

MANAGED HEALTHCARE SYSTEM (MHS) – OUTPATIENT PLAN PRIVILEGES AND CONDITIONS

1. Benefits

We shall pay the following benefits as specified in the schedule if incurred by the **member** for any outpatient medical expenses.

- a. The **primary care benefit** ;
- b. The **specialist care benefit**; and
- c. The **emergency** treatment benefit in **hospitals** and clinics in Singapore, in which the illness or injury fulfills the definition of **emergency** under this policy.

2. Co-payment

The **policyholder** shall be responsible for the **co-payment** specified in the schedule when a claim is made under this policy.

3. Membership card

Upon acceptance, each **member** shall be given a membership card which must be produced when seeking medical treatment. We reserve the right to revoke the membership card of a **member** without prior notice to the **policyholder** or **member** when any outstanding amount or premium due to us in respect of that **member's** cover has not been paid.

4. Referral

All referrals to specialists shall be accompanied by referral letters issued by a **registered medical practitioner** from our **panel doctor** or **panel specialist**. This condition is waived only in the case of an **emergency**.

5. Exclusions

The following treatment items, procedures, conditions, activities and their related complications are not covered under this policy.

- a. all expenses incurred by a **member** before the entry date or **reinstatement date** of this policy.
- b. congenital conditions and disorders, congenital anomalies, hereditary conditions and disorders.
- c. overseas medical treatment.
- d. injuries due to insanity or self-infliction or conditions related to functional disorders of the mind, rest cure or sanatoria care; drug addiction or alcoholism.
- e. pregnancy, child birth, abortions, miscarriage or any complications arising from pregnancy; routine antenatal or postnatal visits.
- f. use of birth control methods, or treatments for infertility or fertility, sexual dysfunction and any complications arising therefrom.
- g. Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV) or any other types of sexually transmitted disease.
- h. any **pre-existing conditions** which the **member** has prior to the entry date of this policy, unless declared and specifically accepted by us. Please note that any **pre-existing conditions** which qualify under any of the other exclusions herein are automatically excluded regardless of whether a declaration has been made pursuant hereto and accepted by us.
- i. treatment of cosmetic nature e.g. plastic surgery, acne, skin peeling or treatment for hair loss.

- j. dental care and treatment except as necessitated by accidental injuries to sound natural teeth occurring during the period of insurance.
- k. procurement or use of special braces, appliances, equipment or other prosthetic devices; optometry, eye wear or related eye care items; eyesight correction or treatment.
- l. items which are outside the scope of treatment.
- m. private nursing charges and special nursing care.
- n. injuries arising directly or indirectly from nuclear fallout, war and related risks declared or undeclared, participation in civil commotion, riot or strike; committing an assault or the **member's** own criminal act.
- o. routine physical examinations, health check-ups or tests not incidental to treatment or diagnosis of a symptom or injury or any treatment which is not medically necessary; immunisations e.g. chicken pox or hepatitis; Hormone Replacement Therapy (HRT) except for surgical menopause and evidence of osteoporosis that requires treatment; medications, treatment or tests requested by a **member**.
- p. outpatient rehabilitation services including but not limited to physiotherapy and occupational therapy; alternative or complementary treatment including but not limited to treatment by Chinese medical practitioner (TCM), chiropractor, podiatrist, extra corporeal shockwave therapy, platelet rich plasma treatment; counselling or education sessions; health food, supplements and weight control medications and programs.
- q. all referrals, tests and procedures by a **registered medical practitioner** who is not from our **panel doctor** or **panel specialist**.
- r. renal dialysis, erythropoietin, cyclosporine, radiotherapy for cancer, chemotherapy for cancer, immunotherapy or similar treatments (including all of the above and cancer related drugs).
- s. surgical procedure or procedures that are found in the table of surgical code described by Ministry of Health of Singapore, regardless of whether they are done on an inpatient or outpatient basis.

6. Limits of compensation

The limits of compensation specified in the schedule shall be the maximum payable for each claim subject to the "Limit per policy year" and the "Limit per lifetime". Any amount exceeding these limits shall be borne by the **policyholder**.

7. Other medical reimbursement

If the **member** receives any reimbursement for medical expenses under any other policy or from a third party, we shall pay either the benefits specified in the schedule or the balance of the medical expenses not reimbursed, whichever is lower.

8. Admission of age

The annual premium shall be computed based on the age next birthday of the **member** and at our prevailing premium rates.

If the date of birth was incorrectly stated in the proposal form, then the annual premium shall be adjusted based on the correct date of birth. Any excess premium paid shall be refunded to the **policyholder** and any shortfall in the premium shall be paid by the **policyholder**.

9. Renewal

This policy is issued for a period of one (1) year and upon expiry, shall be renewed each year at our sole option subject to:

- a. the payment of the renewal premium at the prevailing premium rates and at the age next birthday of the **member**; and
- b. such additional terms and conditions as we may require.

10. Cancellation

The **policyholder** may cancel this policy or the cover for any one or more **members** by giving us at least one (1) month's prior written notice. We will advise the **policyholder** of the effective date of termination of this policy or the cover for such **member(s)**.

11. Termination of cover

- (A) Upon the happening of any of the following, the cover under this policy shall immediately terminate in respect of a particular **member** :
- a. the non-payment of renewal premium for that **member**;
 - b. the total claims paid to that **member** reaches the "Limit per lifetime" for that **member** as specified in the schedule;
 - c. the death of that **member**; or
 - d. refusal or failure by the **policyholder** to refund to us any sum of money due and owing to us, and arising out of any prior payments made by us on behalf of that **member** for any hospitalisation and/or medical expenses.
 - e. at the end of the policy year during which that **member** reaches age of 80 years old; or
 - f. pursuant to clause 14 below.
- (B) Notwithstanding **policyholder's** death, cover for any **member** who is not the **policyholder** shall continue in full force and effect subject to clause 11(A) above.

12. Refund of premium

Upon termination of this policy or the cover of the **member(s)**, a refund of premium shall be made accordingly to the **policyholder** provided no claims have been made within the policy year. The amount of refund will be based on our scale of refund.

13. Change of plan

The **policyholder** shall not convert this policy to another policy or change plan type within this policy.

14. Claims

It shall be a condition precedent to our liability under this policy that the **policyholder** must give written notice within 60 days to us for any claim, after consultation for outpatient primary or specialist care. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemized bills. Any information required for assessing the claim shall be furnished by the **policyholder** or **member** at **policyholder's** or **member's** expense.

If a claim shall be in any respect fraudulent or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by or on behalf of the **policyholder** or any **member** to obtain any compensation under this policy, all compensation shall be forfeited and we shall be entitled at our discretion to terminate this policy or cover for that **member**, to refuse the further renewal of this policy or cover for the **member**, to impose loading on such other action as we deem fit.

15. Change of terms and conditions

We may at our discretion at any time change our premium rates (so as to reflect the claims experience or for any other reason) or modify the terms and conditions of this policy, by giving the **policyholder** thirty (30) days' written notice at the **policyholder's** last known address, and we shall not be required to give any reasons for such changes.

16. Dealing with disputes

Any dispute or matter arising under, out of or in connection with this policy will be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with. (This applies if it is a dispute that can be brought before FIDREC.)

If the dispute cannot be referred to or dealt with by FIDREC, the dispute will be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. We will not be legally responsible under this policy unless an award under arbitration has been given.

17. Grace period and cancellation

The **policyholder** is allowed a grace period of thirty (30) days from inception of cover to pay the premiums. During this period, the cover under this policy will be maintained in full force, but if any sum becomes payable by us during the grace period, the amount of unpaid premium for the policy year (or such lesser amount of the unpaid premium as we may decide) will be deducted from the sum payable.

In the event that the premium is not paid by end of the grace period, this policy shall be cancelled from the date of inception.

18. Exclusions of third party rights

A person who is not party to this policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

19. Definitions

a. Basic diagnostic tests

Basic diagnostic tests mean haematology, biochemistry, urinalysis, 24-hrs urine test, immunology and serology, testing and analysis of faeces, microbiology, testing and analysis of hormones, therapeutic drug monitoring, histology, cytology and seminal fluid analysis, but shall exclude seminal fluid analysis done as part of the excluded treatment specified in Clause 5(f).

b. Co-payment

Co-payment means the amount payable by the **policyholder** for a claim made under this policy whether any consultation is received. The amount of **co-payment** is specified in the schedule. The **policyholder** is also required to pay the amount of GST charged on such **co-payment** amount wherever applicable.

c. Community hospital

Community hospital means an approved **community hospital** under the act and regulations that provides an intermediate level of care for individuals who have simple illnesses which do not need specialist medical treatment and nursing care.

d. Emergency

Emergency means a serious injury or the onset of a serious condition which requires immediate medical intervention to prevent death and serious impairment of health.

e. Hospital

Hospital means a **restructured hospital** or a **private hospital**, excluding **community hospital**.

f. Member

Member means the insured **policyholder**, and includes his/her spouse, parent or child (including a step-child and legally adopted child) under 21 years of age named in the schedule.

g. Panel doctor

A **panel doctor** means a **registered medical practitioner** in any government polyclinics in Singapore or who is appointed by us to treat the **member**.

h. Panel specialist

A **panel specialist** means a **registered medical practitioner** who is a specialist and appointed by us to treat the **member**.

i. Policyholder

Policyholder means the proposer for this insurance from whom a proposal of cover has been received and accepted by us.

j. Pre-existing conditions

Pre-existing conditions mean any medical condition in respect of which the **member** has had symptoms or has been diagnosed or is receiving or has received treatment.

k. Primary care benefit

Primary care benefit means the medical treatment received at the clinic selected by the **member** from our **panel doctor**.

l. Private hospital

Private hospital means any licensed **private hospital** in Singapore that is not a **restructured hospital**.

m. Registered medical practitioner

Registered medical practitioner means a doctor qualified by degree in western medicine who is legally licensed and authorised in the geographical area of his practice to render medical or surgical services who is other than the **member** or a **member** of his/her immediate family.

n. Reinstatement date

Reinstatement date means the date when a **member's** cover is reinstated under this policy.

o. Restructured hospital

Restructured hospital means a **hospital** in Singapore that is run as a private company owned by the Singapore Government, is governed by broad policy guidance from the Singapore Government through Ministry of Health and receives a yearly government subsidy to provide subsidised medical services to its patients.

p. Specialist care benefit

Specialist care benefit means the medical treatment given by a **registered medical practitioner** from our **panel specialist**.

q. Specialised investigations

Specialised Investigations mean all tests and outpatient related procedures other than those defined as **basic diagnostic tests**.

r. X-rays

X-rays means straight **x-rays**, mammogram, contrast studies, ultrasound.