



AIA SINGAPORE PRIVATE LIMITED

PRODUCT SUMMARY

GROUP HOSPITAL AND SURGICAL 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 basic dental procedures listed under the Schedule of Allowances.

- 1) Cashless as charged upon presentation of AIA dental card at panel dental clinics
- 2) For visits to non-panel dental clinics, reimbursement shall be assessed up to individual sub-limits under the Schedule of Allowances
- 3) Coverage does not apply to expenses incurred in Specialist dental clinics
- 4) This policy extends to cover 7% Goods and Services Tax on eligible medical expenses incurred in Singapore

SCOPE OF COVERAGE

24/7 coverage on a worldwide basis

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) Each child is covered from birth to 19 years old and unmarried
- 3) Children between age 19 and 25 must be studying full-time, unmarried and dependent upon the employee for support

BASIS OF COVER

All Employees and their Eligible Dependents – Plan 1

DESCRIPTION OF BENEFITS

Daily Room and Board Benefit

A Daily Room & Board Benefit shall be paid when, upon recommendation of a Registered Medical Practitioner, an Insured Member is registered as a bed patient in a Hospital. The amount of the said benefit shall be equal to the actual charges made by the Hospital during the Insured Member's confinement, but in no event shall the benefit under this Paragraph exceed for any one day the rate of Daily Room & Board Benefit set forth in the Policy Schedule or exceed the number of days as specified in the same Schedule.

Intensive Care Unit Benefit

The Company shall pay the actual Room & Board charges incurred by the Insured Member while confined in an Intensive Care Unit (ICU) in the Hospital, subject to a maximum number of days and the amount shall not exceed the ICU amount set forth in the Policy Schedule.

Hospital Miscellaneous Services

If an Insured Member is entitled to benefits payable under paragraph A of this section, the Company shall also pay the amount actually charged by the Hospital during Hospital confinement which are customarily supplied by the Hospital but the amount shall not exceed in aggregate the Other Hospital Services amount set forth in the Policy Schedule.

- Administration of Blood Plasma, but not the cost of Blood or Blood Plasma;
- Ambulance Services to and / or from the Hospital not to exceed for any trip the rate of the Daily Room & Board benefit;
- Anesthesia and Oxygen and their administration including anesthesiologist's fee;
- Basal Metabolism Tests;
- Dressings Ordinary Splints and Plaster Casts;
- Drugs and Medicine consumed on premises;
- Electrocardiograms;
- Intravenous Infusion;
- Laboratory Examinations;
- Physical Therapy;
- Use of Operation Room;
- X-ray Examinations.
- Surgical Implants

Surgical Benefit

A surgical benefit shall be paid in an amount equal to the actual charges made for such operation performed by one or more Registered Medical Practitioners, including any assistant surgeons, provided however that the maximum benefit for all surgical operations shall not exceed the Maximum Surgical Benefit shown in the Policy Schedule and each operation is subject to the amount obtained by multiplying the appropriate percentage shown for that operation in the Surgical Schedule of Fees by the maximum Surgical Benefit shown in the Policy Schedule. If two or more surgical procedures are performed through a single incision, reimbursement for expenses for all such procedures shall not exceed the amount indicated for the one surgical procedure performed for which the largest amount is payable.

In-Hospital Doctor's Consultation

Consultation fees are charged by Registered Medical Practitioners while an Insured Member was hospitalized shall be paid an amount equal to the actual charges made for consultation provided however the maximum daily benefit shall not exceed the maximum In-Hospital Doctor Consultant Benefit shown in the Policy Schedule. For the Benefit, only one visit per day shall be covered and the benefit is further limited to the numbers of days as specified in the Policy Schedule.

Emergency Out-Patient Treatment Benefit (Accident)

If as a result of an accident and within twenty-four (24) hours following such an accident an Insured Member shall require emergency out-patient in the Out-Patient Department of a Hospital or at a Registered Medical Practitioner's office and follow-up treatment within thirty-one (31) days thereafter, the Company shall pay the actual charges made but not to exceed the maximum Emergency Out-Patient Treatment Benefit set forth in the Policy Schedule. The maximum benefit shall be included in the total of the maximum Other Hospital Services Benefits.

Pre- & Post Hospitalization Specialist Consultation, Diagnostic X-ray and Laboratory Test

The Company shall pay the amount of charges made for specialist's consultation, diagnostic x-ray and laboratory examination which are recommended by a Registered Medical Practitioner and incurred in the period commencing ninety (90) days before and ending ninety (90) days after hospitalization or surgery, but not to exceed the maximum benefit in the Policy Schedule.

Outpatient Kidney Dialysis/Cancer Treatment

If an Insured Member shall necessarily incur outpatient expenses for the following treatments, the Company shall reimburse for such medical expenses, up to the Maximum Benefit as stated in the Policy Schedule.

- (a) Kidney dialysis as recommended by a Registered Medical Practitioner.
- (b) Cancer treatment by a Registered Medical Practitioner. "Cancer" shall mean a focal autonomous new growth of tissue that has no useful function and the new growth has the characteristics of marginal invasion, relentless growth or distant spread with a lethal effect. Such cancer must be positively diagnosed by a Registered Medical Practitioner who is also a certified Pathologist, upon the basis of a Microscopic Examination of fixed tissues, or preparations from the Hemic

System. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. Clinical diagnosis does not meet this standard.

Miscarriage

The Company shall pay the amount of charges made for non-elective miscarriage due to medical reason including ectopic pregnancy but not to exceed the maximum benefit in the Policy Schedule.

POLICY SCHEDULE

BENEFIT PER INSURED MEMBER (PER DISABILITY UNLESS STATED OTHERWISE)		PLAN 1 (S\$)
1a.	Daily Room & Board (maximum 120 days) Accommodation charges during hospital confinement	1-Bed (Singapore Government Restructured Hospital)
1b.	Daily Intensive Care Unit (maximum 30 days) ICU charges during a Hospital confinement	Up to 1,380 per day
2.	Hospital Miscellaneous Services Expenses incurred during hospital confinement excluding accommodation, surgeon's & in-hospital doctor's attendance fee	Up to 28,000 per disability
3.	Surgical Fee Surgeon's fee, subject to <u>surgical schedule for admission in private/overseas hospitals</u>	
4.	Daily In-Hospital Doctors' Visit (maximum 120 days) Doctor's attendance fee during Hospital confinement	
5.	Emergency Outpatient Treatment <u>due to an accident</u> Expenses incurred within 31 days of accident provided treatment is sought within 24 hours of accident	
6.	Pre & Post - Hospitalisation Specialists' Consultation, Diagnostic X-ray & Lab. Fees Expenses incurred 90 days prior admission & 90 days after discharge	Up to 2,500 per disability
7.	Overseas Hospitalisation due to Accident (Max per disability, item 1 to 6 only)	Up to 150% of GHS Benefits
8.	Outpatient Kidney Dialysis / Cancer Treatment	Up to 15,000 per policy year

9.	Rehabilitation Benefit (up to 31 days)	Up to 5,000 per disability
10.	Death Benefit	3,000

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) Pre-existing conditions which have existed during the twelve (12) months preceding the Entry Date of the Insured Member, whether known or unknown to the Insured Member in so far as the cause and pathology of the conditions have already existed, unless the Insured Member affected by these conditions has been insured under this Policy continuously for twelve (12) months.
- (ii) Psychological, emotional and mental conditions; alcoholism or drug addiction; intentional self-inflicted injuries, or injuries sustained as a result of a criminal act of the Insured Member or attempted suicide while sane or insane.
- (iii) Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.
- (iv) Special nursing care; general physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
- (v) Procurement or use of special braces, any appliances, any equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fittings of the same and non-medical services such as television, telephone and the like.
- (vi) Any dental treatment or surgery except if procedure is necessitated by damage to sound natural teeth as a result of an Injury occurring during the period of insurance, any eye examination/treatment or surgical procedure for correction of eye refraction including myopia, cosmetic or plastic surgery/treatment for purposes of beautification and any complications arising thereof.
- ~~(vii) Any treatment or surgical operation for congenital anomalies or physical defects present at and existing from the time of birth regardless of the time of discovery or the time of such treatment or surgical treatment.~~
- (viii) Birth control measures, treatment pertaining to infertility, treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage due to medical reason; treatment or surgical procedures required or recommended subsequent to consultations at Fertility clinics, In-Vitro Fertilisation clinics, Reproductive assistance clinics or centres for Reproductive Medicine.
- (ix) Hospitalization for the sole purpose of undergoing diagnostic test, x-ray exam or investigation, except if the eventual treatment requires hospitalization or surgery.
- (x) Acquired Immuno-Deficiency Syndrome (AIDS) or any HIV.

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 the 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.