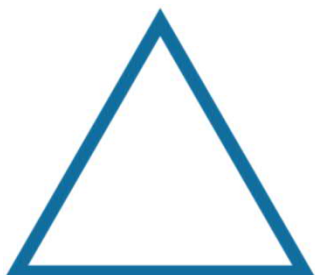
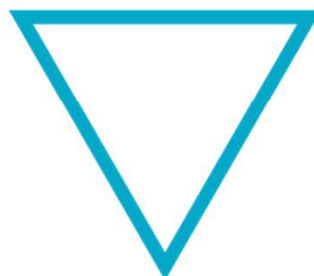


ADOBE SYSTEMS PTE LTD

2020 EMPLOYEE BENEFITS COMMUNICATION

1 July 2020



IMPORTANT NOTICE

Please note that this presentation only provides a general summary of some of the benefits provided under the Company's insurance program, and is not meant to be an exhaustive or comprehensive list of the full terms, conditions and exclusions of the Company's insurance program.

The insurance policy is a contract between the relevant insurer and the Company. Mercer is a broker/consultant providing broking services to the Company. Mercer does not act on behalf of any insurer or other service provider, is not bound to utilize any particular insurer or service provider, and does not have the authority to make binding commitments on behalf of any insurer or service provider. In addition, Mercer does not guarantee or make any representation or warranty that coverage or service can be placed on terms acceptable to our clients. Mercer is not responsible for the solvency, performance, or ability to pay claims of any insurer or service provider. Insurers or service providers with which a client's risk or business is placed at the client's direction will be deemed acceptable to the client, in the absence of contrary written instructions from the client.

This document may contain confidential and proprietary information of Mercer and is intended for the exclusive use of the Company and its employees for whom it is prepared. The contents herein may not be modified or otherwise provided, in whole or in part, to any other person or entity, without Mercer's written consent. Mercer will not be responsible or liable in any manner whatsoever in the event the information provided herein is modified without Mercer's consent or is used in a manner other than as contemplated herein.

AGENDA

1. CLAIM PROCEDURE

MEDICAL CLAIM PROCESS

LETTER OF GUARANTEE FACILITY

AIA EBENEFITS PORTAL / MOBILE APP

2. EMPLOYEE ASSISTANCE

ONSITE HELPDESK ARRANGEMENT

CONTACT DETAILS

3. EMPLOYEE BENEFITS OVERVIEW

LIFE INSURANCE COVERAGE


MEDICAL INSURANCE COVERAGE



GENERAL INFORMATION AT A GLANCE

POLICY PERIOD : 1 JULY 2020 to 30 June 2021

POLICIES IN-FORCE :

INSURER	LINE OF COVER	BASIS OF COVERAGE
	GROUP TERM LIFE	Employee Only
	GROUP PERSONAL ACCIDENT	
	GROUP HOSPITAL & SURGICAL	Employee and Dependents
	GROUP MAJOR MEDICAL	
	GROUP MATERNITY	
	GROUP OUTPATIENT SPECIALIST	
	GROUP OUTPATIENT CLINICAL	
	GROUP DENTAL	

Note:

- Dependents refer to spouse and children only and they must be residing in Singapore
- Employees must notify HR within 1 month of life event

DEDUCTIBLE/CO-INSURANCE : Not applicable (Except for Major Medical)

PRE-EXISTING CONDITIONS : 12 months waiting period from effective date of coverage for new joiners

GEOGRAPHICAL AREA : Worldwide 24/7
(Case by case basis for elective treatment overseas)

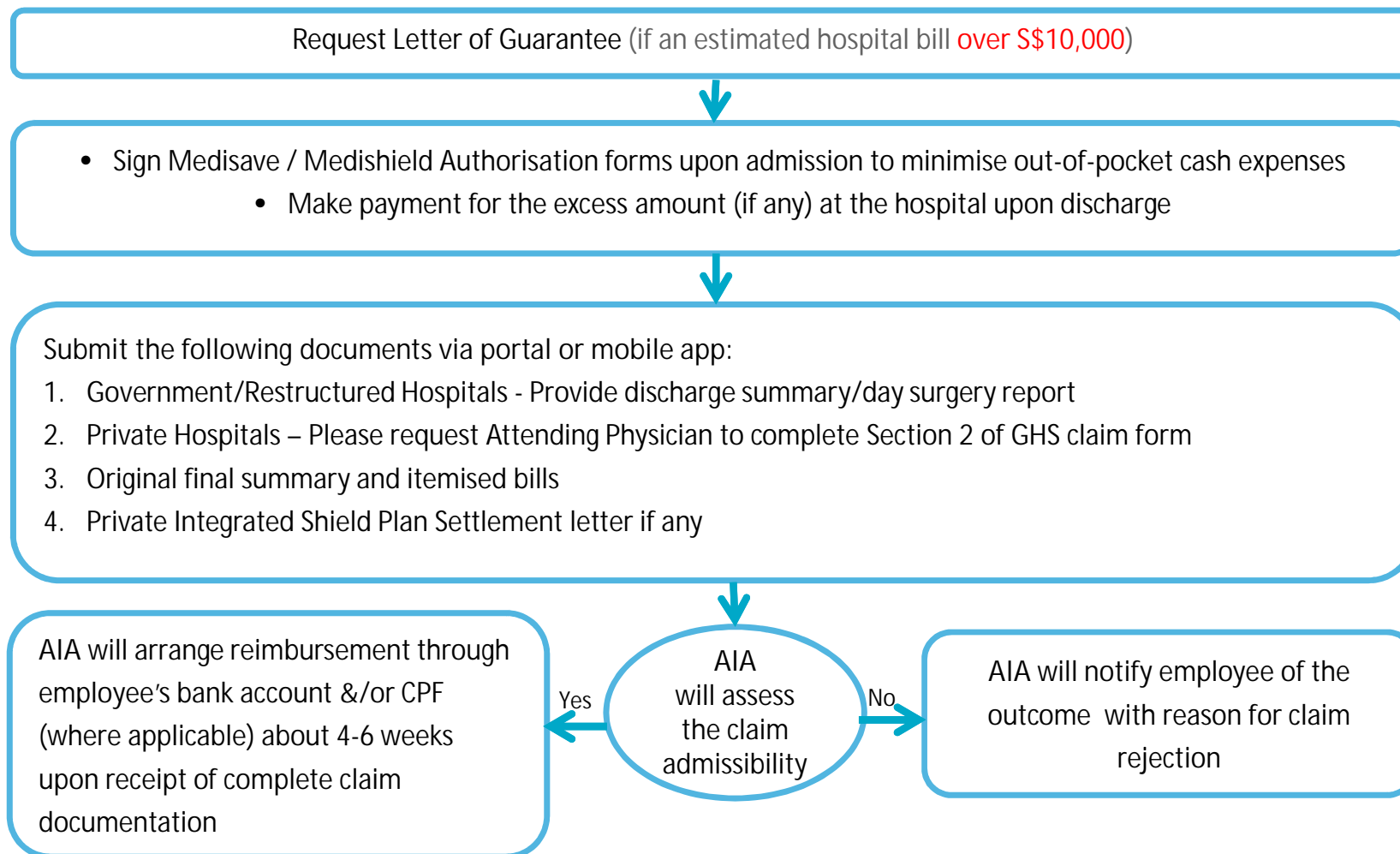
GOODS & SERVICES TAX : Covered for admissible claims only

CLAIM PROCEDURE



INPATIENT CLAIM PROCEDURE

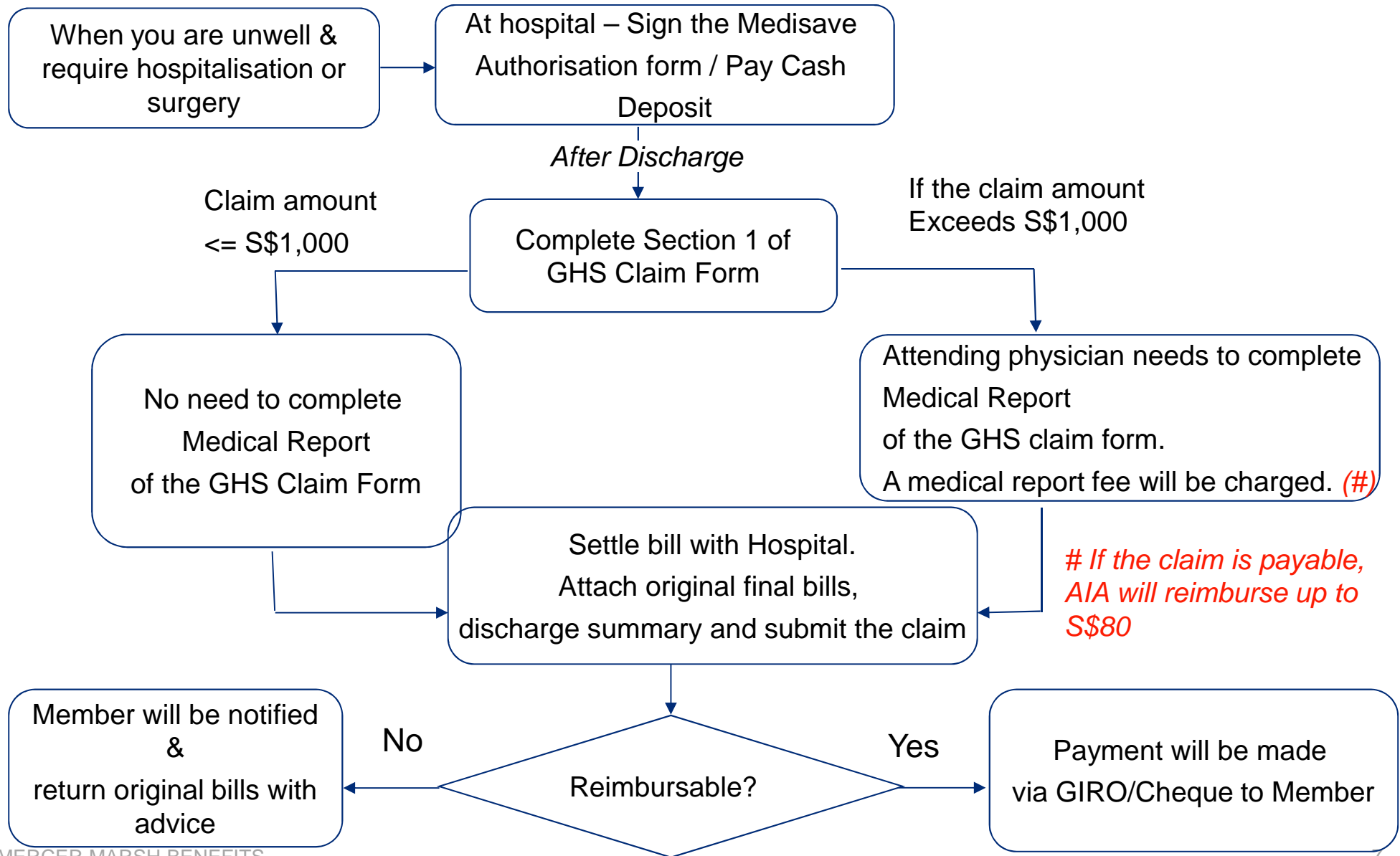
ADMISSION TO SINGAPORE HOSPITALS WITH LOG



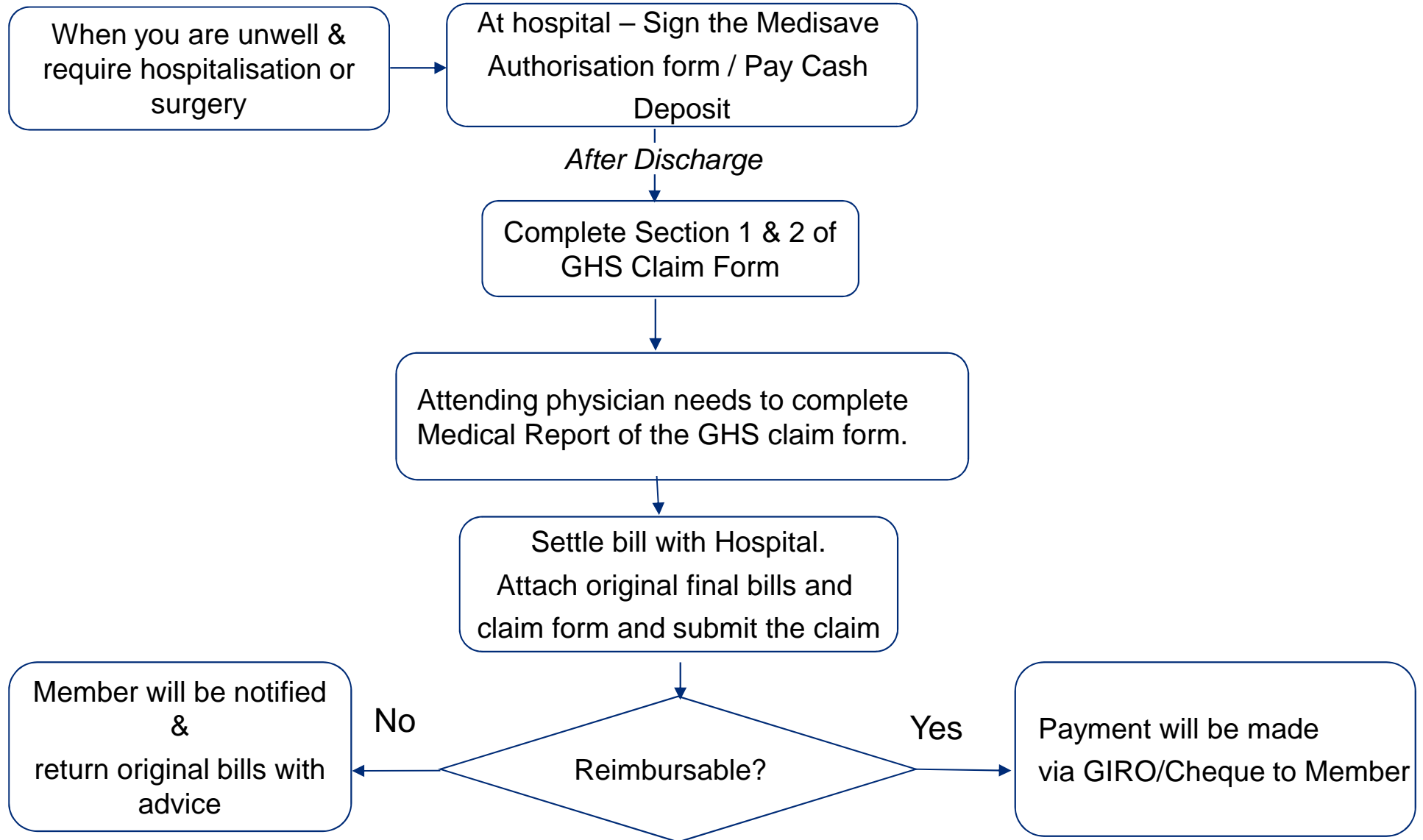
Note:
Claims must be submitted to AIA within 30 days from incurred date. Hard copy submission is not required. Keep the hard copy bills / reports / relevant claim documents for at least 6 months from date of claim submission.

INPATIENT CLAIM PROCEDURE

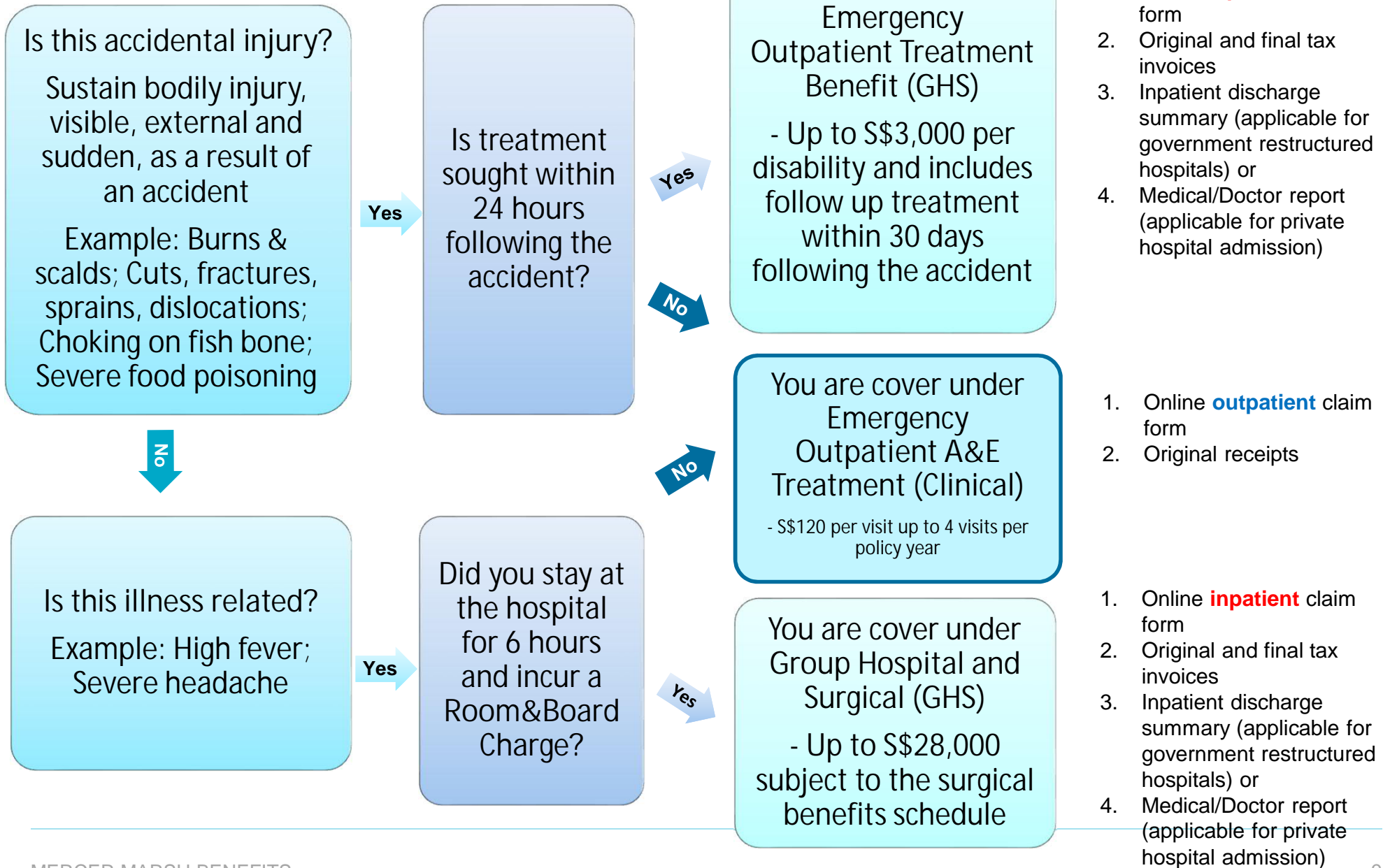
Admission to Government/ Restructured Hospitals without LOG



Group Hospital & Surgical Admission to Private Hospitals without LOG



A&E CLAIMS



Document Required:

1. Online **inpatient** claim form
2. Original and final tax invoices
3. Inpatient discharge summary (applicable for government restructured hospitals) or
4. Medical/Doctor report (applicable for private hospital admission)

1. Online **outpatient** claim form
2. Original receipts

1. Online **inpatient** claim form
2. Original and final tax invoices
3. Inpatient discharge summary (applicable for government restructured hospitals) or
4. Medical/Doctor report (applicable for private hospital admission)

EMPLOYEE ASSISTANCE



ONSITE HELP DESK ARRANGEMENT

- Session is held on **last** Wednesday of the month
- Session is divided into:
 1. New Hire Benefits Orientation / Refresher for Existing Employees
 2. Individual Q&A (sign-up sheet at the front desk)

MERCER ASSISTANCE

For general enquiries, please contact our hotline and key in the client ID when prompted. Alternatively, you may wish to email us and we will get back to you.

HOTLINE	+65 6797 9613
CLIENT ID	5872
EMAIL	eh&b@mercermarshbenefits.com
OPERATING HOURS	8:30am to 5:30pm Monday to Friday (except Public Holidays)
ADDRESS	8 Marina View #09-08 Asia Square Tower 1 Singapore 018960

AIA ASSISTANCE

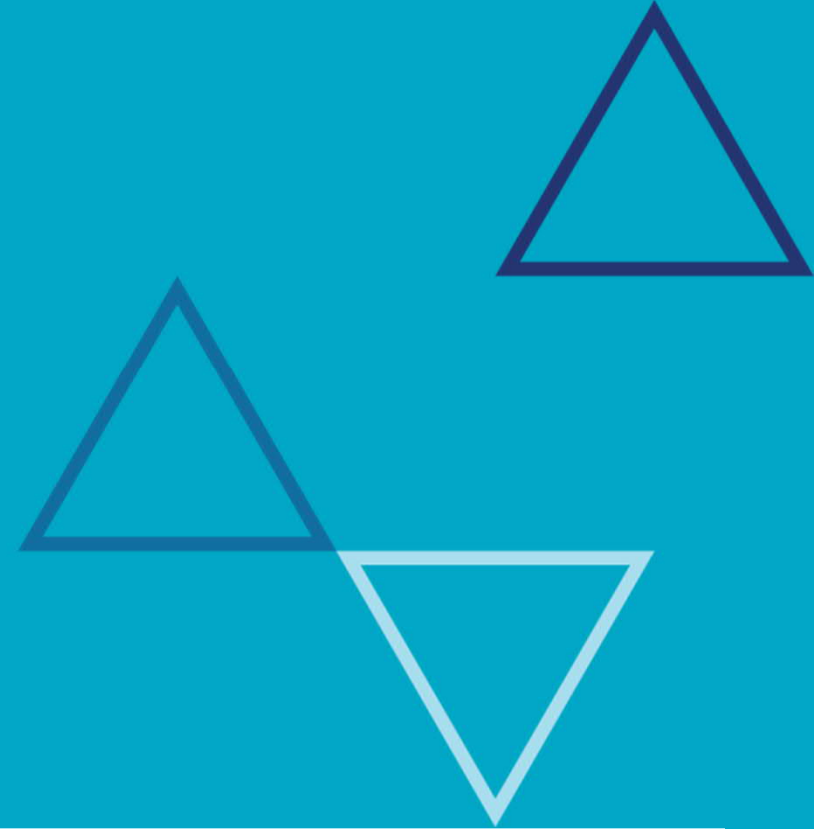
For insurance benefits enquiries or claims enquiries, please contact AIA hotline. Alternatively, you may wish to email AIA.

HOTLINE	+65 6248 8328
EMAIL	sg.csc@cia.com
ADDRESS	3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799
OPERATING HOURS	24/7 including public holidays

EMPLOYEE BENEFITS OVERVIEW



GROUP TERM LIFE



GROUP TERM LIFE

LIFE INSURANCE COVERAGE

- 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 for death benefit only. Insured members between age 65 and 70 will be covered for both death and total permanent disability benefit. This is applicable to standard lives only.
- SCOPE OF COVER** : Worldwide 24/7
- BASIS OF COVER** : All employees – 36 times last drawn basic monthly salary subject to maximum sum assured of S\$3,000,000
- FREE COVER LIMIT** : For new joiners – S\$600,000 for entry up to age 64 (Applicable to standard lives only)

Entry Age	Eligible Sum Assured	Effective Sum Assured
Below age 64	S\$600,000	Full sum assured of S\$600,000 on date of employment
Below age 64	S\$900,000	<ul style="list-style-type: none"> - Sum assured of S\$600,000 on date of employment - Excess S\$300,000 subject to medical underwriting and insurer's approval in writing
Above age 64	S\$600,000	<ul style="list-style-type: none"> - No coverage on date of employment - Full sum assured is subject to medical underwriting and insurer's approval in writing

GROUP TERM LIFE

LIFE INSURANCE COVERAGE

DEATH BENEFIT	100 % sum assured payable in one lump sum for death due to any cause, i.e. illness or accident
TOTAL & PERMANENT DISABILITY BENEFIT (TPD)	<p>100 % sum assured payable in one lump sum, upon proof of continuous TPD in accordance with insurer's requirements</p> <p><u>Definition of TPD</u></p> <ol style="list-style-type: none">1) Complete inability to engage in any gainful employment for the remainder of lifetime2) Total and irrecoverable loss of sight of both eyes3) Loss of 2 or more limbs at or above the wrists or ankles4) Total and irrecoverable loss of sight of one eye together with loss of one limb above the wrist or ankle
TERMINAL ILLNESS	<ul style="list-style-type: none">- Upon diagnosis of any disease from which death is highly probable within the next 12 months- 100 % sum assured payable in one lump sum

GROUP TERM LIFE

LIFE INSURANCE COVERAGE

TOTAL DISABILITY EXTENDED DEATH BENEFIT

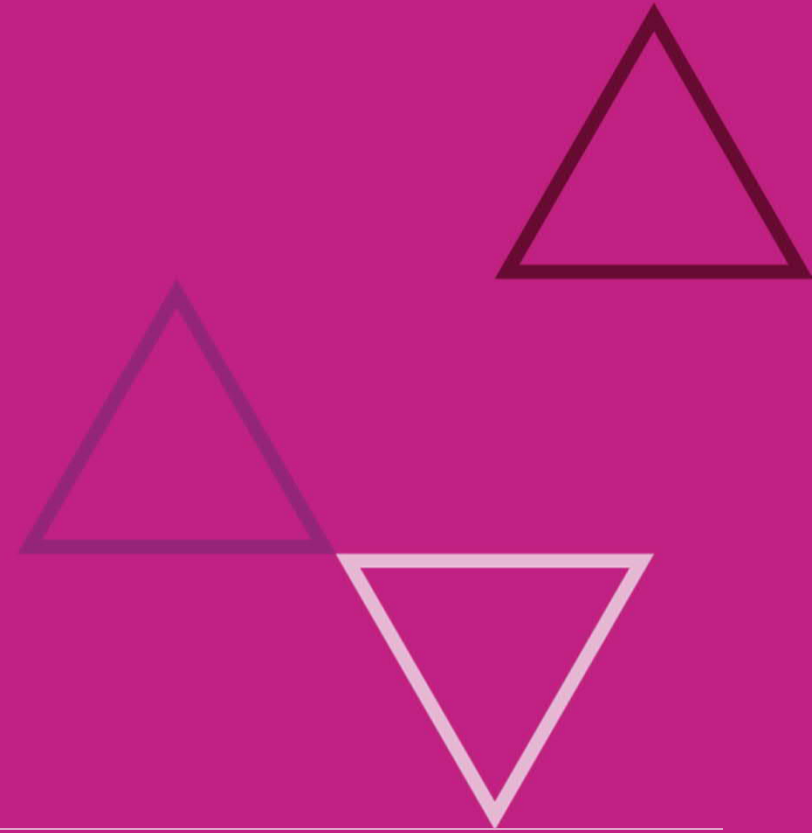
If the insured member suffered from TPD upon termination of employment and remained continuously disabled until his death, the Death benefit shall be extended up to 12 months* subject to the following conditions:

- Member remains continuously disabled until death
- Death occurs within 12 months
- Death benefit shall be extended for a period equivalent to the length of time he was continuously insured*

REPATRIATION BENEFIT

- Upon death as a result of injury or sickness commencing while travelling outside country of residence
- Actual expenses incurred for repatriation of mortal remains shall be payable up to S\$75,000

GROUP PERSONAL ACCIDENT



GROUP PERSONAL ACCIDENT LIFE INSURANCE COVERAGE

ELIGIBILITY : Per Group Term Life

SCOPE OF COVER : Worldwide 24/7

BASIS OF COVER : All employees – 36 times last drawn basic monthly salary subject to maximum sum assured of S\$2,000,000

ACCIDENTAL DEATH	100 % sum assured payable in one lump sum for death due to accident
TOTAL PERMANENT DISABLEMENT & DISMEMBERMENT	In accordance with Schedule of Indemnities up to 150%
THIRD DEGREE BURNS (Covering at least 25% of body surface)	100 % sum assured payable
COMPASSIONATE DEATH ALLOWANCE	Additional S\$2,000 payable in addition to death benefit

GROUP PERSONAL ACCIDENT LIFE INSURANCE COVERAGE

CHILDREN EDUCATION FUND

One-time payment of S\$5,000 regardless of the number of children upon accidental death of insured member

MOBILITY AID EXTENSION

If an Insured Member sustains accidental bodily Injury, which directly and independently of all other causes, resulted in Permanent Total Disability, provided the Insured Member needs and can operate:

- i. a self-powered, climbing wheelchair; and/or
- ii. his/her motor vehicle with the controls suitably adjusted; and/or
- iii. a lift, necessary ramps, railings and holds to usual place of residence

Up to S\$1,000 or 95% of the costs of such equipment and the installation thereof (whichever is lesser) shall be payable

* Please refer to policy contract for the full list of benefit extensions

GROUP PERSONAL ACCIDENT LIFE INSURANCE COVERAGE

SCHEDULE OF INDEMNITIES		Percentage of Principal Sum Assured
1.	Loss of Life	100 %
2.	Permanent Total disablement	150 %
3.	Loss of or the permanent total loss of use of two limbs	150 %
4.	Loss of or the permanent total loss of use of one limb	125 %
5.	Permanent total loss of sight of both eyes	150 %
6.	Permanent total loss of sight of one eye	100 %
7.	Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150 %
8.	Loss of speech and hearing	150 %
9.	Permanent and incurable insanity	100 %
10.	Permanent total loss of hearing in both ears	75 %
	one ear	25 %
11.	Loss of speech	50 %
12.	Permanent total loss of the lens of one eye	50 %
13.	Loss of or the permanent total loss of use of four fingers and thumb of right hand	70 %
	left hand	50 %
14.	Total loss of or the permanent total loss of use of four fingers of right hand	40 %
	left hand	30 %
15.	Loss of or the permanent total loss of use of one thumb both right phalanges	30 %
	one right phalanx	15 %
	both left phalanges	20 %
	one left phalanx	10 %
16.	Loss of or the permanent total loss of use of fingers three right phalanges	10 %
	two right phalanges	7.5 %
	one right phalanx	5 %
	three left phalanges	7.5 %
	two left phalanges	5 %
	one left phalanx	2 %
17.	Loss of or the permanent total loss of use of toes all-one foot	15 %
	great toe-two phalanges	5 %
	great toe-one phalanx	3 %
	other than great toe, each toe	1 %
18.	Fractured leg or patella with established non-union	10 %
19.	Shortening of leg by at least 5 cm	7.5 %

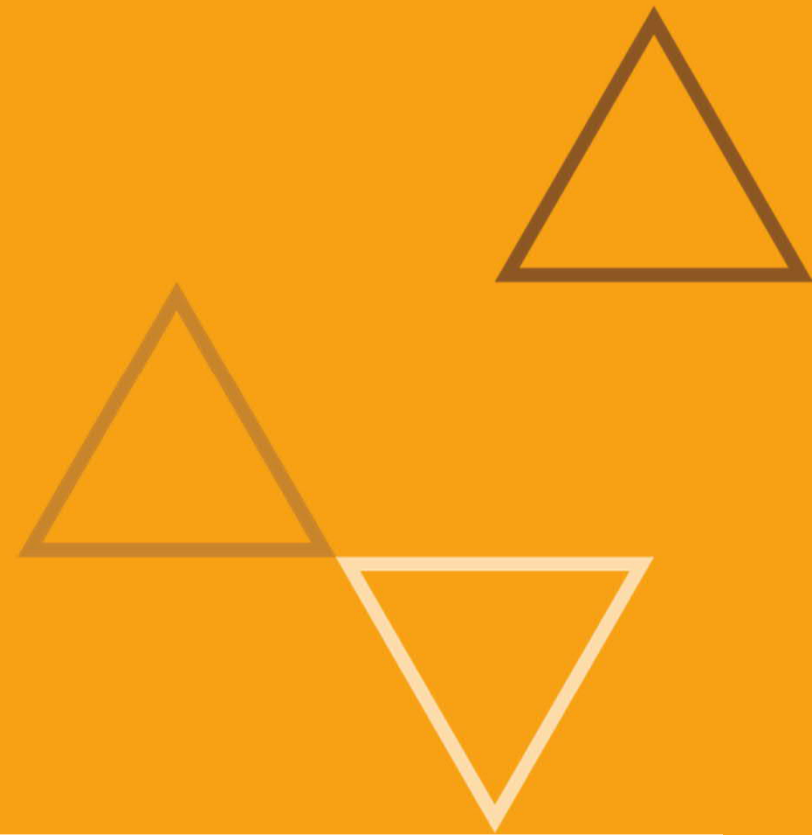
GROUP PERSONAL ACCIDENT LIFE INSURANCE COVERAGE

POLICY EXCLUSIONS

1. Any intentional self-injury, suicide, reckless misconduct or any illegal or criminal act committed by the Policyholder or an Insured Person
2. Results from any direct or indirect involvement, participation or engagement in War, invasion or Civil War or a Strike or Riot by the Insured Person or Policyholder
3. Results from War, invasion or Civil War in the country of domicile or while the Insured Person or Policyholder are visiting countries or areas which, prior to the time of travel, are known areas of conflict and travel to the area is against the recommendation or advice of the appropriate governmental authority of the Insured Person's country of domicile
4. Engaging in professional sports or racing on wheels or horse
5. Traveling or flying in, ascending or descending from any aerial device or aircraft, unless the Insured Member is traveling as a fare-paying passenger in a duly licensed commercial aircraft and the said aircraft was not engaged in any rescue, instructional or training purposes during such flight

* Please refer to policy contract for the full list of exclusions

GROUP HOSPITAL AND SURGICAL



GROUP HOSPITAL AND SURGICAL MEDICAL INSURANCE COVERAGE

- ELIGIBILITY** : Employees
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
- Spouse
Spouse of an insured member, provided such spouse is below the maximum age of coverage, who is not divorced or legally separated
- Child
Children who is covered from birth, unmarried and are under age 19. Children between age 19 and 25 must be studying full-time, unmarried and dependent upon the employee for support
- Note:
- Dependents refer to spouse and children only and they must be residing in Singapore
 - Employees must notify HR within 1 month of life event
- SCOPE OF COVER** : Worldwide 24/7
- 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).
- BASIS OF COVER** : Plan 1 – All Employees and their Eligible Dependents

GROUP HOSPITAL AND SURGICAL MEDICAL INSURANCE COVERAGE

- COVERAGE : 1. Hospital admission (at least 6 consecutive hours with room and board charge incurred)
2. Day surgery (includes surgical procedures performed at specialist clinics e.g. colonoscopy, biopsy)
3. Emergency outpatient treatment due to an accident (treatment must be sought within 24 hours of the accident)
- This policy extends to cover 7% Goods & Services Tax
- DEFINITION OF 'PER DISABILITY' : All complications and conditions arising from the same cause within 30 days (Same illness or bodily injury caused by an accident or illness)
- 'NEW DISABILITY' : Recurrence or relapse of such complications and conditions after 30 days following the latest date of discharge from hospital
- ILLUSTRATION : Hospitalised on 1 January for Asthma and discharged on 3 January:
- (a) Re-admitted on 15 January for the same condition – Same disability
 - (b) Re-admitted on 15 February for the same condition – New disability
 - (c) Admitted on 15 January for Kidney Infection – New disability

GROUP HOSPITAL AND SURGICAL MEDICAL INSURANCE COVERAGE

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 5,000 per disability
10.	Death Benefit	3,000 5,000
11.	Psychiatric Cover	10,000 per policy year

GROUP HOSPITAL AND SURGICAL MEDICAL INSURANCE COVERAGE

SINGAPORE GOVERNMENT / RESTRUCTURED HOSPITALS : Surgical Schedule of Fees does not apply

PRIVATE / OVERSEAS HOSPITALS : Surgical Schedule of Fees shall apply

ILLUSTRATION		
ASSUMING \$25,000 SURGICAL BILL	PRIVATE HOSPITAL	SINGAPORE GOVERNMENT / RESTRUCTURED HOSPITALS
MAXIMUM SURGICAL BENEFIT LIMIT	\$28,000	\$28,000
SURGICAL PERCENTAGE	80%	N.A.
MAXIMUM REIMBURSEMENT	\$22,400 (80% of \$28,000)	\$25,000 (Subject to Overall Limit of \$28,000)

POLICY EXCLUSIONS

MEDICAL INSURANCE COVERAGE

POLICY EXCLUSIONS

1. Pre-Existing Conditions which have existed during the 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 12 months.
2. Intentional, self-inflicted injury sustained as a result of a criminal act of the Insured Person or attempted suicide of the Insured Person whether he is sane or insane; psychological, emotional or mental problems or conditions of the Insured Person; alcoholism or drug addiction of the Insured Person.
3. Congenital anomalies or genetic defects, including hereditary conditions of the Insured Person present at or existing from the time of his birth regardless of when the Insured Person discovered or underwent treatment or surgical procedure for the same.
4. Treatment relating to birth control, infertility and impotency; treatment or surgical procedures done at fertility clinics, in-vitro fertilisation clinics, reproductive assistance clinics or centres and reproductive medicine clinics or centres; treatment occasioned by or resulting from pregnancy, childbirth, abortion and all complications arising from any of the same, except non-elective miscarriage due to medical reason.
5. Any dental work or treatment, oral surgery, orthodontics and orthognathic surgery; temporo-mandibular joint disorder except for the cost of surgery required as a result of an injury sustained by the Insured Person in an Accident.
6. Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment if Insured Person is above 8 years old; cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by bodily injuries sustained in an Accident.
7. Treatment of xanthelasma, syringoma, acne, alopecia, cosmetic skin surgeries, inguinal hernia and hydrocele and all complications arising from any of the same; except where the Insured Person who is under treatment for inguinal hernia and hydrocele is more than 5 years old.

* Please refer to policy contract for the full list of exclusions

POLICY EXCLUSIONS

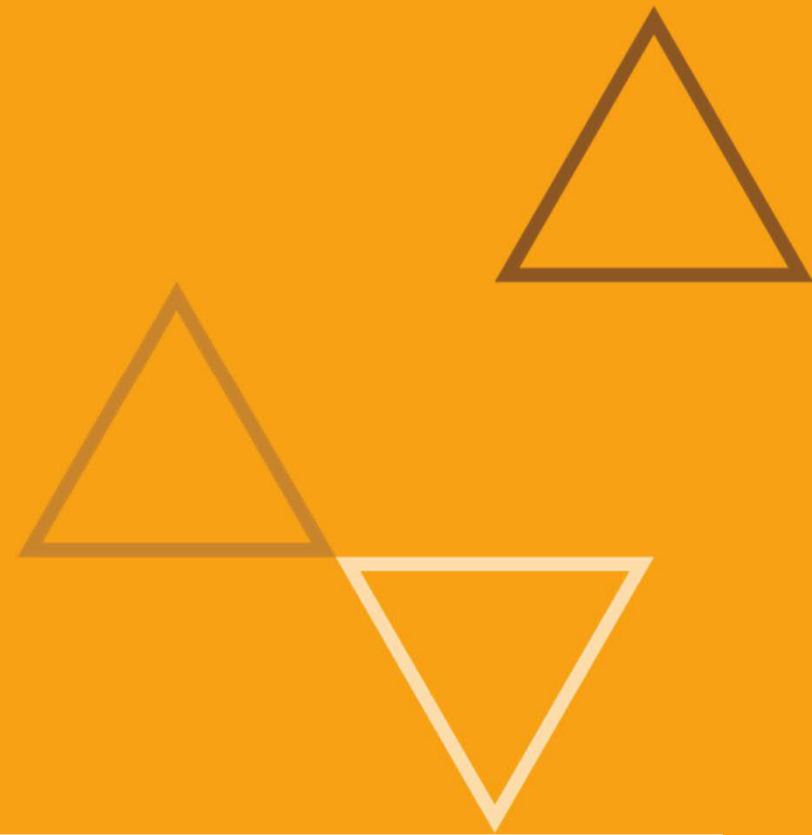
MEDICAL INSURANCE COVERAGE

POLICY EXCLUSIONS

8. Services for the primary purpose of diagnosis, medical check-up, genetic or health screening (irrespective of whether there is Hospital Confinement) and outpatient treatment for physiotherapy, chemotherapy, immunotherapy, radiotherapy, renal treatment; alternative medicine including acupuncture, chiropractic, and the like; rest cures, sanatoria care or special nursing care or any treatment or services that are not medically necessary or reasonably required for Illness or bodily injury caused by an Accident.
9. Treatment for sleep apnoea, obesity, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition otherwise admissible under this Policy.
10. Circumcision (except where it is medically necessary) or treatment relating to the same.
11. Venereal disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immuno-Deficiency Virus (HIV).
12. Disabilities resulting from direct participation in a strike, riot or civil commotion, insurrection, or any act of war (whether declared or undeclared).
13. Implants (homograft, heterograft, artificial) and prosthesis; procurement or use of wheel-chair, dialysis machine and any other hospital-type equipment.
14. Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.

* Please refer to policy contract for the full list of exclusions

GROUP MAJOR MEDICAL



GROUP MAJOR MEDICAL MEDICAL INSURANCE COVERAGE

- ELIGIBILITY** : Employees
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
- Spouse
Spouse of an insured member, provided such spouse is below the maximum age of coverage, who is not divorced or legally separated
- Child
Children who is covered from birth, unmarried and are under age 19. Children between age 19 and 25 must be studying full-time, unmarried and dependent upon the employee for support
- Note:
- Dependents refer to spouse and children only and they must be residing in Singapore
 - Employees must notify HR within 1 month of life event
- SCOPE OF COVER** : Worldwide 24/7
- 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).
- BASIS OF COVER** : Plan 1 – All Employees and their Eligible Dependents

GROUP MAJOR MEDICAL MEDICAL INSURANCE COVERAGE

BENEFIT PER INSURED MEMBER (PER DISABILITY UNLESS STATED OTHERWISE)		PLAN 1 (\$\$)
	Overall Maximum per Any One Disability For All Benefits	60,000
1	Maximum Benefit (Per Disability) a) Deductible b) Co Insurance	60,000 Basic H&S 20%
2	Parental Accommodation a) Maximum Limit Per Day b) Maximum Number of Days (Per Disability) c) Co Insurance	100 120 20%
3	Home Nursing Benefit a) Maximum Limit Per Day b) Maximum Number of Days (Per Disability) c) Co Insurance	80 30 20%
4	Treatment for HIV Infection/AIDS a) Maximum Limit Per Policy Year Co Insurance	8,000 20%

POLICY EXCLUSIONS

MEDICAL INSURANCE COVERAGE

POLICY EXCLUSIONS

1. Pre-Existing Conditions which have existed during the 24 months preceding the Entry Date of the Insured Member.
2. All Exclusions of the Basic Inpatient Policy

* Please refer to policy contract for the full list of exclusions

GROUP OUTPATIENT CLINICAL



GROUP OUTPATIENT CLINICAL MEDICAL INSURANCE COVERAGE

ELIGIBILITY : Per Group Hospital and Surgical

SCOPE OF COVER : Worldwide 24/7

BASIS OF COVER : Plan 1 – All employees and eligible dependents

COVERAGE :
1. Consultation and medication at Panel / Non-Panel General Practitioner Clinics
2. Consultation and medication at Singapore Government Polyclinics
3. Consultation only at Panel Traditional Chinese Medicine Practitioner Clinics
4. Basic outpatient laboratory tests / Plain and contrast X-ray
5. Emergency* outpatient treatment at A&E department of a Singapore Hospital

This policy extends to cover 7% Goods & Services Tax

*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. Examples include symptoms of heart attack and stroke, poisoning, loss of consciousness, breathlessness, shock, severe bleeding or convulsions

GROUP OUTPATIENT CLINICAL MEDICAL INSURANCE COVERAGE

CLINICAL BENEFIT PER INSURED MEMBER		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</u> Excludes surcharge after normal operating hours	As Charged (Cashless upon presentation Of AIA medical card)
3.	AIA NON-PANEL GENERAL PRACTITIONERS Consultation and Medication (including psychiatric treatment) 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)

POLICY EXCLUSIONS

MEDICAL INSURANCE COVERAGE

POLICY EXCLUSIONS

1. Drugs purchased without doctor's prescription or X-ray examinations or laboratory tests unless recommended by a Registered Medical Practitioner for the treatment of a sickness or injury.
2. Routine physical examinations, health check-ups or tests not incident to treatment or diagnosis of an actual sickness or injury or any treatment which is not medically necessary
3. Care and treatment performed by a specialist.
4. Eye refractions, fitting of glasses, contact lenses or hearing aids; gingivitis; any dental or oral care, treatment or surgery of any nature whatsoever except procedure necessitated by damage to sound natural teeth as a result of an injury occurring during the period of insurance.
5. Self-inflicted injuries while sane or insane, functional disorders of the mind including without limitation anxiety, depression, neuroses, psychosis, neurasthenia; other disorders of a functional nature including without limitation constipation, dyspepsia, indigestion, anorexia, drug addiction or alcoholism.
6. Congenital anomalies; treatment occasioned by or resulting from pregnancy, childbirth, miscarriage or abortion or relating to birth control, sterilization of either sex, or infertility
7. Claims for which all original receipts and/or bills are not submitted for processing within three months of incurring such expenses.
8. Specialised investigations (e.g. MRI, CT Scan, Barium Test).
9. Any expenses incurred in relation to any type of therapy including but not limited to physiotherapy or dialysis.
10. Preventive check up, immunisation and vaccinations.

* Please refer to policy contract for the full list of exclusions

POLICY EXCLUSIONS

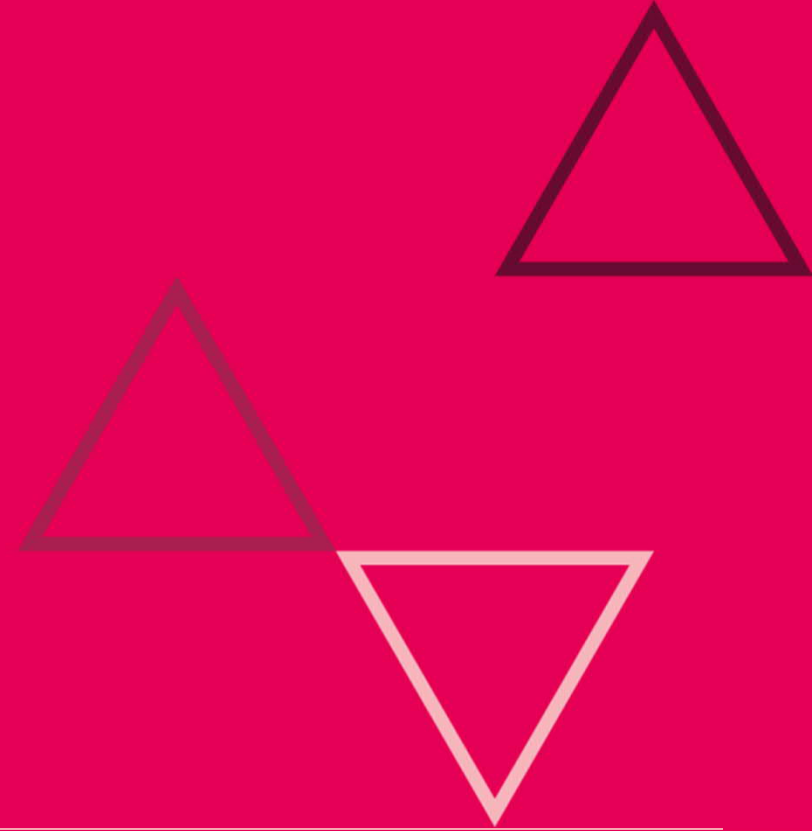
MEDICAL INSURANCE COVERAGE

POLICY EXCLUSIONS

- | | |
|-----|---|
| 11. | Any expenses incurred in relation to birth control measures, pregnancy, infertility, post delivery confinement, miscarriage, ligation or abortion. |
| 12. | 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. |
| 13. | Any expenses incurred in relation to illness or disablement arising from self inflicted injuries, any unlawful misuse of drugs or alcohol. |
| 14. | Any expenses incurred in relation to counselling sessions; health food, supplements, weight management; alternative treatments; non prescribed medications. |
| 15. | Any expenses incurred in relation to congenital anomalies, physical defects or hereditary conditions and disorders. |
| 16. | Any expenses incurred in relation to illness or disablement arising from, venereal disease, HIV infection, AIDS or any illness caused by the misconduct or negligence of the insured members. |

* Please refer to policy contract for the full list of exclusions

GROUP OUTPATIENT SPECIALIST



GROUP OUTPATIENT SPECIALIST MEDICAL INSURANCE COVERAGE

ELIGIBILITY : Per Group Hospital and Surgical

SCOPE OF COVER : Worldwide 24/7

BASIS OF COVER : Plan 1 – All employees and eligible dependents

COVERAGE :
1. Consultation and medication at Panel / Non-Panel Specialist Clinics
2. Consultation and medication at Panel / Non-Panel Traditional Chinese Medicine Practitioner Clinics
3. Diagnostic X-Ray and Laboratory Tests, MRI, CT / PET Scans

This policy extends to cover 7% Goods & Services Tax

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.

GROUP OUTPATIENT SPECIALIST MEDICAL INSURANCE COVERAGE

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) including psychiatric treatment	3,000 per policy year (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	
7.	TRADITIONAL CHINESE MEDICINE PRACTITIONERS Up to 5 visits per policy year	50 per visit (Reimbursement)

POLICY EXCLUSIONS

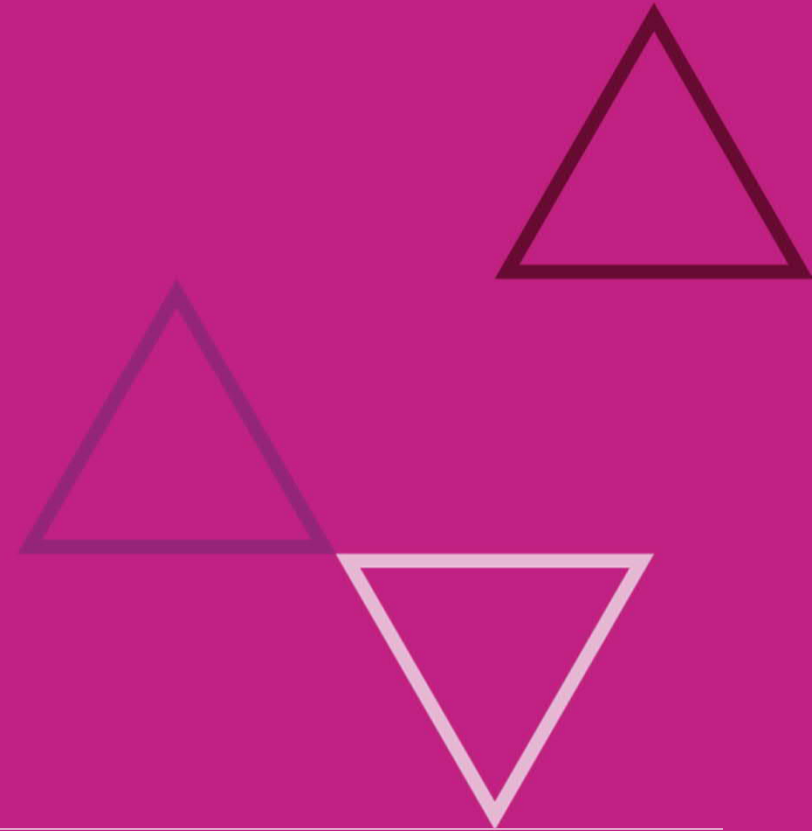
MEDICAL INSURANCE COVERAGE

POLICY EXCLUSIONS

1. All exclusions of the Basic Hospital and Surgical Plan
2. Drugs purchased without doctor's prescription
3. Specialist consultation, x-ray or laboratory test not recommended by a Registered Medical Practitioner for the diagnosis of Sickness or Injury.
4. Routine physical examinations, health check-ups or test not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
5. An examination made in a Hospital if the Insured Member is entitled to any other benefits with respect to such examinations under the Policy to which Supplementary Contract is attached.
6. Eye refraction, fixing of glasses, contact lenses or hearing aids, gingivitis, dental or oral care.
7. Injuries due to insanity or self-infliction; conditions related to functional disorders of the mind (e.g. psychiatric); rest care or sanatoria care (e.g. neurasthenia, anxiety state, anaemia); treatment of an optional nature (e.g. anorexia, acne, hair loss, weight loss); drug addiction or alcoholism.
8. Congenital anomalies, treatment occasioned by or resulting from pregnancy, childbirth, miscarriage or abortion or relating to birth control, sterilization of either sex, or infertility.

* Please refer to policy contract for the full list of exclusions

GROUP DENTAL



GROUP DENTAL MEDICAL INSURANCE COVERAGE

- ELIGIBILITY** : Employees
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
- Spouse
Spouse of an insured member, provided such spouse is below the maximum age of coverage, who is not divorced or legally separated
- Child
Child of eligible employee, provided such child is least 3 years old to 25 years old (inclusive), dependent upon the eligible employee for support, unmarried and unemployed
- Note:
- Dependents refer to spouse and children only and they must be residing in Singapore
 - Employees must notify HR within 1 month of life event
- BASIS OF COVER** : Plan 1 – All Employees and their Eligible Dependents

GROUP DENTAL MEDICAL INSURANCE COVERAGE

COVERAGE : This policy covers expenses incurred for simple dental procedures listed under the Schedule of Allowances.

- 1) Cashless as charged upon presentation of AIA dental card at panel dental clinics
- 2) Reimbursement shall be assessed up to individual sub-limits under the Schedule of Allowances for:

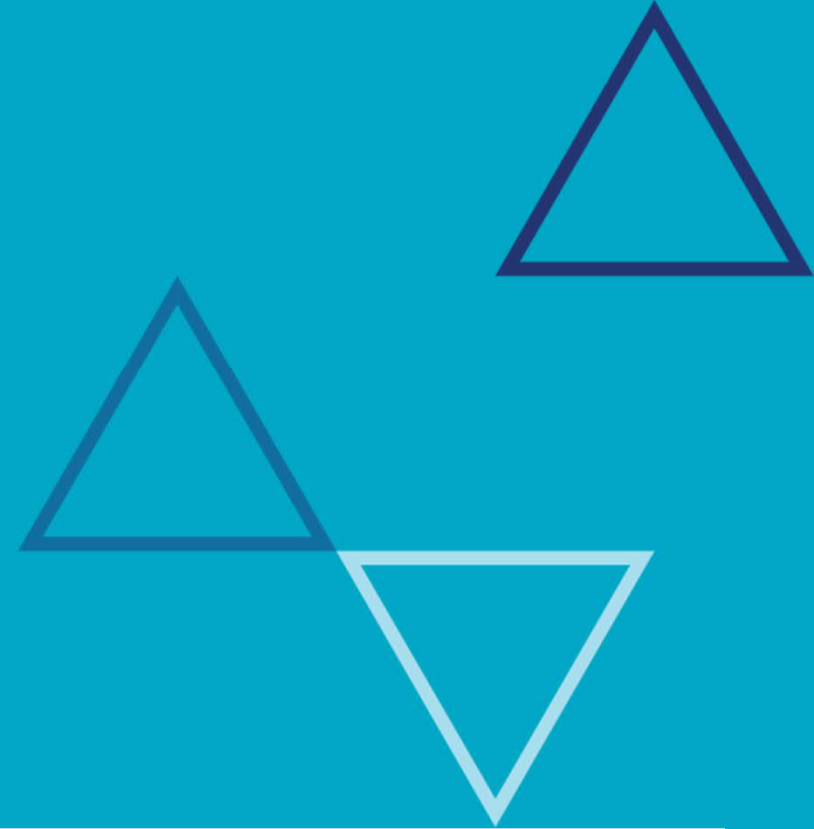
- Visits to non-panel dental clinics (please request itemised invoice)
- Visits to panel dental clinics without AIA dental card

- 3) Coverage does not apply to expenses incurred in Specialist dental clinics
- 4) Coverage does not apply to complex dental procedures (AIA panel dentists will notify you beforehand)

This policy extends to cover 7% Goods and Services Tax on eligible medical expenses incurred in Singapore

Benefits / Procedures	Panel	Non-Panel (\$\$) - Per Procedure
EXAMINATION		
Dental Check-up (Up to maximum 2 visits per policy year)		15
MEDICINE & MISCELLANEOUS TREATMENT		
Analgesics, antibiotics, sterilisation and disposables		15
X-RAY		
Intraoral		12
Bitewing		12
Panorex		32
TEST & LABORATORY		
Biopsy and examination of tissue		48
PROPHYLAXIS		
Routine (Scaling & Polishing)		40
Complex (Scaling, Polishing & Fluoride)		60
FILLING (TOOTH – COLOURED MATERIAL OR AMALGAM)		
– For Posterior Teeth only		
One surface		16
Two surfaces		24
Three or more surfaces		32
Reinforced Pin		9
FILLING (TOOTH – COLOURED MATERIAL)		
– For Anterior and Buccal (one surface) filling of premolars only		
One surface		30
Two surfaces		40
Three surfaces		50
PULPOTOMY		
Pulpotomy	Cashless as charged	40
Pulp Cap		20
ROOT CANAL TREATMENT		
(X-ray of the tooth involved with the diagnostic wire or wires in place must accompany claim for payment)		
Single root canal filling	(Upon presentation of AIA dental card at panel dental clinics)	150
Double roots canal filing		220
Three or more roots canals		350
EXTRACTIONS		
Routine (simple) – each tooth		30
SURGICAL EXTRACTIONS		
Erupted tooth or root		120
Soft tissue impaction		160
Part bony impaction		250
Completely bony impaction		320
ALVEOPLASTY		
Per quadrant, in connection with extractions		30
Per quadrant, not in connection with extractions		42
For a complete Alveoplasty involving more than one quadrant		160
EXCISION OF TUMOUR		
Excision of tumour		76
FRACTURE OF JAW		
(X-ray of the fracture must accompany claim for payment)		
Simple		500
Compound		600
REPAIR OF PROSTHETIC APPLIANCE		
Repair of broken, complete or partial denture		20
Repair of denture and replace broken tooth		40
Adding tooth to partial denture to replace extracted tooth		27
Adding tooth to partial denture plus clasp		54
SPACE MAINTAINERS		
Fixed band type (uni or bilateral)		135
Removal in acrylic (uni or bilateral)		67

GROUP MATERNITY



GROUP MATERNITY MEDICAL INSURANCE COVERAGE

ELIGIBILITY : Employees
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

Spouse
Spouse of an insured member, provided such spouse is below the maximum age of coverage, who is not divorced or legally separated

BASIS OF COVER : Plan 1 – All Female Employees and Spouses of Married Male Employees

BENEFIT PER INSURED MEMBER (PER DELIVERY)		PLAN 1 (\$)
1.	Normal / Vagina Delivery*	5,000
2.	Caesarean / Abdominal Delivery*	6,000
3.	Miscarriage / Non-Elective and Medically Necessary Abortion	2,000

* Includes pre and post-natal expenses

POLICY EXCLUSIONS

MEDICAL INSURANCE COVERAGE

POLICY EXCLUSIONS

1. In the case of termination of pregnancy, maternity and obstetrical benefits shall be payable provided such pregnancy commences after the insurance of insured member becomes effective.
2. For existing female and married associates, all maternity and obstetrical benefits shall be payable provided such pregnancy commences after the insurance of insured member becomes effective.
3. The insurer reserves the right to terminate the policy if the number of insured members falls below 10 headcount.

* Please refer to policy contract for the full list of exclusions



MERCER MARSH

BENEFITS™

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