

**Important:**

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.

## Conditions for Assist Rider

### 1 What your rider covers

This rider covers the following **benefits**.

This rider applies as well as **your policy**. Our responsibility to pay the **benefits** under this rider will only arise if **you** are eligible to make a claim under **your policy**.

Paying the **benefits** under this rider depends on the **limits of compensation, limits on special benefits** (if it applies), **limit for each policy year** of **your policy** and all other limits listed in the **schedule of benefits**, where it applies.

#### 1.1 Deductible and co-insurance

While this rider is in force, there is no **deductible** or **co-insurance** due under **your policy**. However, **you** will have to make a co-payment and an additional non-panel payment (if it applies) for each claim, as set out below.

##### a Co-payment

For each claim under **your policy**, **you** will have to make a co-payment, as shown in the table below. If the treatment is provided by **our panel** or **extended panel**, **we** will apply a co-payment limit as shown in the table.

| Types of Treatment  | Co-payment  |
|---|---|
| Treatment not provided by <b>our panel</b> or <b>extended panel</b> | 10% of the <b>benefits</b> due under <b>your policy</b>   |
| Treatment provided by <b>our panel</b> or <b>extended panel</b>     | 10% of the <b>benefits</b> due under <b>your policy</b> , up to a co-payment limit of \$3,000 for each <b>policy year</b> |

If **you** are claiming for pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies), **we** will not apply the co-payment limit if the treatment during the **insured's stay in hospital** is not provided by **our panel** or **extended panel**.

If **you** are claiming for consultation fees, medicines, examinations or tests for the main outpatient hospital treatment that is covered under **your policy**, **we** will apply the co-payment limit only if the main outpatient hospital treatment is provided by **our panel** or **extended panel**.

For each claim that meets the **limits on special benefits** (if it applies) or the **limit for each policy year** of **your policy**, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each **policy year**.

When the **insured** is under the care of more than one **registered medical practitioner** or **specialist** for their **stay in hospital** or the main outpatient hospital treatment under **your policy**, **we** will apply the co-payment limit as long as the main treating **registered medical practitioner** or **specialist** (shown in the **hospital records** as the principal doctor) is part of **our panel** or **extended panel**.

For each **stay in hospital** of 12 months or less, where the treatment is provided by **our panel** or **extended panel**, **you** must pay the co-payment (up to a maximum of \$3,000) for one **policy year** (even if the **stay in hospital** runs into the next **policy year**). If the **stay in hospital** is for a continuous period of more than 12 months but less than 24 months, **you** must also pay up to the maximum co-payment for the next **policy year**. And, for each further period of 12 months or less that the **stay in hospital** extends for, **you** must pay the co-payment for one extra **policy year**.

## **b Additional non-panel payment**

If the treatment during the **insured's stay in hospital** is provided by a **registered medical practitioner** or **specialist** who is not from **our panel** or is from the **extended panel**, **you** will have to make an additional non-panel payment of up to \$2,000 in each **policy year** for **your** claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). **You** must pay the co-payment followed by the additional non-panel payment. **We** will only pay the amount of **your** claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating **registered medical practitioner** or **specialist** for the **insured's stay in hospital**, **we** will apply the additional non-panel payment as long as the main treating **registered medical practitioner** or **specialist** (shown in the **hospital** records as the principal doctor) is not from **our panel** or is from the **extended panel**.

For each **stay in hospital** of 12 months or less that is provided by a **registered medical practitioner** or **specialist** who is not from **our panel** or is from the **extended panel**, **you** must pay the additional non-panel payment of up to \$2,000 for one **policy year** (even if the **stay in hospital** runs into the next **policy year**). If the **stay in hospital** is for a continuous period of more than 12 months but less than 24 months, **you** must also pay the additional non-panel payment of up to \$2,000 for the next **policy year**. And, for each further period of 12 months or less that the **stay in hospital** extends for, **you** must pay the additional non-panel payment of up to \$2,000 for one extra **policy year**.

## **1.2 Extra bed benefit**

If during the **insured's stay in hospital** their parent or guardian stays and shares the same room, **we** will refund up to \$80 for each day the parent or guardian stays. This applies as long as the following conditions are met.

- The **insured** is a child aged 18 or below on the date a claim is made for this benefit.
- **We** will pay up to 10 days for each **stay in hospital**.
- If the **insured** is in **hospital** for only part of a day, **we** will pay half of this benefit for that day.

The co-payment under clause 1.1 (a) and additional non-panel payment under clause 1.1 (b) of this rider does not apply to any claim for this benefit.

## **2 Our responsibilities to you**

**Our** responsibilities to **you** are only for the cover and period shown in this endorsement or **renewal certificate** (as the case may be) and depend on the terms, conditions and limits of this rider.

### **2.1 Co-payment and additional non-panel payment**

**You** must make the co-payment and additional non-panel payment (if it applies) before **we** pay any benefit. **We** will only pay the amount of **your** claim which is more than the co-payment and additional non-panel payment.

**We** will apply the co-payment followed by the additional non-panel payment (if it applies).

## 3 Your responsibilities

### 3.1 Premium

The amount of **premium for the rider** which **you** have to pay to **us** to receive the **benefits** in clause 1 is set out above. If this rider is added to **your policy** during a **policy year**, the **premium for this rider** for that **policy year** will be pro-rated. **You** must pay the **premium for the rider** every year.

**We** give **you** 60 days' grace from the **renewal date of this rider** to pay the **premium for this rider**. During this **period of grace**, this rider will stay in force. **You** must first pay any outstanding **premium for this rider**, **premium for your policy** or amounts **you** owe **us** before **we** pay any claim under this rider.

If **you** still have not paid the **premium for this rider** after the **period of grace**, this rider will be cancelled. This cancellation will apply from the **renewal date of this rider**.

**You** are responsible for making sure that the **premium for this rider** is paid up to date.

### 3.2 Refunding the premium when this rider ends

**We** will refund the unused pro-rated portion of the **premium for this rider** to **you** in cash when this rider ends.

### 3.3 Change in premium

The **premium for this rider** that **you** pay can change from time to time. If **we** change the **premium for this rider**, **we** will write to **you** at **your** last known address, at least 30 days before the change is to take place, to tell **you**

what **your** new **premium for this rider** is. **We** will change the **premium for this rider** only if the change applies to all policies within the same class.

## 4 What you need to be aware of

### 4.1 Cancelling the rider

**You** may cancel this rider by giving **us** at least 30 days' notice in writing. **We** will tell **you** the date it will end. Cancelling **your** rider will not affect the validity of **your policy**.

### 4.2 Ending the rider

If **your policy** is cancelled, ends or has lapsed for any reason, this rider will automatically and immediately end even if the **period of grace** has not come to an end.

### 4.3 Reinstating the rider

If this rider is cancelled because **you** have not paid the **premiums**, **you** may apply to reinstate **your** rider.

**You** can do this if **we** agree and **you** meet all of the following conditions.

- a **You** must pay all **premiums for the rider** **you** owe before **we** will reinstate **your policy**.
- b **We** will not pay for any expenses which happen between the date this rider ends and the date immediately before the **reinstatement date** of this rider.
- c If there is any change in the **insured's** medical or physical condition, **we** may add exclusions or charge an extra **premium for this rider** from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium for this rider** after this rider has ended, it does not mean **we** will not enforce **our** rights under this rider or create any liability for **us** in terms of any claim. **Our** responsibility to pay will only arise after **we** have reinstated this rider.

#### 4.4 The terms and conditions of your policy

**We** may change the **premiums, benefits** or cover or these conditions at any time. However, **we** will write to **you** at **your** last-known address at least 30 days before doing so. **We** will apply the changes only if the changes apply to all policies within the same class.

Unless they are changed by this rider:

- a all other terms and conditions of **your policy** will not change and will apply to this rider, if it applies; and
- b words defined in the definitions section of the conditions of **your policy**, if used in this rider, will have the same meanings.

If there is any inconsistency between the terms and conditions of this rider and **your policy**, the terms and conditions of this rider will apply.

#### 4.5 Exclusions

All exclusions under **your policy** will apply to this rider.

## 5 Definitions

For the purposes of this rider, **we** have added the following definition.

**Panel or preferred partner** means a:

- **registered medical practitioner;**
- **specialist;**
- **hospital; or**
- **medical institution;**

approved by **us**. The lists of approved **panels** and **preferred partners**, which **we** may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). **Our** list of approved **panels** also includes all **restructured hospitals, community hospitals** and **voluntary welfare organisations (VWO)** dialysis centres.

**Extended panel** means a **registered medical practitioner** or **specialist** approved by **us** to provide coverage on the benefits in Section 1.1. The **registered medical practitioner** or **specialist** must not be on **our panel** or **preferred partners** lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved **extended panel** list, which **we** may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel).