an insured is hospitalised in a Singapore GRH while staying in a ward within his entitlement, individual limits of items (1) to (6) as described above shall not apply and the actual charges made for the hospitalisation shall be paid subject to the GRH overall benefit limit.

8. Overseas Hospitalisation (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 hospitalisation charges overseas within 180 days of departure from Singapore. This benefit applies to Insured Members who reside and work in Singapore.

9. Death Benefit

Upon receipt of due proof of any death of any Insured Member in the form required by the Company an amount determined in accordance with the Schedule of Benefits shall be payable to the Policyholder.

10. Outpatient Kidney Dialysis & Cancer Treatment

If an Insured Member shall necessarily incur outpatient expenses for the following treatments, the Company shall reimburse for such medical expenses, up to the Maximum Benefit as stated in the Schedule of Benefits.

The Company shall pay the amount of charges made for out-patient expenses (excluding medical or preventive health screening), up to the maximum benefit as stated in the Schedule of Benefits 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.

BENEFITS SCHEDULE

BENEFITS PER POLICY YEAR IN S\$ FOR EACH INSURED MEMBER	Plan 1
INPATIENT BENEFITS (S\$)	
1a. Daily Room & Board (maximum 120 days) <i>- Accommodation charges during a Hospital confinement</i>	4 Bed Restructured
1b. Intensive Care Unit (maximum 30 days) <i>- ICU charges during a Hospital confinement</i>	As Charged
2. Hospital Miscellaneous Services (including implants) <i>- Expenses incurred during a Hospital confinement excluding accommodation, surgeon's & in hospital doctor's attendance fee</i>	As Charged
3. Surgical Fee <i>- Surgeon's fee more than S\$1,500 is subject to surgical schedule for admission in private hospitals</i>	As Charged
4. Daily In-Hospital Doctors' Visit (maximum of 120 days) <i>- Doctor's attendance fee during Hospital confinement</i> - Miscarriage	As Charged <i>As per disability & includes ectopic pregnancy</i>
OUTPATIENT BENEFITS (S\$)	
5. Emergency Outpatient Treatment due to an accident <i>- Outpatient expenses and emergency dental treatment incurred within 60 days of accident provided treatment is sought within 24 hours of accident</i>	As Charged
6. Pre - & Post - Hospitalisation Specialists' Consultation, Diagnostic X-ray & Lab. Fees - Post-Hospitalisation - Traditional Chinese Medicine (TCM) <i>(with referral)</i> <i>- Expenses incurred 120 days prior to admission & 120 days after discharge.</i>	As Charged
7. Singapore Government/Restructured Hospitals (lump sum benefit) Overall Limit excluding Room & Board / ICU	As Charged
EXTENDED HOSPITAL & SURGICAL BENEFITS	
8. Overseas Hospitalisation due to Accident	100% of GHS Benefits 1 to 6
DEATH BENEFIT	
9. Death Benefit	\$5,000
OTHER BENEFITS	
10. Outpatient Kidney Dialysis / Cancer Treatment	\$20,000 per policy year
11. Medical Report Fee	As Charged
12. Course Termination Benefit	As Charged
13. Repatriation of Mortal Remains to Home Country	\$5,000
14. Return Air Ticket for 2 Family Members (Or Appointed Person) of Deceased Person	\$6,000
15. Inpatient Mental Care	As Charged
16. Maximum Limit Per Policy Year (Applicable to item 1b to 8, 10 to 12, 15)	\$50,000
GST Reimbursement	Covered
Pre-existing Medical condition	Covered from day 1

**Medical Expenses incurred overseas are subjected to Reasonable & Customary¹ charges of hospitals in Singapore*

¹ "Reasonable & Customary" refers to general charges published by or under the authority of the Ministry of Health, Singapore in any prevailing guidelines, recommendations, directives or circulars for such treatment, services or supplies in respect of the Sickness or Injury or similar condition sustained.

KEY PRODUCT PROVISIONS

1) EXCLUSIONS

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

- a) Investigation, diagnosis and treatment of; alcoholism, drug addiction, overdoses of drugs (whether intentional or accidental), intentional self-inflicted injuries while sane or insane.
- b) Treatment of injuries sustained as a result of a criminal act of the Insured Member.
- c) Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.
- d) 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.
- e) Treatment of xanthelasma, skin tags, vitiligo, 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.
- f) Investigation for sleep apnea except if the Insured Member subsequently undergoes a surgical procedure as recommended by a Specialist.
- g) Procurement and rental of/or use of special braces, any appliances, any equipment or prosthetic devices, wheelchair, walking aids, hearing aids or the fitting of the same and non-medical services such as government taxes, television, telephone and the like.
- h) Any eye examination, treatment or surgical procedure for the correction of eye refraction; procurement of contact lenses and eyeglasses, surgical procedure for correction of squint or other eye misalignment for ages 8 years old and above.
- i) 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.
- j) Dental or oral treatment except when payable under the Emergency Out-Patient Treatment (Accident) as a result of an injury sustained in an Accident.
- k) 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.
- l) 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.
- m) Treatment by Physiotherapist and Traditional Chinese Medical Practitioner; except if treatment is within 120 days of discharge from the Hospital.
- n) 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.
- o) Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments.
- p) Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
- q) 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).

- r) 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.
- s) The costs and expenses incurred in acquiring an organ for organ transplant or the costs and expenses incurred by the donor of such organ.
- t) Hospital Confinement if the treatment, according to the general opinion of Specialists, could have been provided on an out-patient basis.
- u) Costs arising out of any litigation or dispute between the Insured Member 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) TERMINATION

Your coverage shall automatically cease on the earliest of the following dates:

- i. The date on which the Policy is terminated
- ii. The date of the expiration of the period for which the last premium payment is made
- iii. The end of the Policy Period during which member attains the Maximum Age of Coverage as stated in the Policy Schedule
- iv. The date on which the students terminated his course
- v. The date AIA communicates to you as the date the Policy ceases on account of war, or an act of war, such date being determined at the AIA's discretion

3) NOTICE AND PROOF OF CLAIM

- a) Written notice of claim must be given to the Company within ninety (90) days of the date of discharge from the Hospital.
- b) Written notice given by or on behalf of the insured to the Company with particulars sufficient to identify the insured shall be deemed to be notice to the Company. Failure to furnish notice within the time provided in the Policy shall not invalidate any claim if it is proven by or on behalf of the claimant that it was not reasonably possible to give such notice within the prescribed period, and that such notice was given as soon as it was reasonably possible to do so.
- c) All certificates, medical reports, information, and evidence required by the Company shall be furnished at the expense of the Policyholder or the Policyholder's legal representative and shall be in such form and of such nature as the Company may prescribe, within thirty (30) days from the date of discharge from Hospital or date of death.

4) 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, AIA shall only reimburse the charges that would have been incurred if the Insured Member had been warded in accordance with the plan under which he/she is covered as specified in the Benefit Schedule. In the event the Insured Member is warded in a lower class of ward, AIA shall only reimburse the charges incurred in accordance to the class of ward that the Insured Member was actually warded in.

5) 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.

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 the Policyholder shall apply.

For Claims Enquiries

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