

Group Hospital & Surgical Insurance Product Summary – Student Enrich

Product Information

This is an expense reimbursement plan that helps to reduce the financial burden on the family in event of you being hospitalised. We will reimburse the following eligible expenses incurred according to the compensation limits set out in the Benefits Schedule.

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.

Members' Eligibility for Coverage

The entry age of the Insured Member must be from 7 to 65 years at next birthday.

Terms of Renewal

Coverage may be renewed on the policy anniversary date by payment of the full annual premium. Premium will not be billed on pro-rated basis.

Non-Guaranteed Premium

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

Waiting Period

This plan does not have a waiting period in which benefits will not be payable.

Deductibles

There are no deductibles for this plan.

Co-Insurance

There is a **10%** co-insurance if you are hospitalized in a ward higher than B1 in Singapore Government / Singapore Government Restructured Hospital or in a private hospital in Singapore or hospitalized in a hospital outside Singapore.

Minimum Period Of Confinement

Each hospital confinement must be a minimum period of 6 consecutive hours before any benefits are payable. However no minimum period of hospital confinement is required if such confinement is in connection with a surgical operation, accidental emergency treatment or when room and board charges were incurred.

Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions for this plan. The exclusions for this plan include, but are not limited to, the following conditions. You are advised to read the policy contract for the full list of exclusions.

- ❑ **Pre-existing condition** – No benefits will be payable if the Insured Member has sought medical treatment and/or advice 12 months before the cover issue date.
- ❑ **Mental Disorders** – This plan does not cover any treatment for mental disorders, injuries due to insanity or self-infliction, rest cures or sanatoria cares, special nursing care, communicable diseases requiring by law isolation or quarantine; claim which in the opinion of the Insurance Company arises directly or indirectly from Acquired Immunodeficiency Virus (HIV).
- ❑ **Congenital Anomalies or Defect** – This plan does not cover congenital anomalies; sterilisation of either sex; pregnancy including childbirth, cesarean operation, miscarriage, abortion and any medical complications arising therefrom, medical complications arising from treatment

relating to birth control, treatment to correct condition of infertility, impotency and varicocele.

- ❑ **War or Military Service** – This plan does not cover injuries or sickness arising directly or indirectly from war, declared or undeclared, or any warlike operation, or from full time military, naval or air service (including national service).
- ❑ **Routine Examination, Drug, Alcoholism or Oral Treatment** – This plan does not cover routine physical examination; drug addiction or alcoholism; services for care and treatment of oral cavity
- ❑ **Eye Refraction, Braces, Artificial Limbs, Hearing Aids or Non-Medical Personal Services** – This plan does not cover eye refraction or fitting of glasses, contact lens; procurement or use of special braces, prosthetic, appliances or equipment such as artificial limbs, hearing aids and non-medical personal services.
- ❑ **Plastic Surgery** – This plan does not cover reconstructive or plastic surgery, cosmetic treatment or surgery for beautification purposes.
- ❑ **Medical Check-up** – This plan does not cover hospitalisation for the primary purposes of investigation and medical check-up.
- ❑ **Reasonable & Customary Charges** – This is defined as the general level of charges applicable in Singapore when furnishing similar or comparable treatment, services or supplies to individuals of the same sex and comparable age, for similar disease or injury. The benefits payable under this plan shall be the lower of the Reasonable and Customary Charges in Singapore and those in the foreign country in which the Insured seeks similar medical treatment.

Co-ordination of Benefits

The benefits payable under this plan shall be limited to the balance of expenses not covered by Workmen's Compensation Act, other group or individual insurance, any governmental programme or insurance provided by any statute, subject to the limit as shown in the benefits schedule.

Termination of Insured Member's Cover

There are other circumstances whereby the Insurance Company may terminate the cover on the Insured Member. These are stated as termination provision found in the policy contract. The following is a list of some of these circumstances:

- Insured Member attains age 65 years;
- declaration of war and such date shall be at the discretion of the Insurance Company;
- Insured Member ceases to be a student with the school;
- Insured Member dies.

Cover on the Insured Member automatically ceases once the master policy contract is terminated due to non-payment of premiums or other causes specified in the policy contract.

No premium refund for early termination of the Insured Member or Policy before the expiry date.

Claims Procedure

Insured Members are to submit the following documents to HSBC Insurance within 30 days from the date of discharge from hospitalization, from the date of death or from the date the expenses were incurred for which the claim is made, whichever is applicable:

- Completed and duly signed Hospital & Surgical Claim Form;
- Final, original hospital bills / outpatient bills / receipts (if any);
- Discharge summary / medical report (if any).

For more information:

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Benefits Schedule

Coverage

- Necessary and reasonable medical charges incurred as a result of hospitalisation and/or injury
- 24 hours coverage in Singapore and overseas (if student is involved in school-related activities)

Benefits schedule	Plan 1
1a) Daily room & board ¹ b) Intensive Care Unit (Subject to overall maximum limit of 90 days) 2) Hospital miscellaneous services 3) Surgical benefit (Subject to schedule of surgical fees) ² 4) In-hospital doctor's visit per day limit (Max 90 days) 5) Pre-hospitalisation specialist consultation ³ 6) Pre-hospitalisation diagnostic X-ray & laboratory test ³ 7) Supplemental accident expense ⁴ 8) Post- hospitalisation follow-up treatment (within 90 days) ⁵ 9) Co-insurance will apply if insured student is warded in a higher ward in Singapore Govt / Restructured Hospitals or in private hospitals in Singapore or in hospitals outside Singapore	 <p>As charged in B1 wards in Singapore Government / Singapore Government Restructured Hospitals up to the overall maximum limit per policy period</p>
Overall Maximum Limit Per Policy Period (S\$) (Item 1 to 8)	10%
Additional Benefit	
10) Death benefit	5,000

¹ Inclusive of meals

² For surgery procedures performed in private hospitals, the reimbursable amount is based on a percentage of the compensation limit as stated in the Schedule of Surgical Fees in the policy. You may obtain a copy of the Schedule of Surgical Fees from the Insurance Company.

³ Must lead to hospitalisation and/or surgical procedure within 90 days

⁴ Treatment must be sought in a hospital or clinic within 24 hours from time of accident.

⁵ For expenses incurred within 90 days from the date of discharge from hospital or day surgery.

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