



AIA SINGAPORE PRIVATE LIMITED

PRODUCT SUMMARY

GROUP OUTPATIENT CLINICAL GROUP OUTPATIENT SPECIALIST X-RAY & LABORATORY TESTS

Policyholder : ADOBE SYSTEMS PTE LTD
Policy No. : 71558
Period of Insurance : 1 JULY 2021 TO 30 JUNE 2022

PRODUCT INFORMATION

- 1) Group Outpatient Clinical provides coverage for eligible medical expenses incurred for:
 - Consultation and medication at Panel / Non-Panel General Practitioners and Government Polyclinics
 - Consultation at Panel Traditional Chinese Medicine Practitioner Clinics
 - Basic Outpatient Laboratory Tests / Plain and Contrast X-ray
 - Emergency outpatient treatment at the Accident and Emergency Department of a Singapore Hospital (Emergency means a serious injury or the onset of a serious condition which requires immediate medical attention to prevent death or serious impairment of health to Insured Members. Examples include symptoms of heart attack and stroke, poisoning, loss of consciousness, breathlessness, shock, severe bleeding or convulsions)
- 2) Group Outpatient Specialist provides coverage for eligible medical expenses incurred for:
 - Consultation and medication at Panel / Non-Panel Specialist Clinics
 - Consultation and medication at Panel / Non-Panel Traditional Chinese Medicine Practitioner Clinics
 - Diagnostic X-Ray and Laboratory Tests, MRI, CT / PET Scans

Important Note:

- A referral letter is required for Specialist visits
 - Although certain procedures (e.g. colonoscopy, biopsy) may be performed at specialist clinics, they are considered day surgeries and will be assessed by the insurer under the Group Hospital and Surgical policy instead of the Specialist benefit.
- 3) 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 insured member, provided such spouse is below the maximum age of coverage, not divorced or legally separated
- 2) Each child is covered from birth to 25 years of age inclusive and unmarried, unemployed.

BASIS OF COVER

All Employees and their Eligible Dependents – Plan 1

POLICY SCHEDULE

CLINICAL BENEFIT PER INSURED MEMBER (MAXIMUM 1 VISIT PER DAY)		PLAN 1 (S\$)
1.	AIA PANEL GENERAL PRACTITIONERS Consultation and Medication Excludes surcharge after normal operating hours Inclusive of panel clinics in Johor Bahru	As Charged (Cashless upon presentation of AIA medical card)
2.	AIA PANEL TRADITIONAL CHINESE MEDICINE PRACTITIONERS <u>Consultation only (6 visits per policy year)</u> Excludes surcharge after normal operating hours	As Charged (Cashless upon presentation of AIA medical card)
3.	AIA NON-PANEL GENERAL PRACTITIONERS (EXTENDED TO COVER PSYCHIATRIC TREATMENT) Consultation and Medication Excludes surcharge after normal operating hours	1,000 per policy year (Reimbursement)
4.	SINGAPORE GOVERNMENT POLYCLINICS Consultation and Medication	As Charged (Reimbursement)
5.	OVERSEAS GENERAL PRACTITIONERS Consultation and Medication Excludes surcharge after normal operating hours Excluding treatment in Johor Bahru	100 per visit (Reimbursement)
6.	EMERGENCY OUTPATIENT TREATMENT AT SINGAPORE A&E DEPARTMENT Excludes surcharge after normal operating hours Up to 4 visits per policy year	120 per visit (Reimbursement)
SPECIALIST BENEFIT PER INSURED MEMBER		PLAN 1 (S\$)
1.	PANEL SPECIALIST CONSULTATION (WITH REFERRAL)	As Charged (Cashless upon presentation of AIA medical card)
2.	NON-PANEL SPECIALIST CONSULTATION (WITH REFERRAL) As Charged (Reimbursement)	3,000 per policy year (Extended to cover psychiatric treatment) (Reimbursement)
3.	DIAGNOSTIC X-RAY & LAB TESTS, MRI, CT / PET SCANS (WITH REFERRAL) As Charged (Reimbursement)	
4.	PHYSIOTHERAPY (WITH REFERRAL)	
5.	PAEDIATRICIAN DIRECT ACCESS (WITHOUT REFERRAL) For insured child below age 7 years old	
6.	NON-PANEL SPECIALIST CONSULTATION (WITHOUT REFERRAL) *Subject to overall limit of S\$3,000 per policy year	30 per visit (Reimbursement)
7.	TRADITIONAL CHINESE MEDICINE PRACTITIONERS Up to 5 visits per policy year	50 per visit (Reimbursement)

LIMITATIONS

When an Insured Member is entitled to benefits under the Employee's Compensation legislation, any government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of expenses not covered by benefits payable under such legislation, programme or other insurance, or that computed in accordance with the Policy Schedule of this Policy, whichever is lesser.

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) All GHS exclusions
- (ii) Drugs purchased without Registered Medical Practitioner's or TCM Practitioner's prescription.
- (iii) Specialist Consultation, X ray or laboratory test not recommended by a Registered Medical Practitioner for the diagnosis of Sickness or Injury.
- (iv) Routine physical examinations, health check ups or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
- (v) An examination made in a Hospital I the insured member is entitled to any other benefits with respect to such examinations under the Policy to which this Supplementary Contract is attached.
- (vi) Eye refraction, fixing of glasses, contact lenses, special braces, equipment, prosthetic devices or hearing aids, gingivitis, dental or oral care.
- (vii) Injuries due to insanity or self infliction; conditions related to functional disorders of the mind (eg. Psychiatric); rest care or sanatoria care (eg neurasthenia, anxiety state, anaemia; treatment of an optional nature (eg anorexia, acne, hair loss, wright loss); drug addiction or alcoholism.
- (viii) Congenital anomalies; treatment occasioned by or resulting from pregnancy, childbirth, miscarriage or abortion or relating to birth control, sterilization of with sex or infertility.
- (ix) Any expenses incurred in relation to any type of therapy (except physiotherapy) or dialysis or acupuncture.
- (x) Immunizations and Vaccinations.
- (xi) Any expenses incurred in relation to cosmetic nature including but not limited to plastic surgery, acne, skin peeling or treatment of hair loss and sex change operation.
- (xii) Any expenses incurred in relation to counselling sessions; health food, supplements, vitamins, weight management; alternative treatments; non prescribed medications.
- (xiii) Surcharges incurred due to visits outside the normal operating hours of the clinic.

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.