



AIA SINGAPORE PRIVATE LIMITED

PRODUCT SUMMARY

GROUP MAJOR MEDICAL INSURANCE

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

PRODUCT INFORMATION

Group Major Medical is a rider to the Group Hospital and Surgical policy. It provides coverage for 80% of eligible medical expenses incurred in excess of the amount payable under the Group Hospital and Surgical policy. 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

Important note:

- 1) Reimbursement up to reasonable and customary charges (to be determined by the insurer) may apply for elective treatment out of Singapore, unless prior notification was provided and subject to review and approval by the insurer.
- 2) Benefit limits may differ for admissions to Singapore Government Restructured hospitals and Private/Overseas Hospitals (surgical schedule of fees apply).

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 at least 2 weeks old and under 19 years of age and unmarried
- 3) Each child between 19 and 25 years of age inclusive, provided such child is a full time student, dependent upon the insured member for support and unmarried

BASIS OF COVER

All Employees and their Eligible Dependents – Plan 1

DESCRIPTION OF BENEFITS

In-Hospital Benefit

The insurer shall reimburse 80% for in-hospital expenses exceeding the deductible up to the maximum per policy year.

Daily Parental Accommodation for insured children

The insurer shall reimburse 80% of the daily cost of an added bed in the same room for either parent or legal guardian staying with the insured dependent child, subject to maximum per day limit and the maximum number of days per any one disability.

Home Nursing Benefit

The insurer shall reimburse 80% of the cost of required nursing services, subject to the maximum per day limit for this benefit and up to the maximum number of days per any one disability.

Treatment of HIV Infection / AIDS Benefit

The insurer shall reimburse 80% of the cost of medical expenses incurred, subject to the maximum benefit per year according to the policy schedule if an insured member:

- a) receives a medically necessary blood transfusion and as a result of such a transfusion becomes infected with HIV. Proof of the blood transfusion must be made available to the Company and in which the institution providing the transfusion admits liability for the HIV infection: or
- b) the Insured Member becomes infected with HIV while carrying out the normal duties of his usual occupation either as a medical practitioner, nurse, laboratory technician, dental surgeon or nurse, ambulance paramedical worker. Proof of the infection involving a definite source of the HIV infected fluids must be made available to the Company, including a negative HIV antibody test within 5 days of the accident and a subsequent test showing sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

POLICY SCHEDULE

BENEFIT PER INSURED MEMBER (PER DISABILITY UNLESS STATED OTHERWISE)		PLAN 1 (\$\$)
1.	Deductible	Basic GHS policy
2.	Daily Room & Board (maximum 120 days)	1-Bed (Singapore Government Restructured Hospital)
3.	Parental Accommodation (maximum 120 days)	Up to 100 per day
4.	Home Nursing (maximum 30 days)	Up to 80 per day
5.	Treatment for HIV Infection / AIDS Benefit	Up to 8,000 per disability
6.	Overall Maximum Limit payable	Up to 60,000 per disability
7.	Co-insurance applies on all benefits above (To be borne by employee)	20%

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) Pre-existing conditions which have existed during the twelve (24) 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 (24) 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, unless acquired due to blood transfusions or occupational related infections.

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.