



## **AIA SINGAPORE PRIVATE LIMITED**

### **PRODUCT SUMMARY**

#### **GROUP DENTAL INSURANCE**

Policyholder : ADOBE SYSTEMS PTE LTD  
Policy No. : 71558  
Period of Insurance : 1 MARCH 2018 TO 28 FEBRUARY 2019

#### **PRODUCT INFORMATION**

This policy covers expenses incurred for simple dental procedures listed under the Schedule of Allowances.

- 1) Cashless as charged upon presentation of AIA dental card at panel dental clinics
- 2) Reimbursement shall be assessed up to individual sub-limits under the Schedule of Allowances for:
  - Visits to non-panel dental clinics (please request itemised invoice)
  - Visits to panel dental clinics without AIA dental card
- 3) Coverage does not apply to expenses incurred in Specialist dental clinics
- 4) Coverage does not apply to complex dental procedures (AIA panel dentists will notify you beforehand)
- 5) This policy extends to cover 7% Goods and Services Tax on eligible medical expenses incurred in Singapore

#### **ELIGIBILITY**

All actively at work full-time and permanent employees with entry age between age 16 and 69 last birthday, renewable up to age 74 last birthday, and their eligible dependents. Dependents shall mean:

- 1) The spouse of an eligible employee, provided such spouse is below the maximum age of coverage, not divorced or legally separated
- 2) Child of eligible employee, provided such child is least 3 years old to 25 years old (inclusive), dependent upon the eligible employee for support, unmarried and unemployed

#### **BASIS OF COVER**

All Employees and their Eligible Dependents – Plan 1

**POLICY SCHEDULE**

<b>Benefits / Procedures</b>	<b>Panel</b>	<b>Non-Panel (Per Procedure) (S\$)</b>
<b>EXAMINATION</b> Dental Check-up (Up to maximum 2 visits per policy year)		15
<b>MEDICINE &amp; MISCELLANEOUS TREATMENT</b> Analgesics, antibiotics, sterilisation and disposables		15
<b>X-RAY</b> Intraoral Bitewing Panorex		12 12 32
<b>TEST &amp; LABORATORY</b> Biopsy and examination of tissue		48
<b>PROPHYLAXIS</b> Routine (Scaling & Polishing) Complex (Scaling, Polishing & Fluoride)		40 60
<b>FILLING (TOOTH – COLOURED MATERIAL OR AMALGAM)</b> – For Posterior Teeth only One surface Two surfaces Three or more surfaces Reinforced Pin		16 24 32 9
<b>FILLING (TOOTH – COLOURED MATERIAL)</b> – For Anterior and Buccal (one surface) filling of premolars only One surface Two surfaces Three surfaces		30 40 50
<b>PULPOTOMY</b> Pulpotomy Pulp Cap	Cashless as charged	40 20
<b>ROOT CANAL TREATMENT</b> (X-ray of the tooth involved with the diagnostic wire or wires in place must accompany claim for payment) Single root canal filling Double roots canal filing Three or more roots canals	(Upon presentation of AIA dental card at panel dental clinics)	150 220 350
<b>EXTRACTIONS</b> Routine (simple) – each tooth		30
<b>SURGICAL EXTRACTIONS</b> Erupted tooth or root Soft tissue impaction Part bony impaction Completely bony impaction		120 160 250 320
<b>ALVEOPLASTY</b> Per quadrant, in connection with extractions Per quadrant, not in connection with extractions For a complete Alveoplasty involving more than one quadrant		30 42 160
<b>EXCISION OF TUMOUR</b> Excision of tumour		76
<b>FRACTURE OF JAW</b> (X-ray of the fracture must accompany claim for payment) Simple Compound		500 600
<b>REPAIR OF PROSTHETIC APPLIANCE</b> Repair of broken, complete or partial denture Repair of denture and replace broken tooth Adding tooth to partial denture to replace extracted tooth Adding tooth to partial denture plus clasp		20 40 27 54
<b>SPACE MAINTAINERS</b> Fixed band type (uni or bilateral) Removal in acrylic (uni or bilateral)		135 67

## KEY PRODUCT PROVISIONS

### 1) EXCLUSIONS

The following are some key provisions found in the policy contract. This is only a brief summary and you are advised to refer to the policy contract for actual terms and conditions and the full list of exclusions.

- (i) Dental procedures which are not included in the Schedules of Allowances.
- (ii) Any hospital charges.
- (iii) Injuries arising directly or indirectly, wholly or partly from war, declared or undeclared, revolutions or any warlike operations.

### 2) NON GUARANTEED PREMIUM

Premiums payable for this plan are not guaranteed and may be increased at Policy Renewal Date at the full discretion of the Company.

### 3) TERMS OF RENEWAL

This group policy contract may be renewed on the Policy Anniversary Date by payment of the total annual premium. We can vary the premium and any other terms, conditions or exclusions in this policy by giving written notice of such change to the Policyholder (employer).

### 4) CANCELLATION CLAUSE

We may terminate this group Policy on any Renewal Date by giving the Policyholder (employer) at least 31 days' prior written notice of termination. The termination of coverage shall be without prejudice to payment of claims arising prior to the date of termination. There will be no refund of any unused premium.

### 5) WAITING PERIOD

Not applicable.

### 6) TERMINATION

The coverage of the dependents shall automatically cease if they do not meet the dependents eligibility criteria or if the employee's cover ceases based on the earliest of the following dates:

- (i) On the day the Policy is terminated; or
- (ii) On the expiry of the coverage for which the last premium payment was made on his account; or
- (iii) On the date he enters full-time military, naval or air service; or
- (iv) At the end of the Policy Year during which he attains Maximum Age of Coverage as stated in the Policy Schedule; or
- (v) On such date as may be communicated to him by reason of war or an act of war – such date to be determined at the insurer's discretion; or
- (vi) On the date he ceases to be a Member due to cessation of Active Service

### 7) MISSTATEMENT

- A. If the age or date of birth or other relevant facts relating to any Insured Member is found to have been misstated and if such misstatement affects the scale of benefits or the terms and conditions of the Policy, the true age and facts will be used by us in determining whether the coverage under the Policy continues to be in force and we will make adjustments to the premiums payable.
- B. Where a misstatement causes an Insured Member to be insured under the Policy where he would be otherwise ineligible, or where such statement has caused an Insured Member to remain insured when he would otherwise be disqualified under the terms of the Policy, the coverage of the Insured Member shall be void and we will return the premiums paid in respect of the Insured, unless there is fraud on your part or on the part of the Insured Member.

### 8) FREE LOOK PERIOD

Not applicable.

## IMPORTANT NOTICE

This product summary serves as a guide only. In the event of any dispute or clarification, the prevailing terms and conditions of the Group Insurance Policy Contract with your employer shall apply.