



**AXA Insurance Singapore Pte Ltd
Group Hospital & Surgical Insurance
Product Summary – Group Smartcare Executive (Private Education Institution)**

Product Information

This is an expense reimbursement plan that helps to reduce your financial burden in event of you being hospitalised. We will reimburse the following eligible expenses incurred according to the 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 policy. Please consult AEGIS Insurance Services Pte Ltd or your Private Education Institution should you require further explanation.

Members' Eligibility for Coverage

The entry age of the Insured Member must not exceed 65 years at next birthday.

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.

Deductibles

There are no deductibles for this plan.

Pro-Ration Factors/ Co-Insurance

A pro-ration factor is applied if you are hospitalised :

- a) in a ward higher than that specified in the Benefits Schedule in Singapore Government / Singapore Government Restructured Hospital or
- b) in a private hospital in Singapore

Overseas Hospitalisation

***Reasonable & Customary Charges** applies if you are hospitalized in a hospital outside Singapore.

*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 or those in the foreign country in which you seek similar medical treatment.

Cover does not apply : *1) when you travel expressly for treatment outside Singapore
2) when you are out of Singapore for a period exceeding ninety (90) consecutive days at a time*



Minimum Period of Confinement

For day surgery cases, there are no minimum hours to be eligible for claim. However, for non surgical admissions, when you are charged for a full day room and board, you can submit the claim for assessment.

Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy. You are advised to read the policy contract for the full list of exclusions.

This Policy shall not cover situations listed below and any medical conditions arising therefrom:

- All pre-existing conditions.
- Any period of hospital confinement unless the entire confinement and all the special hospital services so rendered and performed had been recommended and approved by a Physician and in accordance with the diagnosis and treatment of the condition for which the hospital confinement was required.
- Hospitalisation primarily for diagnosis, x-ray examinations, general physical or medical check-up, routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not medically necessary.
- Charges for telephone, television, radio, newspaper, guests' meals and other ineligible non-medical items whilst confined as an Inpatient or for Day Surgery.
- Outpatient treatment, dental care and its related treatment except as specifically Covered under this Policy.
- Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising therefrom except as specifically covered under this Policy.
- Investigations into and treatment of infertility, surgical, mechanical or chemical contraceptive methods of birth control, assisted reproduction, sterilisation (or its reversal) or any consequence of any treatment for them.
- Treatment of varicocele, impotence or any consequence of it.
- Sickness or disease directly or indirectly arising from sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV).
- Treatment which arises from, or is in any way attributable to, sex change.
- Costs arising under any legislation or covered under any corresponding insurance relating to occupational death, injury, or illness.
- Treatment for congenital conditions and any physical birth defects arising out of or resulting therefrom.
- Non-hospital nursing care or ambulatory care, rest cures or sanatoria care, treatment arising from any geriatric, psycho geriatric or psychiatric condition, and treatment of alcohol dependence syndrome or substance abuse.
- Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane.
- Circumcision unless medically necessary, eye tests, refractive errors of the eyes, provision of implants, medical appliances and prosthetic devices, including spectacles, hearing aids, wheelchairs and lenses.



- Sickness or injury arising from racing of any kind (except on foot), professional sports, parachuting, skydiving, hang gliding, bungee jumping and violation or any attempt of violation of the law or resistance to lawful arrest.
- Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.
- Treatment arising from any consequence (whether direct or indirect) of nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical/biological substances, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces
- The use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- Experimental medical treatment.
- Any treatment directed towards developmental delay and / or learning disabilities in children.
- Cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, provided that this exclusion does not apply to reconstructive surgery if:
 - (a) it is carried out to restore function or appearance 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
 - (b) it is done at a medically appropriate stage after the Accident or Surgery; and
 - (c) the cost of the treatment is approved by us in writing before it is done.
- The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment of obesity, weight reduction or weight improvement.
- Sleep apnoea.

Termination of Insured Member's Cover

There are other circumstances whereby the cover of the Insured Member will terminate.

The following is a list of some of these circumstances:

- Insured Member attains age 65 years;
- Insured Member ceases to be a student with the school;
- Insured Member dies;
- Insured Member's maximum policy limits have been exhausted.

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 Insured Member or Policy before the expiry date.



Contact Information

Please log onto following website for more information:

<http://www.aegisic.com>

AEGIS Insurance Services Pte Ltd

Tel: (65) 6837 0306

Email : customerservice@aegisic.com

AXA Insurance Singapore Emergency Hotline : 1800 8804 741

Claims Procedure

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

Admission to Government/Restructured Hospitals (Alexandra, Changi, KK Women's & Children, National University, Singapore General and Tan Tock Seng)

- Duly Completed Claim Form
- A copy of the Inpatient Discharge Summary given to patient upon discharge
- A copy of the Day Surgery Authorization Form signed by the patient before surgery
- A copy of the Referral Letter, if any
- Final Original Hospital Bill showing the Medisave deduction
- Original Pre/Post Hospitalisation Medical Bills

Admission to a Private Hospital (EastShore, Gleneagles, Mount Alvernia, Mount Elizabeth, Raffles, Thomson Medical Centre and Day Surgery Centres/Clinic)

- Duly Completed Claim Form
- Medical Certification of Treatment to be completed by the attending physician/surgeon
- A copy of Referral Letter if any
- Final Original Detailed Hospital Bills
- All Other Original Medical Bills related to admission/surgery



Frequently Asked Questions (FAQs)

Private Education Institution (PEI) Group Hospitalisation & Surgical Insurance

1. What does the insurance cover?

The insurance covers mainly medical expenses incurred for hospitalisation and/or surgery due to illness or accident in a Singapore Government/Restructured hospital.

Please refer to the Benefits Schedule given to your school for the details.

2. Which hospital can I seek treatment at?

You can seek treatment at Singapore Government/Restructured Hospitals which are:

- Singapore General Hospital
- Alexandra Hospital
- KK Women's & Children's Hospital
- National University Hospital
- Tan Tock Seng Hospital
- Changi General Hospital

Please note that hospitalisation in a Ward higher than that you are entitled to or in Private Hospitals is subject to a pro-ration factor. For hospitalisation in overseas hospitals, you will only be covered up to the reasonable and customary cost of treatment in Singapore Government / Restructured Hospital for similar or comparable treatment or the cost incurred in the foreign hospital, whichever is lower. In such cases, you may not be fully reimbursed for such claims incurred.

3. Will I be covered if I go back to my home country or travel during vacation?

Yes, you will be covered as long as you are a registered student of your school pursuing a course of study. Hospitalisation and/or surgery expenses incurred will be covered up to the reasonable and customary cost of treatment in Singapore Government/Restructured Hospital, whichever is lower, subject to the policy limits applicable.

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4. I am a part-time student who opted to be covered. Am I covered during work?

No, you will not be covered for illness or injury sustained during work.

5. Are pre-existing conditions covered?

For students on compulsory scheme, pre-existing conditions are covered after you have been insured for 12 consecutive months.

6. What should I do if I need to stay in the hospital or have surgery? Do I have to pay the medical costs myself?

Please settle the medical bills directly with the hospital and retain all **ORIGINAL** bills to be submitted to the insurance company. Please note that you may have to pay the cash deposit determined by the hospital and should you choose to stay in a higher class of ward or a private hospital, your claim may not be fully covered.

For pre or post hospitalisation / surgery and emergency outpatient treatment, please pay first and claim reimbursement.

Important - The information contained in this FAQ is subject to the actual terms and conditions of the policy contract your school has with AXA Insurance Singapore Pte Ltd.



7. How do I make a claim?

Please submit the following documents to us through your school:

- AXA Claim Form available from your school or please download from <http://www.aegisic.com>
- **Original** Final Hospital Bill & other medical bills
- Inpatient Discharge Summary/Day Surgery Authorisation Form

8. When I utilize my Medisave/Medishield Integrated Plan to pay for my treatment, how will my claim be reimbursed (for Singapore citizens and PRs only)?

Payment made by Medisave will be refunded to the respective Medisave Account holder and Medishield Integrated Plan.

9. When do I need to submit the claim?

You should submit the claim or give notice that you will be making a claim as soon as possible but within 30 days from discharge. For late submission/notification, please provide a valid reason.

10. I have submitted my hospitalisation/surgery claim earlier. I wish to submit follow-up treatment bills. What should I do?

Please inform your school when submitting the bill that it is for follow-up treatment so that we are able to trace your records. The claim form is not required.

11. How long does it usually take to process my claim?

Upon receipt of all required documents including **ORIGINAL** bills, approved claims will be settled within 30 days.

12. How will I be notified of the result of my claim?

You will be notified through your school. Reimbursement for approved claims will be via cheque payment to you through your school.

13. When will my insurance end?

The insurance will end when one of the following occurs, whichever happens first:

- when you cease to be a registered student of your school
- exhaustion of the policy limit applicable to you during the policy year
- expiry of the insurance policy

14. If I have questions or need assistance, who should I contact?

AEGIS Insurance Services Pte Ltd

Tel: (65) 6837 0306

Email : customerservice@aegisic.com

Website : www.aegisic.com

For Emergency, please contact AXA Insurance Singapore Hotline : 1800 8804 741

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