



**AIA SINGAPORE PRIVATE LIMITED
PRODUCT SUMMARY FOR
GROUP OUTPATIENT CLINICAL,
SPECIALIST CONSULTATION & X-RAY/LAB-TEST**

Policyholder	:	ADOBE SYSTEMS PTE LTD
Policy No.	:	71558
Period of Insurance	:	1 st July 2019 to 30 th June 2020

PRODUCT INFORMATION

Group Clinical Consultation pays for the clinical outpatient consultation, medical fees, basic outpatient lab tests and plain and contrast X-ray when you visit a General Practitioner and A&E Department of hospitals in Singapore.

Group Outpatient Specialist Benefit & X-ray / Lab Test Benefit covers outpatient specialist expenses incurred that does not result to hospitalization or surgery.

ELIGIBILITY

- i) All full-time active employees over 16 and below the age of 69 (Age Last Birthday); coverage can be renewed up to age 74.
- ii) Spouse of eligible employee who is below the age of 69 (Age Last Birthday) and not divorced or legally separated from eligible employee; coverage can be renewed up to age 74.
- iii) An unmarried and unemployed child of the eligible employee who is at least 2 weeks old and is under age of 25 years (Age Last Birthday).

SCHEDULE OF BENEFITS

GROUP OUTPATIENT CLINICAL, SPECIALIST CONSULTATION & X-RAY/LAB-TEST BENEFIT

AIA PANEL (GENERAL PRACTITIONERS)	BENEFITS (\$)
Visits at AIA appointed General Practitioners upon presentation of IHS Card,	As Charge
AIA PANEL (TRADITIONAL CHINESE MEDICINE-TCM PRACTITIONERS)	BENEFITS (\$)
Visits at AIA appointed TCM clinics upon presentation of IHS Card Consultation only	As Charge
AIA GP NON PANEL (GENERAL PRACTITIONERS)	BENEFITS (\$)
Government Polyclinics Reimbursement	As Charge
Visits at General Practitioners not appointed by AIA (Covers Psychiatric Treatment) Reimbursement up to (per policy year)	1,000
Overseas General Practitioners (excluding treatment in Johor State) Reimbursement up to (per visit)	100

Emergency Outpatient Treatment at A&E Dept of any Hospitals Reimbursement up to (per visit) Max four(4) visits per policy year	120
AIA SPECIALIST CONSULTATION & X-RAY/LAB-TEST	BENEFITS (\$\$)
Specialist's Consultation (Panel) upon presentation of IHS Card	As Charged
Specialist's Consultation (Non Panel) Diagnostic X-Ray & Lab. Test (covers Physiotherapy & Psychiatric Treatment) Paediatrician Direct Access (without referral letter) For Insured Child 7 years old & below Specialist visits without referral letter (subject to overall limit per policy year)	Up to overall 3,000 per policy year Up to 30 per visit
Traditional Chinese Medicine (TCM) (limited to 5 visits per policy year)	Up to 50 per visit subject to 250 per year

KEY PRODUCT PROVISIONS

The followings 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 contract.

1) Cancellation Clause

This Policy may be terminated by either you or us on any Premium Due Date if one party serves a written notice of termination to the other party, at least 31 days before the Premium Due Date. Such terminations shall be effective on the Premium Due Date and will be without prejudice to any claim arising prior to the effective date of termination.

2) Terms of Renewal

This Policy may be renewed on the Policy Anniversary Date subject to your acceptance of our renewal terms and payment of the premium.

3) Non-Guaranteed Premium

We shall have the right to change the premium rate applicable for the policy:

- on any Policy Anniversary; or
- on any Premium Due Date provided that the rate then charged has been in effect for at least 12 months; or
- when the risks insured against under the Policy have substantially increased, and we have given you at least 31 days' notice before the Premium Due Date.

4) Exclusions

The following is a brief summary of the additional exclusions (in addition to the Group Hospital and Surgical) and you are advised to refer to the actual terms and conditions in the policy contract.

- (i) General physical or medical check-up or health screening or tests not incidental to treatment or diagnosis of an actual Sickness or Injury; treatment which is not Medically Necessary or treatment of an optional or preventive nature; immunization, vaccination or inoculation; non-prescribed medication, over-the-counter items such as but not limited to vitamins, supplements, shampoos and moisturizers even if recommended by the attending doctor.
- (ii) Specialist consultation, x-ray or laboratory test not recommended by a Registered Medical Practitioner for the diagnosis of Sickness or Injury.
- (iii) Investigation and treatment of psychological, emotional, mental and behavioral conditions; alcoholism or drug addiction, intentional self-inflicted injuries while sane or insane, unless the policy has a "Mental Care" benefit expressly stated in the Policy Schedule.
- (iv) Treatment of injuries sustained as a result of a criminal act of the insured.
- (v) Hypnotism, massage therapy, aroma therapy and other forms of alternative treatments; treatments by podiatrist and chiropractors.

- (vi) Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments;
- (vii) Any expenses incurred in relation to any type of therapy including but not limited to occupational therapy, or dialysis, except for physiotherapy.
- (viii) Treatment relating to birth control; investigation or treatment occasioned by or resulting from pregnancy, infertility, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage.
- (ix) Treatment of xanthelasma, skin tags, vitiligo, acne, alopecia, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition otherwise admissible under the Policy.
- (x) Cosmetic procedure or plastic surgery except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.
- (xi) Any investigation or treatment for congenital anomalies or complications arising from such 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.
- (xii) Acquired Immuno-Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immuno-Deficiency Virus (HIV), unless acquired due to Medically Necessary blood transfusions or occupational related infections (where proof of which must be made available to the Company.)
- (xiii) Any eye examination or treatment for the correction of eye refraction; procurement of contact lenses and eye glasses. Procurement and rental of/or use of special braces, any appliances, any equipment or prosthetic devices, wheel-chair, walking aids, hearing aids or the fitting of the same.
- (xiv) Any expenses, including investigations, incurred in relation to Sickness and Injury during or in the course of employment which constitutes a valid claim under the Work Injury Compensation Act.
- (xv) Any surcharge incurred due to visits outside the normal operating hours of the clinic.
- (xvi) Drugs purchased without a doctor's prescription.

IMPORTANT NOTICE

This is only product information provided by us and is designed to serve as a guide only. In the event of clarification or dispute, the prevailing terms and conditions of the Group Insurance contract with your employer shall apply.