

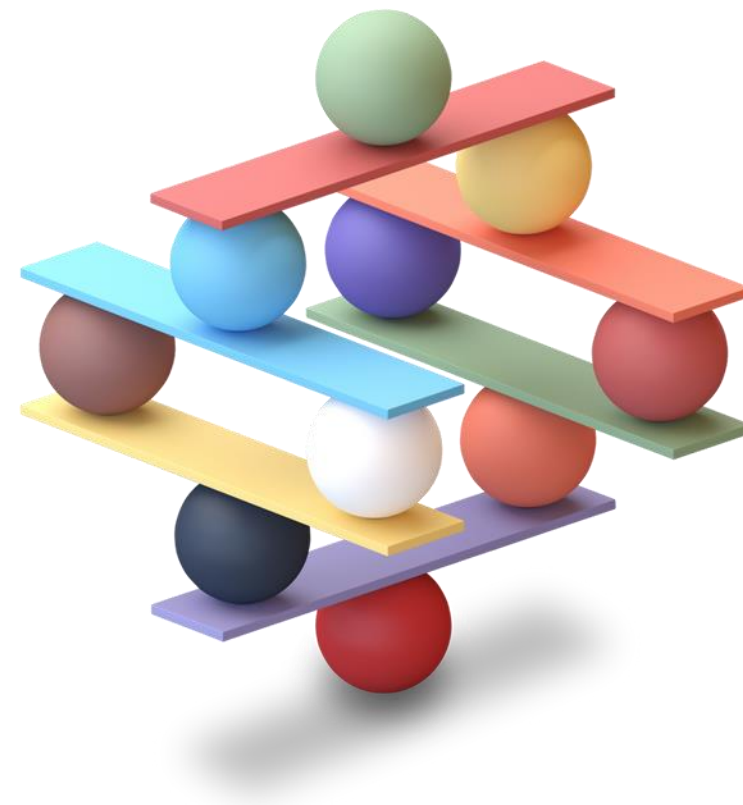
# Adobe Systems Pte Ltd

## Insurance Guide 2024/2025

1 July 2024 to 30 June 2025

Updated 09 Apr 2025

A business of Marsh McLennan



# 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.
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# AGENDA

- 1) Benefits at a Glance
- 2) Group Term Life
- 3) Group Personal Accident
- 4) Group Outpatient Clinical & Specialist
- 5) Group Hospital & Surgical & Group Major Medical Rider
- 6) Group Outpatient Dental PPO-Plus
- 7) Group Maternity
- 8) Claim Procedures
- 9) Employee Assistance



# BENEFITS AT A GLANCE



# BENEFITS AT A GLANCE



## Insured Benefits

Class of Insurance	Insurer
Group Term Life	Employee Only
Group Personal Accident	
Group Outpatient Clinical & Specialist	Employee & Dependents
Group Hospital & Surgical & Group Major Medical	
Group Outpatient Dental	
Group Maternity	



Policy Period:  
1 Jul 2024 to 30 Jun 2025



24 Hour  
Worldwide

# DEFINITION OF DEPENDENTS



## LEGAL SPOUSE

- BELOW AGE 70 (LAST BIRTHDAY), RENEWABLE UP TO AGE 74 (LAST BIRTHDAY).
- NOT DIVORCED OR LEGALLY SEPARATED FROM EMPLOYEE
- INCLUDING SAME-SEX SPOUSE



## CHILDREN

- UNMARRIED & UNEMPLOYED
- BETWEEN AGE OF **1 DAY** TO 25 YEARS LAST BIRTHDAY
- BETWEEN AGE OF **3** TO 25 YEARS LAST BIRTHDAY (**FOR DENTAL ONLY**)

Don't forget to manually enroll your dependents in the Darwin portal!

Note: Dependents must reside in Singapore and must be insured under the same plan as the Insured Employee.


# GROUP TERM LIFE

2

# GROUP TERM LIFE

## Eligibility

Do ensure that you have an up-to-date will and/or any legal documentary proof on beneficiary in place, in the event of payout.

	ELIGIBILITY	All Full-time Permanent Employees and Contract Staff who are actively at work between the age of 16 years old to 69 years old (last birthday), renewable up to age 74 (Death benefit only)	
	BASIS OF COVER	All Employees	- 36x Last Drawn Basic Monthly Salary
	NON-MEDICAL LIMIT (NML)	S\$600,000 up to age 64 last birthday	
	MAXIMUM SUM ASSURED PER LIFE	S\$3,000,000	



# GROUP TERM LIFE

## Illustration of Non-Medical limit (Existing Insured Member)

### NON-MEDICAL LIMIT (NML)

S\$600,000 up to age 64 last birthday

	1	2	3
	<div>&lt; Age 64</div> <div>New Sum Insured S\$900,000</div>	<div>&lt; Age 64</div> <div>New Sum Insured S\$600,000</div>	<div>&gt; Age 64</div> <div>New Sum Insured S\$500,000</div>
LAST ACCEPTED SUM ASSURED	S\$600,000	S\$450,000	S\$400,000
REMARKS	Amount in excess of NML (S\$300,000) subject to underwriting & insurer's approval	Covered Full New Sum Insured S\$600,000 since proposed amount and age is still within NML	Any increase in Sum Insured and age exceeding NML age limit is subjected to underwriting and insurer's acceptance

Note: You will receive an email from the insurer on the underwriting requirement. Until underwriting is completed, you will be covered up to the Free Cover Limit/ Last Accepted Sum Assured.

# GROUP TERM LIFE

## Coverage

GROUP TERM LIFE		
	CAUSE	BENEFIT
DEATH	<ul style="list-style-type: none"><li>• Due to any causes, i.e. illness or accident</li></ul>	<ul style="list-style-type: none"><li>• Lump sum payment of 100% sum insured</li></ul>
TOTAL & PERMANENT DISABILITY  (UP TO AGE 69 LAST BIRTHDAY ONLY)	<ul style="list-style-type: none"><li>• Complete inability to engage in any gainful occupation or employment for compensation, profit or gain for remainder of lifetime as a result of accidental bodily injury, sickness or disease</li><li>• Loss of sight of both eyes</li><li>• Loss by severance of two or more limbs at/or above wrist or ankle</li></ul>	<ul style="list-style-type: none"><li>• Lump sum payment of 100% sum insured</li><li>• <b>Benefits for TPD shall be deemed to be identical to the death benefit granted. If benefit is payable under TPD then no death benefit will be payable and vice versa.</b></li></ul>

# GROUP TERM LIFE

## Coverage

	CAUSE	BENEFIT
<b>EXTENDED DEATH &amp; TPD BENEFIT</b>	<ul style="list-style-type: none"><li>Termination of employment due to TPD</li><li>Notification of termination of employment must be given within <b>14</b> days from the date of termination</li></ul>	<ul style="list-style-type: none"><li>Insurance coverage extended up to 12 months upon termination of employment due to TPD.</li><li>Insured Member must be continuously unemployed and resides in Singapore</li></ul>
<b>TERMINAL ILLNESS</b>	<ul style="list-style-type: none"><li>Upon diagnosis of terminal illness and certification by a Registered Medical Practitioner of high probability of death within next 12 months</li></ul>	<ul style="list-style-type: none"><li>Lump sum payment of 100% sum insured</li></ul>
<b>REPATRIATION BENEFIT</b>	<ul style="list-style-type: none"><li>Death outside place of residence or place of regular employment</li></ul>	<ul style="list-style-type: none"><li>Repatriation of mortal remains up to S\$75,000</li><li>Repatriation must be arranged by 24-hour Emergency Medical Assistance Center – American International Assistance Service Inc (AIAS)</li></ul>

# GROUP TERM LIFE

## Exclusions



### REPATRIATION BENEFIT

- 1) All Pre-Existing conditions are EXCLUDED
- 2) Any repatriation expenses provided by 3<sup>rd</sup> party
- 3) Services not approved by AIA


Note: Please contact Mercer for full list of exclusions where necessary.

# GROUP PERSONAL ACCIDENT

# 3

# GROUP PERSONAL ACCIDENT

## Eligibility



ELIGIBILITY	All actively at work Full-time Permanent Employees and Contract Staff above age of 16 and up to age 75. (Reduced payout for insured age above 75)	
BASIS OF COVER	All Employees	- 36x Last Drawn Basic Monthly Salary
MAXIMUM SUM ASSURED PER INSURED PERSON	S\$2,000,000	
	CAUSE	BENEFIT
DEATH	Due to accident	Please refer to Table of Benefits
TOTAL & PERMANENT DISABILITY		
DISMEMBERMENT		

# GROUP PERSONAL ACCIDENT

## Table of Benefits

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

## Benefit Extensions



Compassionate Death Allowance – Additional \$2,000 payable in addition to death benefit

3<sup>rd</sup> Degree Burns (covering at least 25% of body surface) – 100% sum assured payable

Child Education Fund – 1 time payment of \$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 TPD, provided the insured member needs and can operate:

- 1) A self powered climbing wheelchair
- 2) his/her motor vehicle with the controls suitably adjusted; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence
- 4) Up to S\$1,000 or 95% of the costs of such equipment and the installation thereof (whichever is lesser) shall be payable



# GROUP PERSONAL ACCIDENT

## Exclusions

- Any intentional self-injury, suicide, reckless misconduct or any illegal or criminal act committed by the Policyholder or an Insured Person
- 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
- 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
- Engaging in professional sports or racing on wheels or horse
- 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



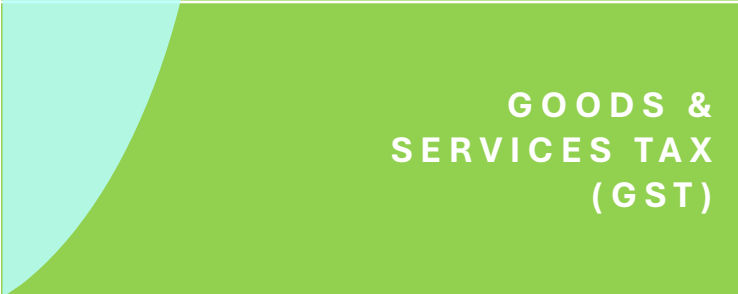
Note: Please contact Mercer for full list of exclusions where necessary.

# GROUP OUTPATIENT CLINICAL & SPECIALIST

# 4

# GROUP OUTPATIENT CLINICAL & SPECIALIST

## Eligibility

 <b>ELIGIBILITY</b>	All Full-time Permanent Employees and Contract Staff who are actively at work between the age of 16 years old to 69 years old (last birthday), renewable up to age 74	
 <b>BASIS OF COVER</b>	<b>All Employees &amp; their Eligible Dependents</b>	Plan 1
 <b>GOODS &amp; SERVICES TAX (GST)</b>	GST shall be payable subject to the maximum limit as specified in the Benefits Schedule	

# GROUP OUTPATIENT CLINICAL

## Benefits Schedule

Outpatient Benefits Schedule		Benefit Limit Per Visit (S\$)
		Plan 1
	<b><u>Outpatient Treatment at General Practitioner Clinics</u></b>	
a	<b>Visit at Panel GP<sup>1</sup></b> - Subject to visiting hours stated in the Panel Clinics Listing	As Charged (Cashless with eMedical Card)
b	<b>Visit at Government Polyclinics</b>	As Charged (Reimbursement Basis)
c	<b>Visit at Non-Panel GP (including psychiatric treatment)</b>	1,000 per policy year (Reimbursement Basis)
d	<b>Emergency Outpatient A&amp;E Treatment</b> <i>(in Singapore, up to 4 visits per policy year)</i>	120 (Reimbursement Basis)
e	<b>Overseas Outpatient Treatment, excluding treatment in Johor Bahru</b>	100 (Reimbursement Basis)
f	<b>Panel Traditional Chinese Medicine (TCM)</b> <i>(For Consultation Only) (Max. 6 visits per policy year)</i>	As Charged (Cashless with eMedical Card)
g	<b>WhiteCoat - Teleconsultation &amp; Medication</b> <i>(Unlimited visits per policy year)</i>	As Charged (Cashless via WhiteCoat Mobile app)

<sup>1</sup> If AIA Medical eCard is not presented at Panel General Practitioner clinics, claim submitted will be considered under Non Panel General Practitioner benefit limit.

# GROUP OUTPATIENT CLINICAL

## Key Exclusions

- 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;
- Care and treatment performed by a Specialist;
- Special Investigations (e.g. MRI, CI Scan, Barium Test);
- Any expenses incurred in related in relation to any type of therapy including but not limited to physiotherapy or dialysis;
- Investigation and treatment of psychological, emotional and mental and behavioural 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;
- Treatment of injuries sustained as a result of a criminal act of the insured;

# GROUP OUTPATIENT CLINICAL

## Key Exclusions (continued)

- Treatment relating to birth control; investigation or treatment occasioned by or resulting from pregnancy, infertility, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage;
- 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;
- 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;
- 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;
- 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;
- Any surcharges incurred due to visits outside the normal operating hours of clinic;
- Drugs purchased without a doctor's prescription.

### Notes:

1. Please contact Mercer for full list of exclusions where necessary.
2. Some of these exclusions may be covered under **Adobe's Preventive Care Allowance**. Please refer to Page 62 for more details.

# GROUP OUTPATIENT SPECIALIST

## Benefits Schedule

Outpatient Benefits Schedule		Benefit Limit Per Visit (S\$)
		Plan 1
	<u>Outpatient Specialist Treatment</u>	
a	<b>Visit at Panel Specialist</b> <i>(Referral is required)</i> - Includes Panel Specialist in private practice and Specialist Outpatient Clinics in Singapore Government Restructured Hospitals	As Charged (Cashless with eMedical Card for Panel Specialist in private practice only)
b	<b>Visit at Non-Panel Specialist (including Physiotherapy &amp; PD Direct Access for insured child under 7 years of age)</b> 1) With Referral  2) Without Referral – AIA will only reimburse \$30 per visit	3,000 per policy year (Reimbursement Basis)
c	<b>Diagnostic X-ray &amp; Laboratory Test (including MRI/ CT Scans)</b> <i>(Referral is required)</i>	
d	<b>Outpatient Treatment at TCM Practitioner Clinics</b> <i>(Consultation &amp; Medication) (Max. 5 visits per policy year)</i>	50 per visit (Reimbursement Basis)

# GROUP OUTPATIENT SPECIALIST

## Referral Letter

### Important Notes

- Visits for Outpatient Specialist Consultation must be referred by a General Practitioner or Singapore Government Polyclinics.
- Treatment for Outpatient Diagnostic X-rays, Lab Tests, MRI, CT Scans, Physiotherapy and Psychiatrist must be referred by Specialist. Evidence of referral must be presented during claims submission, or else the claim will be rejected.
- One referral letter for each new medical condition.
- Evidence of referral to the specific SP clinic must be presented during claim submission, else claim will be rejected.
- Second opinion is not covered.

### Validity of Referral Letter

- 6 Months - For 1<sup>st</sup> Specialist Visit from the date of GP's Referral Letter.
- 1 Year - For subsequent Specialist Visit from the date of last Specialist Visit, if not discharged from the disability.
- For on-going specialist visit beyond the validity period, please obtain a memo from the attending doctor stating the medical condition and date of initial diagnosis. Please submit the doctor memo along with bills/invoices during the claim submission.



# GROUP OUTPATIENT SPECIALIST

## Key Exclusions

- 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;
- Treatment by general practitioners;
- Specialist consultation, x-ray or laboratory test not recommended by a Registered Medical Practitioner for the diagnosis of Sickness or Injury;
- Treatment of injuries sustained as a result of a criminal act of the insured;
- Hypnotism, massage therapy, aroma therapy and other forms of alternative treatments; treatments by podiatrist;
- Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments;
- Any expenses incurred in relation to any type of therapy including but not limited to occupational therapy, or dialysis, except for physiotherapy;

# GROUP OUTPATIENT SPECIALIST

## Key Exclusions (continued)

- 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;
- Treatment relating to birth control; investigation or treatment occasioned by or resulting from pregnancy, infertility, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage;
- 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;
- 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;
- 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
- 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;
- Any surcharges incurred due to visits outside the normal operating hours of clinic;
- Drugs purchased without a doctor’s prescription.

**Note:** Please contact Mercer for full list of exclusions where necessary.


**GROUP HOSPITAL &  
SURGICAL**

**GROUP MAJOR MEDICAL**

**5**

# GROUP HOSPITAL & SURGICAL

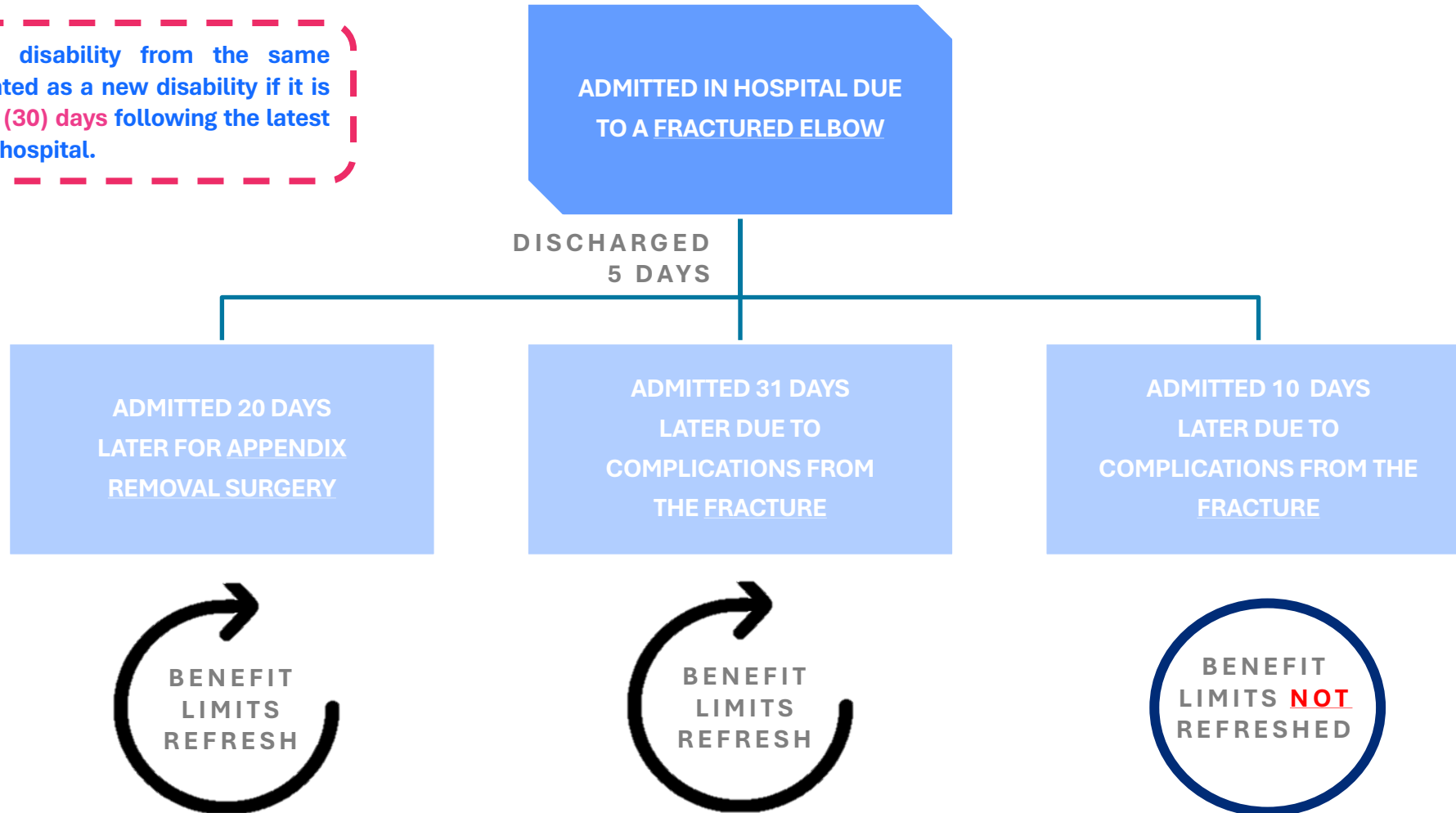
## Eligibility

 <b>ELIGIBILITY</b>	All Full-time Permanent Employees and Contract Staff who are actively at work between the age of 16 years old to 69 years old (last birthday), renewable up to age 74	
<b>BASIS OF COVER</b>	<b>All Employees &amp; their Eligible Dependents</b>	Plan 1
<b>GOODS &amp; SERVICES TAX (GST)</b>	<ul style="list-style-type: none"><li>• GST shall be payable subject to the maximum limit as specified in the Benefits Schedule</li></ul>	
<b>PER DISABILITY DEFINITION</b>	<ul style="list-style-type: none"><li>• “Any One Disability” shall mean all disabilities arising from the same cause including any and all complications therefrom, as well as concurrent disabilities from different causes during the same hospital confinement or confinements. Subsequent disability from the same cause shall be treated as a new disability if it is <b>separated by thirty (30) days</b> following the latest discharge from the hospital. All maximum benefits and maximum number of days specified in the Benefits Schedule pertaining to Hospital and Surgical benefits apply to Any One Disability</li></ul>	

# GROUP HOSPITAL & SURGICAL

## Illustration for Per Disability

Note: Subsequent disability from the same cause shall be treated as a new disability if it is separated by **thirty (30) days** following the latest discharge from the hospital.



# GROUP HOSPITAL & SURGICAL

## Benefits Schedule

In-Patient Benefits Schedule		Limit Per Disability (S\$)
Hospitalisation		PLAN 1
1a	Daily room & board (limit: 120 days)	1 Bed (Govt/Restructured)
1b	Intensive care unit (ICU) (limit: 30 days)	Up to 1,380 per day
2	Hospital miscellaneous services (including ambulance charges)	Up to 28,000
3	Surgical Benefit (Subject to Surgical Schedule of Fees for admission to Private/ Overseas Hospitals)	
4	Daily in-hospital doctor's visits (limit: 120 days)	
5	Pre & Post Hospitalization Specialist Consultation, Diagnostic X-Ray & Lab Test (Expenses incurred 90 days prior to admission & 90 days after discharge)	Up to 2,500
6	Emergency outpatient treatment (within 24 hours) for accidents (including follow-up treatment within 31 days).	Up to 3,000
7	Death Benefit	5,000
8	Outpatient kidney dialysis and cancer treatment (per policy year)	15,000 per policy year
9	Rehabilitation Benefit (up to 31 days)	Up to 5,000
10	Overseas hospitalization due to Accident (For Item 1 to 6 within 180 days of departure from Singapore)	150% of Group Hospital & Surgical Benefits
11	Psychiatric Cover	10,000 per policy year

# GROUP HOSPITAL & SURGICAL

## Surgical Schedule for Private & Overseas Hospital

Illustration

	PRIVATE / OVERSEAS HOSPITAL	SINGAPORE GOVERNMENT / RESTRUCTURED HOSPITALS
ASSUMING SURGICAL FEE IS (Referring to Surgeon’s Fee)	S\$25,000	
SURGICAL BENEFIT	Part of Overall Limit of S\$28,000	
SURGICAL PERCENTAGE	80%	N.A
MAXIMUM REIMBURSEMENT for SURGICAL BENEFIT	S\$22,400 (80% of S\$28,000)	S\$25,000

# GROUP HOSPITAL & SURGICAL

## Schedule of Benefits – Surgical Percentage (for Private & Overseas Hospital)

Ministry of Health Table Ranking	Percentage Payable (for Surgical Fees)
Table 1 (1A to 1C)	5% to 15%
Table 2 (2A to 2C)	20% to 30%
Table 3 (3A to 3C)	40% to 50%
Table 4 (4A to 4C)	55% to 65%
Table 5 (5A to 5C)	70% to 80%
Table 6 (6A to 6C)	85% to 95%
Table 7 (7A to 7C)	100%

Note: Hospital/Clinic will provide the surgical table / surgical code prior to surgery/procedure.

- *Ministry of Health – Table of Surgical Procedures*  
[https://www.moh.gov.sg/docs/librariesprovider4/default-document-library/annex-b---table-of-surgical-procedures-\(tosp\)-\(1-jan-2024\).pdf](https://www.moh.gov.sg/docs/librariesprovider4/default-document-library/annex-b---table-of-surgical-procedures-(tosp)-(1-jan-2024).pdf)
- *Ministry of Health – Fee Benchmarks*  
<https://www.moh.gov.sg/cost-financing/fee-benchmarks-and-bill-amount-information>



# GROUP MAJOR MEDICAL

## Benefits Schedule

In-Patient Benefits Schedule		Limit Per Disability (S\$)
Benefits		PLAN 1
1	<b>Daily Room &amp; Board</b> <ul style="list-style-type: none"> <li>- Payable after GHS limits have exhausted</li> <li>- From 121<sup>st</sup> day onwards</li> </ul>	1 Bed (Govt / Restructured)
2	<b>Parental Accommodation</b> <ul style="list-style-type: none"> <li>a) Maximum Limit Per Day</li> <li>b) Maximum Number of Days (Per Disability)</li> <li>c) Co Insurance</li> </ul>	100 120 20%
3	<b>Home Nursing Benefit</b> <ul style="list-style-type: none"> <li>a) Maximum Limit Per Day</li> <li>b) Maximum Number of Days (Per Disability)</li> <li>c) Co Insurance</li> </ul>	80 30 20%
4	<b>Treatment for HIV Infection/AIDS</b> <ul style="list-style-type: none"> <li>a) Maximum Limit Per Policy Year</li> <li>Co Insurance</li> </ul>	8,000 20%
Deductible		Basic GHS limit
Employee Co-Payment		20%
Maximum Benefit Limit Per Disability		60,000

# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Important Notes

- Surgical Fees Benefit is subject to Surgical Schedule of Fees for admission to Private / Overseas Hospital.
- Each hospital confinement must be for a minimum of six (6) consecutive hours before any benefits are payable. However no minimum period of hospitalization is required if the confinement is due to a surgical operation, accidental emergency treatment or if the hospital makes a charge for Room & Board. **The minimum of six (6) consecutive hours will not be applicable to Day Surgery.**
- Overseas Hospitalization due to Accidents apply to Insured Members who resides and work in Singapore and travel **within 180 days** of departure out of Singapore.
- Upon admission to Singapore Hospitals with the activation of the deduction of Medishield Rider, kindly be advised that Insurer will not liable to reimburse any expenses paid under the Medishield Rider as it is treated as “Private” medical insurance Policy. The Insurer will only be liable to reimburse any excess amount payable to Medisave and Medishield only (Other than Cash).

## Covid-19 Coverage

- **Medical treatment expenses due to Covid-19 will be covered, including medical treatment expenses due to sickness arising from Covid-19 vaccination.**
- Please note the following Covid-19 related expenses **will not be covered under the insurance policies**:
  - Any quarantine or isolation related expenses (eg. hotel stay for quarantine)
  - Any surveillance swab tests
  - Any vaccination (e.g. Sinovac)

**Note:** Flu/Covid-19 vaccination and Covid-19 tests are covered under **Adobe's Wellness Reimbursement Programme**. Please refer to Page 62 for more details.

# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Key Exclusions

- Investigation and treatment of psychological, emotional and 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;
- Treatment of injuries sustained as a result of a criminal act of the insured;
- Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared;
- 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;
- 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;
- For GHS, 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.
- For GMM, Pre-Existing Conditions which have existed during the 24 months preceding the Entry Date of the Insured Member.

# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Key Exclusions (continued)

- Investigation for sleep apnea except if the insured subsequently undergoes a surgical procedure as recommended by Specialist;
- Procurement and rental of/or use of special braces, any appliances any equipment or prosthetic devise, wheel-chair, walking aids, hearing aids or the fitting of the same and non-medical services such as government taxes (except Goods & Services Tax), television, telephone and the like;
- Any treatment or surgical procedure for the correction of eye refraction, surgical procedure for correction of squint or other eye misalignment for ages 8 years old and above;
- 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;
- Dental or oral treatment except when payable under the Emergency Outpatient Treatment (Accident) as a result of an injury sustained in an Accident;

# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Key Exclusions (continued)

- 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;
- Treatment by Physiotherapist and Traditional Chinese Medical Practitioner; except if treatment is within 90 days of discharge from the Hospital;
- 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;
- Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments;
- Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care;

# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Key Exclusions (continued)

- 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;

- The costs and expenses incurred in acquiring an organ for organ transplant or the costs and expenses incurred by the donor of such organ;

- Hospital Confinement if the treatment, according to the general opinion of Specialists, could have been provided on an out-patient basis;

- 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;

### Notes:




1. Please contact Mercer for full list of exclusions where necessary.
2. Some of these exclusions may be covered under **Adobe's Preventive Care Allowance**. Please refer to Page 62 for more details.

# GROUP OUTPATIENT DENTAL (PPO-PLUS)

6

# GROUP OUTPATIENT DENTAL (PPO-PLUS)

## Eligibility

 <b>ELIGIBILITY</b>	All Full-time Permanent Employees and Contract Staff who are actively at work between the age of 16 years old to 69 years old (last birthday), renewable up to age 74	
 <b>BASIS OF COVER</b>	<b>All Employees &amp; their Eligible Dependents</b>	Plan 1
 <b>GOODS &amp; SERVICES TAX (GST)</b>	GST shall be payable subject to the maximum limit as specified in the Benefits Schedule	



# GROUP OUTPATIENT DENTAL (PPO-PLUS)

## Benefits Schedule

Dentist Benefits Schedule		Panel Dentist (Cashless)	Non-Panel Dentist Max. Amount Per Visit (S\$)
1	<b>EXAMINATION</b> Dental Check-Up	As Charged	15
2	<b>MEDICINE &amp; MISCELLANEOUS TREATMENT</b> Analgesics, antibiotics, sterilization and disposables		15
3	<b>X-RAY</b> <ul style="list-style-type: none"> <li>• Intraoral</li> <li>• Bitewing</li> <li>• Panorex</li> </ul>		12 12 32
4	<b>TEST &amp; LABORATORY</b> Biopsy and examination of tissue		48
5	<b>PROPHYLAXIS</b> <ul style="list-style-type: none"> <li>• Routine (Scaling &amp; Polishing)</li> <li>• Complex (Scaling &amp; Polishing &amp; Flouride)</li> </ul>		40 60
6	<b>FILLINGS (TOOTH – COLOURED MATERIAL OR AMALGAM) – FOR POSTERIOR TEETH ONLY</b> <ul style="list-style-type: none"> <li>• One surface</li> <li>• Two surfaces</li> <li>• Three or more surfaces</li> <li>• Reinforced Pin</li> </ul>		16 24 32 9

# GROUP OUTPATIENT DENTAL (PPO-PLUS)

## Benefits Schedule

Dentist Benefits Schedule		Panel Dentist (Cashless)	Non-Panel Dentist Max. Amount Per Visit (\$\$)
7	<b>FILLING (TOOTH - COLOURED MATERIAL) – FOR ANTERIOR TEETH AND BUCCAL (ONE SURFACE) FILLING OF PREMOLARS ONLY</b> <ul style="list-style-type: none"> <li>• One surface</li> <li>• Two surfaces</li> <li>• Three surface</li> </ul>	As Charged	30 40 50
8	<b>PULPOTOMY</b> <ul style="list-style-type: none"> <li>• Pulpotomy</li> <li>• Pulp Cap</li> </ul>		40 20
9	<b>ROOT CANAL TREATMENT</b> <ul style="list-style-type: none"> <li>• Single root canal filing</li> <li>• Double root canal filing</li> <li>• Three or more root canals</li> <li>• (X-ray of the tooth involved with the diagnostic wire or wires in place must accompany claim for payment)</li> </ul>		150 220 350
10	<b>EXTRACTIONS</b> <ul style="list-style-type: none"> <li>• Routine (Simple) - each tooth</li> </ul>		30

# GROUP OUTPATIENT DENTAL (PPO-PLUS)

## Benefits Schedule

Dentist Benefits Schedule		Panel Dentist (Cashless)	Non-Panel Dentist Max. Amount Per Visit (S\$)
11	<b>SURGERY EXTRACTIONS</b> <ul style="list-style-type: none"> <li>• Erupted Tooth or root</li> <li>• Soft tissue impaction</li> <li>• Part bony impaction</li> <li>• Completely bony impaction</li> </ul>	As Charged	120 160 250 320
12	<b>ALVEOPLASTY</b> <ul style="list-style-type: none"> <li>• Per quadrant, in connection with extractions</li> <li>• Per quadrant, not in connection with extractions</li> <li>• For a complete Alveoplasty involving more than one quadrant</li> </ul>		30 42 160
13	<b>EXCISION OF TUMOR</b> Excision of tumour		76
14	<b>FRACTURE OF JAW</b> <ul style="list-style-type: none"> <li>• Simple</li> <li>• Compound</li> </ul> (X-ray of the fracture must accompany claims for payment)		500 600
15	<b>REPAIR OF PROSTHETIC APPLIANCE</b> <ul style="list-style-type: none"> <li>• Repair of broken complete or partial denture</li> <li>• Repair of denture and replace broken tooth</li> <li>• Adding tooth to partial denture to replace extracted tooth</li> <li>• Add tooth to partial denture plus clasp</li> </ul>		20 40 27 54

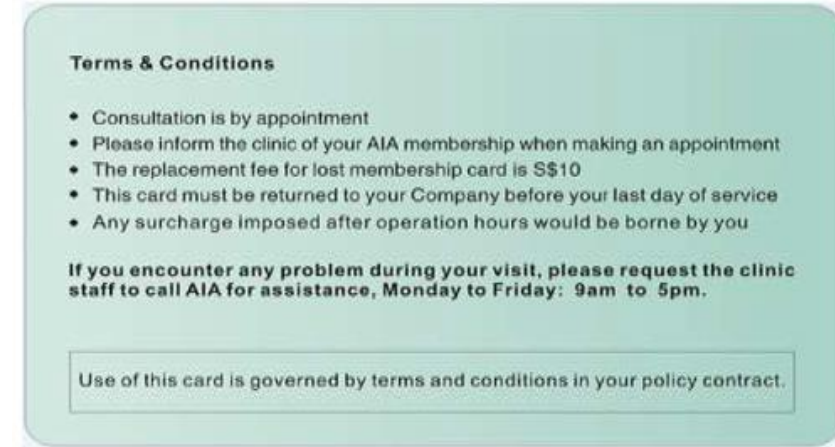
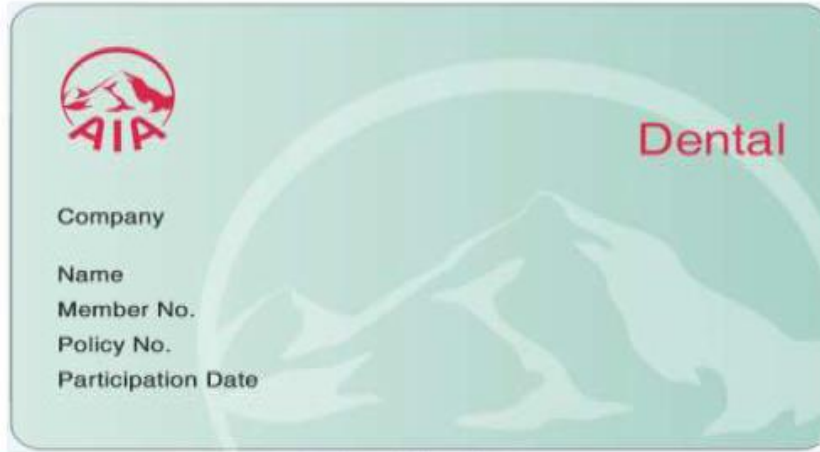
# GROUP OUTPATIENT DENTAL (PPO-PLUS)

## Benefits Schedule

Dentist Benefits Schedule		Panel Dentist (Cashless)	Non-Panel Dentist Max. Amount Per Visit (\$)
16	<b>SPACE MAINTAINERS</b> <ul style="list-style-type: none"><li>• Fixed band type (uni or bilateral)</li><li>• Removal in acrylic (uni or bilateral)</li></ul>	As Charged	135 67

# GROUP OUTPATIENT DENTAL (PPO-PLUS)

## Important Notes



### Important Notes

- Membership eCard and Identification Card (e.g. NRIC/ Birth Certificate/ Work Pass/ Dependant Pass) must be presented to enjoy cashless consultation at Panel Dentist
- Visit to Panel Dentist without a medical card will be on reimbursement basis and will be considered as a visit to Non-Panel Clinic
- Please log in to [AIA eBenefits portal to access the list of panel clinics & Membership eCard online](#)
- Upon termination of Employment, all Insured Members' access to the eCard will be terminated on the last date of employment

# GROUP OUTPATIENT DENTAL (PPO-PLUS)

## Key Exclusions



- Charges for any dental procedures which are not included in the Schedule of Benefits;



- Any hospital charges;



- Injuries arising directly or indirectly, wholly or partly from war, declared or undeclared, revolution or any warlike operations;



- Dental treatment performed by a Dental Specialist.

### Notes:


1. Please contact Mercer for full list of exclusions where necessary.
2. Some of these exclusions may be covered under **Adobe's Preventive Care Allowance**. Please refer to Page 62 for more details.

# GROUP MATERNITY



# GROUP MATERNITY

## Eligibility

 <div>ELIGIBILITY</div>	All Full-time Permanent Employees and Contract Staff who are actively at work between the age of 16 years old to 69 years old (last birthday), renewable up to age 74	
	<div>BASIS OF COVER</div> All Female Employees and Spouses of Married Male Employees	Plan 1



# GROUP MATERNITY

## Benefits Schedule

Benefits Schedule		Plan 1 (\$)
1	Normal / Vagina Delivery*	5,000
2	Caesarean / Abdominal Delivery*	6,000
3	Miscarriage / Non-Elective and Medically Necessary Abortion	2,000
4	Fertility Treatment ^	15,000 (Lifetime limit**)

^ Covers reasonable and customary expenses of fertility treatment prescribed by a physician and incurred on the application of any of various methods or procedures to a woman or man to increase the woman's chances of conceiving a baby. Treatment involves physician consultations , genetic testing, semen analysis, fertility drugs, intrauterine insemination (IUI), in vitro fertilisation (IVF), frozen embryo transfer (FET) and assisted reproductive technology (ART).

\* Includes pre and post-natal expenses

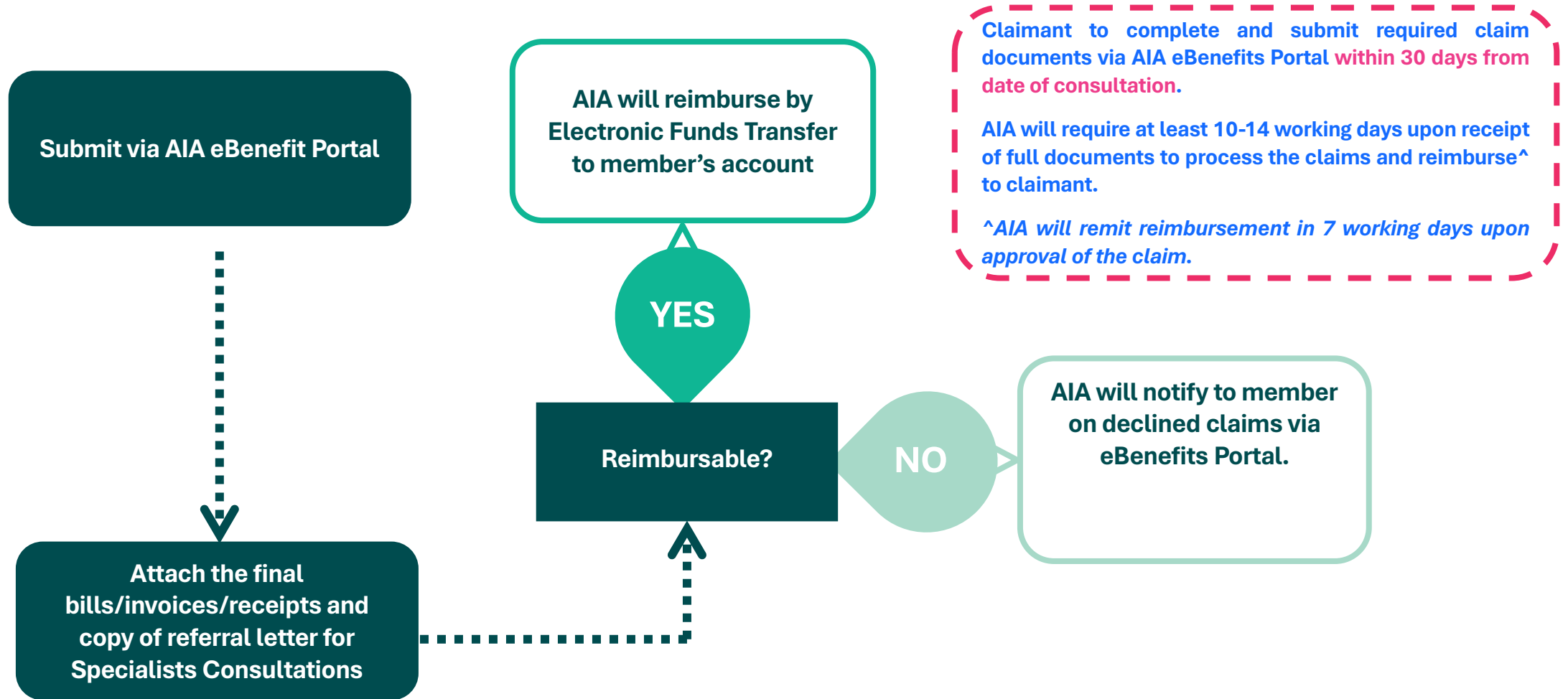
\*\*Lifetime limits refers to benefit limit throughout your whole employment under Adobe (including rejoining, if applicable).

# CLAIMS PROCEDURES

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# GROUP OUTPATIENT CLINICAL & SPECIALIST

## Claims Procedure



# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Notes on Letter of Guarantee (LOG)

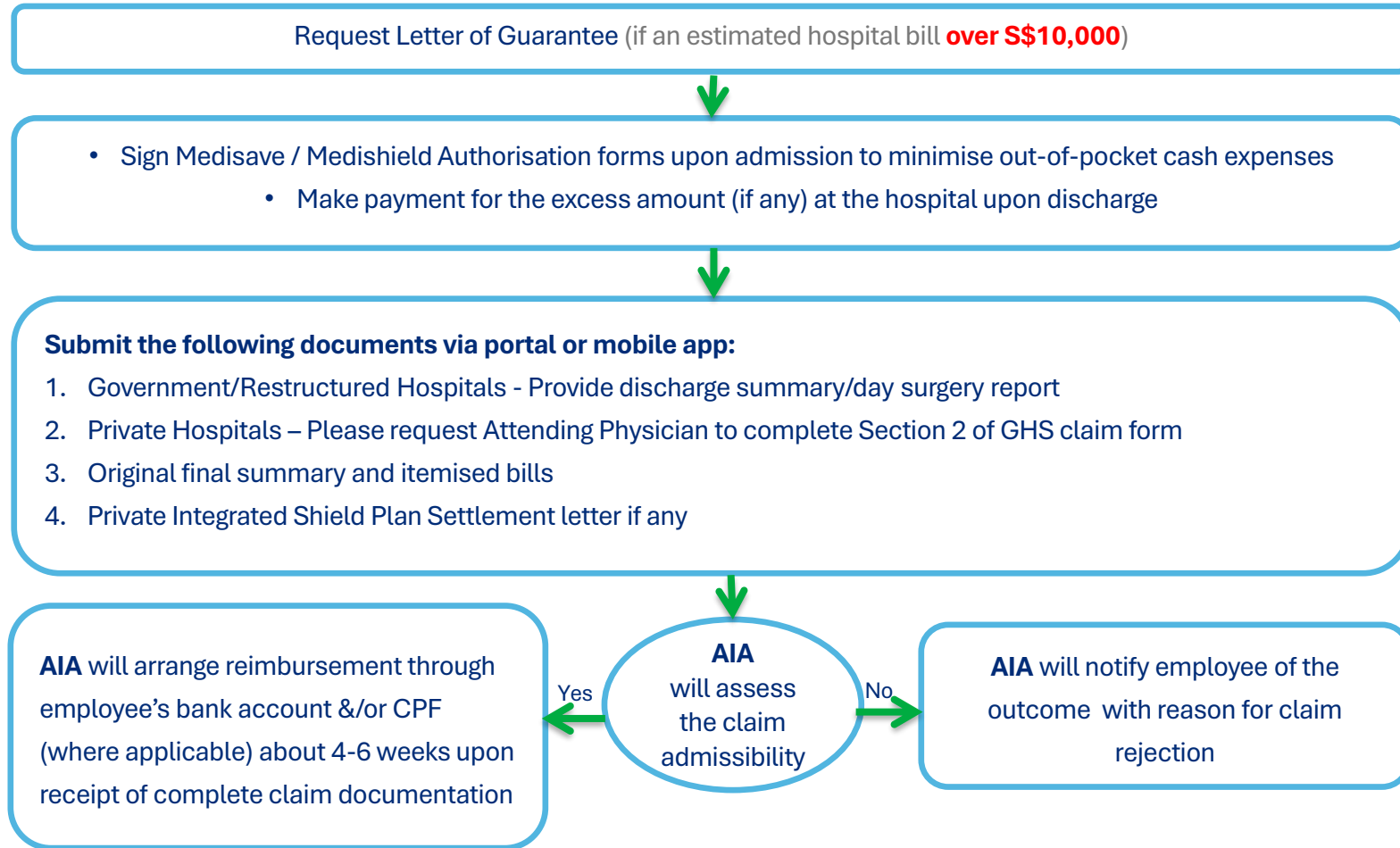
- Patient must **sign on the LOG** (in order for hospital to submit the claim form for you)
- LOG can only be issued for hospitalization/surgery/day-surgery in **Singapore covered hospitals**
- Issuance of LOG **does not mean that the claim is payable** as it is subject to the final decision of the insurer according to the terms, conditions and exclusions of the policy. In the event that the claim is declined, the hospital bills will be redirected to the patient.
- If patient does not present LOG, patient must pay first and submit the claim form with all required documents for reimbursement.
- If **Shield Plan** is not activated at the point of admission and claimant wants to submit a claim to Shield Insurer for any amount not payable by the group Insurer, claimant needs to submit the claim to Shield Insurer through the hospital. Administration fees that may be imposed by the hospital is not payable by the group Insurer.
- Any cost incurred for the completion of medical report by Attending Physician (for hospitalization/ surgery/day-surgery in Overseas or Singapore private hospitals/clinics) will be covered up to the benefit limit of S\$100, any excess to be borne by claimant.

## How to Request for an LOG (for Planned/Scheduled Surgery or Admission)

- Download LOG Plus Form - “Request for Letter of Guarantee (LOG) Plus” from [Information Library \(aia.com.sg\)](http://aia.com.sg)
- Provide supporting documents for review. (ie. Financial Counseling/Estimated Care Cost Form, applicable Medical Report and/or Doctor’s Memo and/or Doctor’s referral, etc.)
- Email the completed form (under Step 1) and supporting documents (under Step 2) to [sg.eb.logrequests@aia.com](mailto:sg.eb.logrequests@aia.com)
- The request for LOG Plus may be submitted within 2 weeks in advance, and no later than 3 working days from scheduled date.

# INPATIENT CLAIM PROCEDURE

## ADMISSION TO SINGAPORE HOSPITALS WITH LOG

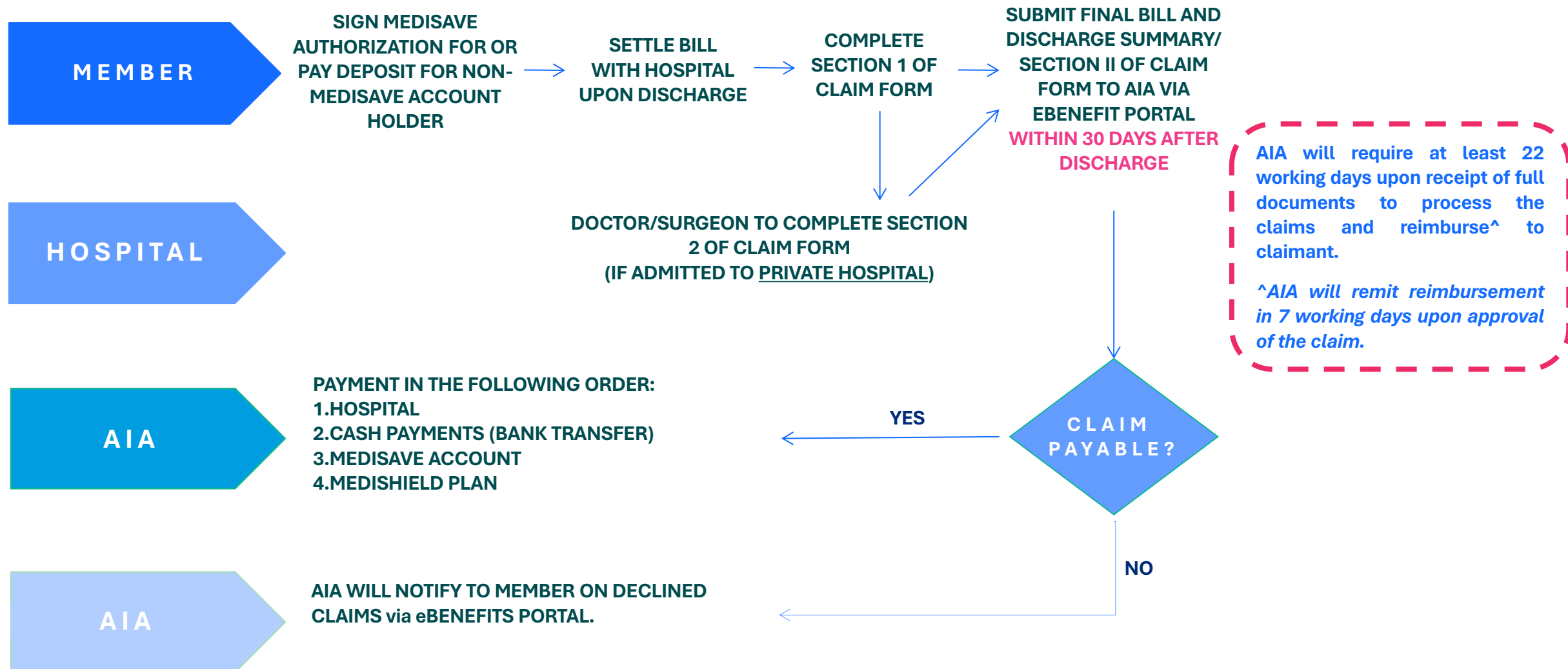


**Note:**

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**.

# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Claims Procedure (Admission to Singapore Hospitals – Reimbursement)



# GROUP HOSPITAL & SURGICAL & GROUP MAJOR MEDICAL

## Singapore Covered Hospitals

Government / Restructured Hospitals	Private Hospitals
Alexandra Hospital	Farrer Park Hospital
Changi General Hospital	Gleneagles Hospital
Khoo Teck Puat Hospital	Mount Alvernia Hospital
KK Women's and Children Hospital	Mount Elizabeth Hospital
National University Hospital	Mount Elizabeth Novena Hospital
Ng Teng Fong General Hospital	Parkway East Hospital
Sengkang General Hospital	Raffles Hospital
Singapore General Hospital	Thomson Medical Centre
Tan Tock Seng Hospital	
Singapore National Eye Centre	
Singapore National Heart Centre	

# EMPLOYEE ASSISTANCE

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# 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

# 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.

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

# AIA ASSISTANCE

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

<b>HOTLINE</b>	<b>+65 6248 8328</b>
<b>EMAIL</b>	<b><a href="mailto:sg.csccl@aia.com">sg.csccl@aia.com</a></b>
<b>ADDRESS</b>	<b>3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799</b>
<b>OPERATING HOURS</b>	<b>24/7 including public holidays</b>

# ADOBE'S RESOURCES

**[Reminder]** AIA Enrolment – Don't forget to enroll manually your dependents in the Darwin portal!

Adobe's Benefits	
1. Preventive Care Allowance *	<p>The Preventive Care Allowance is provided to full-time permanent employees and covers up to S\$1,000 each calendar year for the following expenses:</p> <ul style="list-style-type: none"><li>• Preventive eye exam, prescribed glasses/lens, contacts</li><li>• Preventive health screening, including blood test and X-ray</li><li>• Dental costs not covered by AIA</li></ul> <p><i>*This cannot be used for dependents.</i></p>
2. Wellness Reimbursement	<p>Covers up to S\$828 (in Year 2024) for wellness-related activities.</p> <ul style="list-style-type: none"><li>• This includes flu/Covid-19 vaccinations, and Covid-19 tests.</li></ul>
3. Employee Assistance Programme (EAP)	<p>You can contact EAP at 800 852 3937 – for free and confidential counselling for you and your household members.</p>

**[Questions]** Contact the Darwin team at [adobebenefits.apac@darwin.com](mailto:adobebenefits.apac@darwin.com) – or submit your questions to ERC Team via the Support Center.

