



AIA SINGAPORE PRIVATE LIMITED

PRODUCT SUMMARY FOR SUPPLEMENTARY MAJOR MEDICAL INSURANCE

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

PRODUCT INFORMATION

The Major Medical plan will pay 80% of eligible expenses in excess of the amount payable under Group Hospital & Surgical cover. In other words, the insured has to bear 20% of the excess eligible expenses.

SCHEDULE OF BENEFITS

ELIGIBLE EXPENSES	PLAN 1 (S\$)
1. Daily Room & Board	As per basic GHS
2. In-Hospital Benefits (per any one disability)	Up to 60,000
3. Deductible	As per basic GHS
4. Parental Accommodation (Max 120 days per disability)	Up to 100 per day
5. Home Nursing (Max 30 days per disability)	Up to 80 per day
6. Treatment for HIV Infection / AIDS Benefit	Up to 8,000 per disability
7. Co-Insurance (applicable from point 1 to 6)	80% / 20%
8. Overall Maximum Limit payable per disability	Up to 60,000

DESCRIPTION OF BENEFITS

Supplementary Major Medical

1. In-Hospital Benefit

Reimbursement will be made for eighty per cent (80%) for In-Hospital expenses exceeding the Deductible up to the maximum per Policy Year.

2. Daily Parental Accommodation for insured children

Reimburse eighty per cent (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 the Maximum per day limit and the Maximum number of days per Any One Disability.

3. Home Nursing Benefit

Reimburse eighty per cent (80%) of the cost of required nursing services, subject to the Maximum per day limit for this benefit and up to the maximum no of days for Any One Disability.

4. Treatment of HIV Infection / AIDS Benefit

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.

The Company shall pay eighty per cent (80%) of the cost of the medical expenses incurred, subject to the Maximum benefit per year as stipulated in the Schedule hereto.

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).

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 of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your financial advisor or insurance intermediary should you require further explanation.

- (i) Pre-existing conditions which have existed during the 12 months prior to the commencement of insurance coverage in respect of the insured under this Policy, whether known or unknown to the insured in so far as the cause and pathology of the conditions have already existed, unless the insured has already been covered continuously for twelve (12) months under this Policy or under any group hospital and surgical policy issued in Singapore immediately prior to the commencement of insurance coverage under this Policy. A break of not more than 31 calendar days between the termination date under the previous insurer's contract and the commencement date under the present policy shall not constitute a lapse in coverage. Waiver of pre-existing exclusion on core plan will be applicable to employees who have been employed by the Policyholder and covered continuously for 12 months in total with the previous insurance carrier.
- (ii) 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.
- (iii) Treatment of injuries sustained as a result of a criminal act of the insured.
- (iv) Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.
- (v) 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 nature or for preventive purposes; 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.
- (vi) 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.
- (vii) Investigation for sleep apnea except if the insured subsequently undergoes a surgical procedure as recommended by a Specialist.
- (viii) 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 and non-medical services such as government taxes, television, telephone and the like.

- (ix) Any eye examination, treatment or surgical procedure for the correction of eye refraction; procurement of contact lenses and eye glasses, surgical procedure for correction of squint or other eye misalignment for ages 8 years old and above.
- (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) Dental or oral treatment except when payable under the Emergency Out-Patient Treatment (Accident) as a result of an injury sustained in an Accident.
- (xii) Any investigation, treatment or surgical operation 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.
- (xiii) Treatment relating to birth control; investigation or treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage; all consultations and treatments including surgical procedures required or recommended subsequent to consultations for the purpose of treating subfertility, infertility or at in-vitro fertilization clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine and the like.
- (xiv) Treatment by Physiotherapist and Traditional Chinese Medical Practitioner; except if treatment is within 90 days of discharge from the Hospital.
- (xv) Acupuncture, acupressure, bonesetting, herbalist treatment, hypnotism, massage therapy, aroma therapy and other forms of alternative treatments such as but not limited to podiatry, osteopathy and chiropractic treatment.
- (xvi) Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments.
- (xvii) Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
- (xviii) 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).
- (xix) Any treatment to prevent illness, promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps, shampoos and moisturizers.
- (xx) The costs and expenses incurred in acquiring an organ for organ transplant or the costs and expenses incurred by the donor of such organ.
- (xxi) Hospital Confinement if the treatment, according to the general opinion of Specialists, could have been provided on an out-patient basis.
- (xxii) Costs arising out of any litigation or dispute between the insured and any medical person or establishment from whom treatment has been sought or given, or any other costs not directly or specifically related to the payment of the medical expenses covered by the policy.

(You are advised to read the policy contract for the full list of exclusions)

2. NON GUARANTEED PREMIUM

We shall have the rights 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.

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 Policy on any Renewal Date by giving the Policyholder (employer) at least 30 days' prior written notice of termination. Whenever such cancellation occurs, the Company shall return the unearned portion of premiums paid to the Policyholder (employer). The termination of coverage shall be without prejudice to payment of claims arising prior to the date of termination.

5. WAITING PERIOD

Not applicable.

6. TERMINATION

The coverage of a member shall automatically cease 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

- (i) 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.
- (i) 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 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.