

HSBC Life Shield Benefits Schedule

(applicable to Plan A and Plan B)

Benefit Parameters	HSBC Life Shield Plan A	HSBC Life Shield Plan B
	(Payout includes MediShield Life payout)	
Hospital Ward Entitlement	Standard Room in Private Hospital or Private Medical Institution, and below	Restructured Hospital ward class A and below
Inpatient Treatments		
Daily Ward and Treatment Charges		
Normal Ward	As Charged	As Charged
Intensive Care Unit (ICU) Ward		
Community Hospital (Rehabilitative)	Up to 45 days per Hospitalisation	Up to 45 days per Hospitalisation
Community Hospital (Sub-acute)		
Inpatient Palliative Care Service (General)	As Charged	As Charged
Inpatient Palliative Care Service (Specialised)		
Inpatient Psychiatric Treatment	Up to \$5,000, capped at 60 days per Policy Year	Up to \$4,000, capped at 60 days per Policy Year
Surgical Procedures - Table 1 (less complex procedures) - Table 2 - Table 3 - Table 4 - Table 5 - Table 6 - Table 7 (more complex procedures)	As Charged	As Charged
Implants and Approved Medical Consumables		
Radiosurgery		
Major Organ Transplant		
Stem Cell Transplant		
Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma		
The following are not covered under Inpatient Treatments: - Proton Beam Therapy Treatment - Cell, Tissue and Gene Therapy Products Please refer to Additional Benefits of the Benefits Schedule for the Benefit limits.		

Outpatient Treatments		
- Cancer Drug Treatment*	5 x MSHL limit per month	5 x MSHL limit per month
- Cancer Drug Services**	5 x MSHL limit per Policy Year	5 x MSHL limit per Policy Year
- Radiotherapy for Cancer - External (Except Hemi-Body) - Brachytherapy - Hemi-Body - Stereotactic	As Charged	As Charged
Kidney Dialysis Treatment		
Erythropoietin for Chronic Kidney Failure		
Immunosuppressants for Organ Transplant		
Long-term Parenteral Nutrition		
The following are not covered under Outpatient Treatments: - Proton Beam Therapy Treatment - Cell, Tissue and Gene Therapy Products Please refer to Additional Benefits of the Benefits Schedule for the Benefit limits.		
Additional Benefits		
Pre-Hospitalisation Treatment	As Charged (within 180 days before Hospitalisation)	As Charged (within 180 days before Hospitalisation)
Post-Hospitalisation Treatment	As Charged (within 365 days after Hospital discharge)	As Charged (within 365 days after Hospital discharge)
Post-Hospitalisation Psychiatric Treatment	\$5,000 per Policy Year (within 200 days after Hospital discharge)	\$2,500 per Policy Year (within 200 days after Hospital discharge)
Accidental Inpatient Dental Treatment	As Charged	As Charged
Inpatient Pregnancy Complications	As Charged (after a waiting period of 300 days)	As Charged (after a waiting period of 300 days)
Inpatient Congenital Abnormalities for Life Assured	As Charged (after a waiting period of 365 days)	As Charged (after a waiting period of 365 days)
Living Donor Organ Transplant (Life Assured as the Living Donor donating an organ)	\$60,000 per transplant (after a waiting period of 730 days)	\$40,000 per transplant (after a waiting period of 730 days)
Living Donor Organ Transplant (Non-Life Assured donating an organ to Life Assured recipient)	\$60,000 per transplant (after a waiting period of 730 days)	\$40,000 per transplant (after a waiting period of 730 days)
Emergency Overseas Medical Treatment	As Charged pegged to Reasonable and Customary charges of Singapore Private Hospitals	As Charged pegged to Reasonable and Customary charges of Singapore Restructured Hospitals
Inpatient and Outpatient Proton Beam Therapy Treatment#	\$50,000 per Policy Year	\$50,000 per Policy Year
Cell, Tissue and Gene Therapy Products (CTGTPs)	\$100,000 per Policy Year	\$100,000 per Policy Year

Maximum Limits		
Policy Year Limit	\$1,000,000 \$2,500,000 (If treated by HSBC Life Panel of Specialists or at Restructured Hospital)	\$550,000
Lifetime Limit	No limit	No limit
Last Entry Age	75 years old	75 years old
Maximum Coverage Age	No maximum age	No maximum age
Pro-Ration Factors		
Restructured Hospital/Private Hospital/Community Hospital/Inpatient Palliative Care Service		
- Class C	100%	100%
- Class B2		
- Class B2+		
- Class B1		
- Class A		
- Private Hospital		70%
Others		
- Subsidised Day Surgical Procedure in Restructured Hospital	100%	100%
- Unsubsidised Day Surgical Procedure in Restructured Hospital		
- Day Surgical Procedure in Private Hospital/Clinic		70%
- Subsidised Short Stay Ward in Restructured Hospital		100%
- Unsubsidised Short Stay Ward in Restructured Hospital		
- Subsidised Outpatient Treatment in Restructured Hospital		
- Unsubsidised Outpatient Treatment in Restructured Hospital		
- Outpatient Treatment in Private Hospital/Clinic		70%

Deductible		
	For ages 81 and above, as of Age Next Birthday	For ages 81 and above, as of Age Next Birthday
- Class C	\$1,500	\$1,500
- Class B2/B2+	\$2,000	\$2,000
- Class B1	\$2,500	\$2,500
- Class A and Private Hospital	\$3,500	\$3,500
- Subsidised Day Surgical Procedure/Short Stay Ward in Restructured Hospital	\$3,000	\$3,000
- Unsubsidised Day Surgical Procedure/Short Stay Ward in Restructured Hospital	\$3,000	\$3,000
- Day Surgical Procedure in Private Hospital/Clinic	\$3,000	\$3,000
Deductible		
	For ages 81 and above, as of Age Next Birthday	For ages 81 and above, as of Age Next Birthday
- Class C	\$2,250	\$2,250
- Class B2/B2+	\$3,000	\$3,000
- Class B1	\$3,750	\$3,750
- Class A and Private Hospital	\$5,250	\$5,250
- Subsidised Day Surgical Procedure/Short Stay Ward in Restructured Hospital	\$4,500	\$4,500
- Unsubsidised Day Surgical Procedure/Short Stay Ward in Restructured Hospital	\$4,500	\$4,500
- Day Surgical Procedure in Private Hospital/Clinic	\$4,500	\$4,500
Co-Insurance		
Inpatient and Outpatient Treatments	10%	10%

* This benefit limit is based on a multiple of the MediShield Life limit for the specific cancer drug treatment on the Cancer Drug List (CDL). The Cancer Drug List applies to outpatient cancer drugs, which include drugs used for chemotherapy for cancer and immunotherapy for cancer. Refer to the CDL published on <https://go.gov.sg/moh-cancerdruglist> for the applicable MediShield Life limit. MOH may update this list from time to time.

** This benefit limit is based on a multiple of the MediShield Life limit for cancer drug services. Refer to the MediShield Life Benefits published on <https://go.gov.sg/mshlbenefits> for the applicable MediShield Life limit.

Refer to <https://go.gov.sg/pbt-approved-indications> for the approved indications for use of Proton Beam Therapy

HSBC Life Shield General Provisions

(applicable to Plan A and Plan B)

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1. YOUR POLICY

This is Your HSBC Life Shield Policy (Policy). It contains the following documents:

- General Provisions;
- Certificate of Insurance;
- Benefits Schedule; and
- Endorsements (if applicable).

Your Policy is a contract between You and HSBC Life (Singapore) Pte. Ltd. Please read through it to ensure that this product is right for You and Your needs. We agree to pay You the Benefits set out in Your Policy for the Premium paid by You.

For the purpose of Your Policy,

- We, Us, Our, Company, HSBC Life, will mean:
HSBC Life (Singapore) Pte. Ltd.
- You, Your, Policyholder, Policy Owner, will mean:

The person with whom this contract of assurance is made, who is responsible for paying the Premiums and who may exercise all rights under this Policy.

All other definitions are set out in Section 9.

This is a MediSave-Approved Integrated Shield Plan that provides additional coverage to the MediShield Life tier operated by the Central Provident Fund Board (CPF Board). All Singapore Citizens and Singapore Permanent Residents are covered by MediShield Life.

If You had an Integrated Shield Plan with another insurer and have switched to this Policy with Us, and You have Pre-Existing Condition(s) that are covered by the previous Integrated Shield Plan with another insurer, You may lose coverage for Your Pre-Existing Condition(s).

Our decision to provide insurance coverage to the Life Assured is based on the declarations and any other information provided by You and the Life Assured in the Application form. It is important that all relevant facts are declared correctly in the Application form and any changes to these facts should be communicated to Us as soon as possible.

This Policy may not be valid if any information given by You or the Life Assured is incomplete or inaccurate, or if You do not comply with the terms and conditions of this Policy.

2. FREE LOOK PERIOD

You can decide within 21 days from the date of receipt of the Policy whether You want to continue with Your Policy.

If You do not want to continue, You may cancel this Policy by giving Us written notice and We shall refund the Premium paid for this Policy.

If We have posted the Policy to You, the 21-day free look period shall start 7 days after We have posted the Policy to You.

If any claim(s) was made during the free look period, the free look period will no longer be applicable.

3. WHAT DOES YOUR POLICY COVER?

Your HSBC Life Shield Policy covers the Eligible Expenses incurred for Medically Necessary treatment of the Life Assured for the Benefits as stated in the Benefits Schedule.

The treatments must be provided by a Hospital or Community Hospital or similar establishments.

All Benefits are paid as a reimbursement of the Eligible Expenses incurred for medical treatment received by the Life Assured due to Illness or Injury and depend on the terms, conditions, and limits set out in the Benefits Schedule and General Provisions.

3.1 Inpatient Treatments

The following Benefits are subject to Pro-Ration Factor, Deductible, Co-Insurance, and Benefit limits as set out in the Benefits Schedule.

a. What do We cover under Normal Ward?

We will reimburse You for the daily Normal Ward charges and treatment charges for each day as charged by the Hospital if the Life Assured is Hospitalised in a Hospital as a result of Illness, Injury and any other Medically Necessary indications. This includes Hospitalisation in a Short Stay Ward and High Dependency Unit stay(s) (HDU).

If the Life Assured receives inpatient treatment in a deluxe room, luxury suite, VIP room or any other special room that is higher than the Normal Ward in the same Hospital, We reserve the right to pro-rate the hospital bill to the rate of the Normal Ward in the same Hospital, before applying any existing Pro-Ration Factor in his/her Policy to adjust the bill to the ward type he/she is covered under his/her plan type.

Example:

The Life Assured is covered under HSBC Life Shield and admitted to a deluxe room. The pro-rated hospital bill before applying any Pro-Ration Factor will be calculated as such

$$\frac{A}{B} \times C$$

where

A: Daily Ward and Treatment Charges of a single-bedded Normal Ward at the same Hospital

B: Daily Ward and Treatment Charges of the deluxe room

C: Total hospital bill (excluding surgeon's fees and anaesthetic fees)

We will pay the Reasonable and Customary amount, or the pro-rated amount, whichever is lower.

If the Life Assured changes ward class during Hospitalisation, the Deductible applicable will be based on the highest ward class the Life Assured is Hospitalised in.

Treatment charges include Life Assured's meals, prescriptions, drugs and medicines, Physician's visits, diagnostic examinations and laboratory tests, dressings, splints and plaster casts, intravenous infusions and blood infusions, and other miscellaneous medical charges incurred per day.

We do not cover *Pre-Hospitalisation Treatment* which is given before and *Post-Hospitalisation Treatment* including *Post-Hospitalisation Psychiatric Treatment* which is given after Hospitalisation in a Short Stay Ward.

b. What do We cover under Intensive Care Unit (ICU) Ward?

We will reimburse You for the daily ICU Ward charges and treatment charges as charged by the Hospital if the Life Assured is Hospitalised in an ICU Ward as a result of Illness or Injury.

Treatment charges include Life Assured's meals, prescriptions, drugs and medicines, Physician's visits, diagnostic examinations and laboratory tests, dressings, splints and plaster casts, intravenous infusions and blood infusions, and other miscellaneous medical charges incurred per day.

c. What do We cover under Community Hospital (Rehabilitative)/Community Hospital (Sub-acute)?

We will reimburse You for the Eligible Expenses incurred for Hospitalisation in a Community Hospital as a result of Illness or Injury, for daily Normal Ward charges and treatment charges as charged by the Hospital. This Benefit payable is capped at 45 days per Hospitalisation.

The following conditions must be met:

- i. Hospitalisation in a *Community Hospital (Rehabilitative)/Community Hospital (Sub-acute)* must be immediately preceded by Hospitalisation in a Hospital or treatment from a Hospital's Accident and Emergency Department;
- ii. The Life Assured's attending Physician from the Hospital must have recommended in writing for the Life Assured to be admitted to a Community Hospital to continue the treatment for the Illness or Injury; and
- iii. Hospitalisation in a *Community Hospital (Rehabilitative)/Community Hospital (Sub-acute)* arises from the same Illness or Injury that resulted in the Life Assured's *Inpatient Treatments* at a Hospital or treatment from a Hospital's Accident and Emergency Department.

Treatment charges include Life Assured's meals, prescriptions, drugs and medicines, Physician's visits, diagnostic examinations and laboratory tests, dressings, splints and plaster casts, intravenous infusions and blood infusions, and other miscellaneous medical charges incurred per day.

We do not cover *Pre-Hospitalisation Treatment* which is given before and *Post-Hospitalisation Treatment* including *Post-Hospitalisation Psychiatric Treatment* which is given after Hospitalisation in a Community Hospital.

d. What do We cover for Inpatient Palliative Care Service (General)/(Specialised)?

We will reimburse You for the Eligible Expenses incurred for general inpatient palliative care or specialised inpatient palliative care from an approved Inpatient Palliative Care Provider.

An approved Inpatient Palliative Care Provider refers to an approved Community Hospital, hospice, nursing home or any other such agencies approved by the Minister. You can refer to CPF website for the list of Inpatient Palliative Care Providers.

The Life Assured must have been admitted for general inpatient palliative care or specialised inpatient palliative care by a Physician, according to the relevant Ministry of Health Singapore (MOH) guidelines.

e. What do We cover for Inpatient Psychiatric Treatment?

We will reimburse You for the Eligible Expenses incurred for daily Normal/HDU/ICU Ward(s) and treatment charges incurred up to 60 days per Policy Year during the period the Life Assured is Hospitalised to receive Psychiatric Treatment, subject to the Benefit limit as stated in the Benefits Schedule.

Treatment charges include Life Assured's meals, prescriptions, drugs and medicines, Physician visits, diagnostic examinations and laboratory tests, dressings, splints and plaster casts, intravenous infusions and blood infusions, and other miscellaneous medical charges incurred per day.

We do not cover *Pre-Hospitalisation Treatment* which is given before *Inpatient Psychiatric Treatment*.

f. What do We cover for Surgical Procedures?

We will reimburse You for the Eligible Expenses incurred for Surgical Procedures (including Day Surgical Procedures) performed by a Physician as a result of Illness or Injury. Charges include surgeon's fees, anaesthetist's fees, Hospital's operating theatre and facilities fees.

Any Surgical Procedure not listed in MOH's Table of Surgical Procedures Table 1 to 7 as at the date of the Surgical Procedure(s) is not covered.

This Benefit excludes Surgical Procedures which will be covered under their respective Benefits in the Benefits Schedule, namely *Radiosurgery, Major Organ Transplant, Stem Cell Transplant, Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma, Accidental Inpatient Dental Treatment, Inpatient Pregnancy Complications, Inpatient Congenital Abnormalities for Life Assured, Living Donor Organ Transplant (Life Assured as the*

Living Donor donating an organ), Living Donor Organ Transplant (Non-Life Assured as the Living Donor donating an organ to Life Assured recipient) and Emergency Overseas Medical Treatment.

g. What do We cover for Implants and Approved Medical Consumables?

We will reimburse You for the Eligible Expenses incurred for *Implants and Approved Medical Consumables* inserted into the Life Assured's body during a Surgical Procedure as a result of Illness or Injury and remains in the Life Assured's body on completion of the Surgical Procedure.

Approved Medical Consumables include any of the following;

- i. Intravascular electrodes used for electrophysiological procedures;
- ii. Percutaneous Transluminal Coronary Angioplasty (PTCA); or
- iii. Inter-aortic balloons/balloon catheters.

h. What do We cover for Radiosurgery?

We will reimburse You for the Eligible Expenses incurred when the Life Assured undergoes gamma knife treatment or Novalis radiosurgery as a result of Illness or Injury.

i. What do We cover for Major Organ Transplant?

We will reimburse You for the Eligible Expenses incurred for *Major Organ Transplant* of the cornea, kidneys, heart, liver, lung or bone marrow where the Life Assured is the recipient.

This includes the costs of acquiring the organ(s) from a cadaveric (deceased) donor but not from a living donor and only if the transplant is Medically Necessary and rendered at Reasonable and Customary Expenses. We will not reimburse You for any costs if the transplant is illegal or arises from any illegal transaction or practice.

We will also reimburse You for the Eligible Expenses incurred for recovering such organ(s) from a non-living human organ donor for the purpose of facilitating the Life Assured's transplant.

The organ recovery costs would comprise of costs arising from or in relation or incidental to the recovery of any organ(s) approved under MediShield Life or related parts of such organ(s) and from a non-living human organ donor for the organ transplant which are:

- i. The donor's extended stay, after he is certified dead, in a Hospital as necessitated by the donation of his/her organ(s);
- ii. Any Surgical Procedure(s) to remove the organ(s) from the donor's body;
- iii. Any pre-harvesting diagnostic examinations and laboratory tests related to the medical status of the donor and the viability of the organ(s) to be transplanted;
- iv. Any counselling provided by medical social workers to the donor's family in connection with the donation of his/her organ(s); and
- v. The storage and transport of the organ(s).

The *Major Organ Transplant* has to be performed on the Life Assured in a Hospital in Singapore before the relevant organ recovery costs can be submitted for claim. We will only reimburse You for the costs listed in items (i) to (v) above. All other costs arising from or in relation or incidental to the recovery of any organ(s) approved from time to time under MediShield Life or related parts of such organ(s) from non-living human organ donor for organ transplant are expressly excluded.

j. What do We cover for Stem Cell Transplant?

We will reimburse You for the Eligible Expenses incurred for *Stem Cell Transplant* performed by a Physician as a result of Illness or Injury. Charges include surgeon's fees, anaesthetist's fees, Hospital's operating theatre and facilities fees.

For the avoidance of doubt, outpatient therapies such as injection or extraction where the Life Assured does not require Hospitalisation shall not be covered. All other costs arising from or in relation or incidental to the *Stem Cell*

Transplant including costs of harvesting and diagnostic examinations and laboratory tests, storage, transportation and cell culture are expressly excluded.

k. What do We cover for Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma?

We will reimburse You for the Eligible Expenses incurred for *Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma* received at a MediSave/MediShield Life accredited Hospital in Singapore if the Life Assured is diagnosed with Multiple Myeloma by a Physician.

The treatments for *Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma* which are eligible for reimbursement are:

- i. Stem-cell mobilisation;
- ii. Harvesting of healthy stem cells;
- iii. Pre-transplant workup;
- iv. Use of high dosage chemotherapeutic drugs to destroy the cancerous cells;
- v. Engraftment of healthy stem cells; and
- vi. Post-transplant monitoring.

We will also reimburse You for the Eligible Expenses incurred for Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are directly related to *Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma*.

For the avoidance of doubt, *Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma* will only be claimable in the outpatient setting. If there are any certain phases of bone marrow transplant in the inpatient setting, such treatments will be covered under the prevailing inpatient limits. We will also not reimburse You for any costs if the *Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma* is illegal or arises from any illegal transaction or practice.

3.2 Outpatient Treatments

The following Benefits are subject to Pro-Ration Factor (where applicable), Co-Insurance, and Benefit limits as set out in the Benefits Schedule.

a. What do We cover for Cancer Drug Treatment?

We will reimburse You for the Eligible Expenses incurred for *Cancer Drug Treatment* at a MediSave/MediShield Life accredited cancer or oncology clinic or centre or Hospital if the Life Assured is diagnosed with cancer by a Physician, subject to the Benefit limit as stated in the Benefits Schedule.

We will only cover cancer drug treatments listed on the Cancer Drug List (CDL) published on MOH's website (<https://go.gov.sg/moh-cancerdruglist>). Each row of the CDL on MOH's website corresponds to a drug-indication pair. For the avoidance of doubt, any drug that is on the CDL used for a different indication than what is specified on the CDL, will not be claimable.

For CDL treatments that involve more than one drug, we allow drug omission or replacement with another CDL drug with the indication "for cancer treatment", only if they are due to intolerance or contraindications. In such cases, the claim limit of the original CDL treatment will continue to apply.

For cases where multiple cancer drug treatments are administered in a month, if any of the CDL treatments have an indication that states "monotherapy", only CDL treatments with the indication "for cancer treatment" will be claimable in that month. Else, the following will apply:

(a) if **more than one** of the cancer drug treatments administered in a month have an indication other than "for cancer treatment", only CDL treatments with the indication "for cancer treatment" will be claimable in that month.

(b) if **one or none** of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", all CDL treatments will be claimable in that month.

We will pay up to the highest limit among the CDL treatments that are claimable in that month. For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified in the CDL on MOH's website go.gov.sg/moh-cancerdruglist. Non-CDL treatments will be considered as having an indication other than "for cancer treatment".

b. What do We cover for Cancer Drug Services?

We will reimburse You for the Eligible Expenses incurred for *Cancer Drug Services* at a MediSave/MediShield Life accredited cancer or oncology clinic or centre or Hospital if the Life Assured is diagnosed with cancer by a Physician, subject to the Benefit limit as stated in the Benefits Schedule.

We will reimburse You for the Eligible Expenses incurred for cancer drug services that are part of any outpatient cancer drug treatment. This includes Physician's consultations fees, scans, laboratory investigations, treatment preparation and administration fees, supportive care drugs (i.e., for pain/nausea) and blood transfusions if it is part of cancer drug treatment. It does not cover services incurred before diagnosis and after the cancer drug treatment has ended (e.g. patient in remission or decided not to pursue further treatment).

c. What do We cover for Radiotherapy for Cancer?

We will reimburse You for the Eligible Expenses incurred for *Radiotherapy for Cancer* received at a MediSave/MediShield Life accredited cancer or oncology clinic or centre or Hospital if the Life Assured is diagnosed with cancer by a Physician.

The types of *Radiotherapy for Cancer* which are eligible for reimbursement are:

- i. *External (Except Hemi-Body)*;
- ii. *Brachytherapy*;
- iii. *Hemi-Body*; and
- iv. *Stereotactic*

We will also reimburse You for the Eligible Expenses incurred for Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are directly related to cancer which results in *Radiotherapy for Cancer*. Such Eligible Expenses must be incurred within 30 days before the *Radiotherapy for Cancer*. Any further expenses incurred after the last *Radiotherapy for Cancer* are not covered.

d. What do We cover for Kidney Dialysis Treatment?

We will reimburse You for the Eligible Expenses incurred for *Outpatient Kidney Dialysis Treatment* received at a MediSave/MediShield Life accredited dialysis clinic or centre or Hospital if the Life Assured is diagnosed with chronic kidney disease or kidney failure by a Physician.

We will also reimburse You for the Eligible Expenses incurred for Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are directly related to *Outpatient Kidney Dialysis Treatment*. Such Eligible Expenses must be incurred within 30 days before the *Outpatient Kidney Dialysis Treatment*. Any further expenses incurred after the last *Outpatient Kidney Dialysis Treatment* are not covered.

We will also reimburse You for the Eligible Expenses incurred for any formulated solution prescribed by a Physician and purchased from a MediSave/MediShield Life accredited dialysis clinic or centre or Hospital for peritoneal dialysis. Peritoneal dialysis does not need to be performed at a MediSave/MediShield Life accredited dialysis clinic or centre or Hospital. However, any additional formulated solution not prescribed by a Physician will not be covered. In addition, the costs of purchase or rental of the machine and apparatus for peritoneal dialysis and the costs for prescribed drugs and medicines will not be covered.

e. What do We cover for Erythropoietin for Chronic Kidney Failure Treatment?

We will reimburse You for the Eligible Expenses incurred for *Outpatient Erythropoietin for Chronic Kidney Failure Treatment* received at a MediSave/MediShield Life accredited dialysis clinic or centre or Hospital if the Life Assured is diagnosed with chronic kidney disease or kidney failure by a Physician.

We will also reimburse You for the Eligible Expenses incurred for Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are directly related to Outpatient *Erythropoietin for Chronic Kidney Failure Treatment*. Such Eligible Expenses must be incurred within 30 days before the Outpatient *Erythropoietin for Chronic Kidney Failure Treatment*. Any further expenses incurred after the last Outpatient *Erythropoietin for Chronic Kidney Failure Treatment* are not covered.

f. What do We cover for Immunosuppressants for Organ Transplant?

We will reimburse You for the Eligible Expenses incurred for approved *Immunosuppressants* prescribed as a result of an Organ Transplant and as part of *Outpatient Treatments* to reduce the rate of rejection episodes.

Such Organ Transplant must first be paid for by Us in claims before any claims for approved *Immunosuppressants* prescribed for Organ Transplant can be paid out.

The *Immunosuppressants* must be approved by MOH for Organ Transplant, as well as approved under the Health Sciences Authority (HSA).

g. What do We cover for Long-term Parenteral Nutrition?

We will reimburse You for the Eligible Expenses incurred for *Outpatient Long-term Parenteral Nutrition* received at a MediSave/MediShield Life accredited medical institution if the Life Assured is diagnosed with a condition by a Physician specified by the Minister.

We will also reimburse You for the Eligible Expenses incurred for parenteral nutrition bags and consumables necessary for the administration of *Outpatient Long-term Parenteral Nutrition*. You must first fulfil all the clinical criteria for *Outpatient Long-term Parenteral Nutrition* under MediShield Life, before any claims for *Outpatient Long-term Parenteral Nutrition* can be paid out.

3.3 Additional Benefits

The following Benefits are subject to Pro-Ration Factor, Deductible and Co-Insurance, and Benefit limits as set out in the Benefits Schedule.

a. What do We cover for Pre-Hospitalisation Treatment?

We will reimburse You for the Eligible Expenses incurred for Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests incurred within 180 days before the Life Assured's Hospitalisation for the treatment of the same Illness or Injury. *Pre-Hospitalisation Treatment* must lead to the Life Assured being Hospitalised for the same Illness or Injury for which they received medical treatment prior to Hospitalisation.

We do not cover *Pre-Hospitalisation Treatment* for the following Benefits as specified in the Benefits Schedule:

- *Outpatient Treatments;*
- *Inpatient Psychiatric Treatment;*
- *Accidental Inpatient Dental Treatment;*
- *Emergency Overseas Medical Treatment;*

For the avoidance of doubt, any *Pre-Hospitalisation Treatment* received before Hospitalisation in a Short Stay Ward or Hospitalisation in a *Community Hospital (Rehabilitative)/Community Hospital (Sub-acute)* are excluded.

The Physician must be the attending doctor, including GP or Polyclinic doctor who have referred the Life Assured for admission in a Hospital/Day Surgical Procedure; or further medical treatment by a Specialist. The Specialist is the same doctor who will be treating the Life Assured for *Inpatient Treatments* or for the Day Surgical Procedure.

We do not cover any other additional charges such as second opinion charges, and other charges incurred for the treatment of the condition that are not Medically Necessary.

b. What do We cover for Post-Hospitalisation Treatment?

We will reimburse You for the Eligible Expenses incurred within 365 days from the date of discharge from the Hospital, or from the date of Surgical Procedure(s), provided the sole purpose of the Surgical Procedure is for the

treatment of an Illness or Injury, and not for a follow-up check-up or surveillance of an Illness or Injury for which a Surgical Procedure was previously performed.

Such Eligible Expenses must be directly related to the treatment of an Illness or Injury for which the Life Assured was Hospitalised and with the same Physician, or referred by the same Physician to another Physician. Treatment charges include Physician's consultation fees, medical services, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician and Physiotherapy performed by a Qualified Physiotherapist upon recommendation in writing by the Physician.

Any sessions of a medical treatment package purchased in advance but not utilised yet at the point of claim or within 365 days from the date of discharge from the Hospital or from the date of Surgical Procedure(s) will not be payable.

We do not cover *Post-Hospitalisation Treatment* for the following Benefits as specified in the Benefits Schedule:

- *Outpatient Treatments;*
- *Accidental Inpatient Dental Treatment;*
- *Emergency Overseas Medical Treatment;*

For the avoidance of doubt, any *Post-Hospitalisation Treatment* received after Hospitalisation in a Short Stay Ward or Hospitalisation in a *Community Hospital (Rehabilitative)/Community Hospital (Sub-acute)* are excluded. Psychiatric Treatment received Post-Hospitalisation will be covered under *Post-Hospitalisation Psychiatric Treatment* benefit, and not under this *Post-Hospitalisation Treatment* benefit.

We do not cover items including but not limited to medicines and consumables which are purchased in excess for use beyond 365 days from the date of discharge from the Hospital or from the date of Surgical Procedure(s).

c. What do We cover for Post-Hospitalisation Psychiatric Treatment?

We will reimburse You for the Eligible Expenses incurred for *Post-Hospitalisation Psychiatric Treatment* for any follow-up consultations and treatments received after discharge from the Hospital, subject to the Benefit limit as stated in the Benefits Schedule.

We do not cover *Post-Hospitalisation Psychiatric Treatment* received after Hospitalisation in a Short Stay Ward or Hospitalisation in a *Community Hospital (Rehabilitative)/Community Hospital (Sub-acute)*.

We do not cover items including but not limited to medicines and consumables which are purchased in excess for use beyond 200 days from the date of discharge from the Hospital or date of Surgical Procedure(s).

d. What do We cover for Accidental Inpatient Dental Treatment?

We will reimburse You for the Eligible Expenses incurred for *Accidental Inpatient Dental Treatment* including Surgical Procedure(s) performed by a Physician in the event the Life Assured is Hospitalised to remove, replace or restore natural sound teeth lost or damaged due to an Accident. Any Surgical Procedure performed as an outpatient or as a Day Surgical Procedure is not covered under this benefit.

We do not cover *Pre-Hospitalisation Treatment* which is given before and *Post-Hospitalisation Treatment* which is given after the *Accidental Inpatient Dental Treatment*.

e. What do We cover for Inpatient Pregnancy Complications?

We will reimburse You for the Eligible Expenses incurred as a result of the *Pregnancy Complications* listed below. These *Pregnancy Complications* must first be diagnosed by a Physician after 300 days from the Effective Date or last Reinstatement Date, whichever is later.

1. Eclampsia;
2. Pre-eclampsia;
3. Cervical incompetency;
4. Accreta placenta;
5. Placental abruption;
6. Placenta praevia;

7. Antepartum haemorrhage;
8. Intrapartum haemorrhage;
9. Postpartum haemorrhage requiring hysterectomy;
10. Placental insufficiency;
11. Intrauterine growth restriction;
12. Gestational diabetes mellitus;
13. Acute fatty liver of pregnancy;
14. Obstetric cholestasis;
15. Twin to twin transfusion syndrome;
16. Infection of amniotic sac and membranes;
17. Amniotic fluid embolism;
18. Fourth degree perineal laceration;
19. Uterine rupture;
20. Postpartum inversion of uterus;
21. Obstetric injury or damage to pelvic organs;
22. Complications resulting in a caesarean hysterectomy;
23. Retained placenta and membranes;
24. Abscess of breast;
25. Ectopic pregnancy;
26. Hydatidiform mole and subsequent complications;
27. Disseminated intravascular coagulation diagnosed by an obstetrician;
28. Medically Necessary abortions;
29. Still-birth;
30. Miscarriage: Death of foetus after 13 weeks of pregnancy as a result of a sudden unforeseen and involuntary event and must not be due to a voluntary or malicious act; and
31. Maternal death.

For the avoidance of doubt, We will not reimburse You for any costs in relation to the delivery procedure for childbirth including caesarean delivery, except for caesarean hysterectomy. This will include delivery surgeon's fees, anaesthetist fees and operating theatre facility fees. Any condition(s) of the Life Assured that is not linked to the pregnancy shall not be covered.

f. What do We cover for Inpatient Congenital Abnormalities for Life Assured?

We will reimburse You for the Eligible Expenses incurred for *Inpatient Congenital Abnormalities for Life Assured*. These would include but are not limited to, genetics, hereditary conditions and physical or birth defects of the Life Assured.

These Congenital Abnormalities must first be diagnosed by a Physician or signs and symptoms were first present after 365 days from the Effective Date or last Reinstatement Date, whichever is later.

g. What do We cover for Living Donor Organ Transplant?

We will reimburse You for the inpatient charges incurred, for *Living Donor Organ Transplant* operations of the kidney or the liver, subject to the Benefit limit as stated in the Benefits Schedule. Such transplant(s) must be approved by

Human Organ Transplant Act (HOTA) and carried out in a Hospital in Singapore. This Benefit applies to Life Assured (as the living donor) donating an organ or non-Life Assured (as the living donor) donating an organ to the Life Assured.

For Life Assured as the living donor:

- The recipient of the kidney or liver must be the Life Assured's family member. For the purpose of this Benefit, the Life Assured's family members can be the Life Assured's parents, siblings, spouse and children; and
- The recipient's kidney or liver failure must first be diagnosed by a Physician or the signs and symptoms were first present after 730 days from the Effective Date or last Reinstatement Date, whichever is later.

For non-Life Assured (as the living donor) donating an organ to the Life Assured:

We will reimburse You for the inpatient charges for a non-Life Assured living donor to remove his/her kidney or a part of his/her liver, for purpose of its transplantation into the body of the Life Assured, who is the recipient of the organ.

We will not reimburse You for more than the costs of:

- i. The living organ donor's stay in a Hospital that is needed for them to donate their organ;
- ii. Surgical Procedure(s) to remove the organ from the living organ donor's body; and
- iii. Storing and transporting the organ after it is removed from the living organ donor's body.

We will not reimburse You for the costs of:

- i. *Pre-Hospitalisation Treatment* received by the living organ donor including Physician's outpatient medical services and consultations, diagnostic examinations and laboratory tests, such as pre-harvesting laboratory services and investigations;
- ii. *Post-Hospitalisation Treatment* received by the living organ donor including Physician's outpatient medical services and consultations, diagnostic examinations and laboratory tests, such as post-transplant treatment arising from complications from the Surgical Procedure(s); and
- iii. Counselling provided to the living organ donor's family before or after an organ has been donated.

For the avoidance of doubt, We will not reimburse You for any costs if the Organ Transplant is illegal or arises from any illegal transaction or practice.

h. What do We cover for Emergency Overseas Medical Treatment?

We will reimburse You for the Eligible Expenses incurred for *Emergency Overseas Medical Treatment* received at a Hospital outside Singapore as a result of an emergency only, subject to the Benefit limit as stated in the Benefits Schedule.

The Eligible Expenses is the lower of the actual Medically Necessary expenses incurred or the amount which would be considered Reasonable and Customary Expenses for the same medical treatment in a Singapore Private or Restructured Hospital, depending on Your plan type.

We do not cover *Pre-Hospitalisation Treatment* which is given before and *Post-Hospitalisation Treatment* which is given after the *Emergency Overseas Medical Treatment*.

The overseas claimable amount will be converted to Singapore dollars according to the prevailing exchange rate as determined by Us based on the Hospital discharge date of the Life Assured.

We do not cover items including but not limited to medicines and consumables which are purchased in excess for use beyond 365 days from the date of discharge from the Hospital or from the date of Surgical Procedure(s).

Emergency Medical Treatment refers to the immediate medical treatment for a medical condition manifested by acute symptoms of severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect to seek immediate medical attention as failure to do so may result in:

- i. Placing the health of the individual in serious jeopardy;
- ii. Serious impairment of bodily functions; or
- iii. Serious dysfunction of any bodily organ or part.

For the avoidance of doubt, *Emergency Overseas Medical Treatment* is intended to cover Life Assureds who have travelled overseas when the Illness or Injury occurred suddenly. We will not cover Life Assureds who are residing overseas.

i. What do We cover for Inpatient and Outpatient Proton Beam Therapy Treatment?

We will reimburse You for the Eligible Expenses incurred for *Inpatient and Outpatient Proton Beam Therapy Treatment* received at a MediSave/MediShield Life accredited cancer or oncology clinic or centre or Hospital if the Life Assured is diagnosed with cancer by a Physician and if the Proton Beam Therapy Treatment is administered according to the relevant guidelines from MOH, subject to the Benefit limit as stated in the Benefits Schedule.

Proton beam therapy is a type of radiation therapy treatment that uses high-energy beams to treat tumours. Refer to <https://go.gov.sg/pbt-approved-indications> for the approved indications for use of Proton Beam Therapy.

For the avoidance of doubt, *Inpatient and Outpatient Proton Beam Therapy Treatment* including *Pre-Hospitalisation Treatment* and *Post-Hospitalisation Treatment* is covered under the *Additional Benefits* of Your Policy only.

j. What do We cover for Cell, Tissue and Gene Therapy Products (CTGTPs)?

We will reimburse You for the Eligible Expenses incurred for *Cell, Tissue and Gene Therapy Products (CTGTPs)* received at a MediSave/MediShield Life accredited Hospital in Singapore, subject to the Benefit limit as stated in the Benefits Schedule.

We cover inpatient treatments for CTGTPs including Kymriah which fulfil all of the following criteria:

- i. It is Medically Necessary for the treatment of the medical condition;
- ii. It is approved by HSA and/or MOH in Singapore for the treatment of the said medical condition; and
- iii. It is proven as clinically and cost effective.

For the avoidance of doubt, CTGTPs including *Pre-Hospitalisation Treatment* and *Post-Hospitalisation Treatment* is covered under the *Additional Benefits* of Your Policy only.

4. WHAT IS NOT COVERED BY YOUR POLICY?

4.1 Permanent Exclusions

This Policy does not cover You for the Eligible Expenses incurred directly or indirectly for, or for the consequences of, and their related complications, the following, whether or not a declaration has been submitted and accepted by Us. However, some of these may be covered under MediShield Life, in which case the coverage provided is subject to MediShield Life terms, conditions and applicable benefit limits.

- a. Hospitalisation or Day Surgical Procedures in a Hospital or a Community Hospital where the Hospitalisation or Day Surgical Procedure starts before the Effective Date or last Reinstatement Date;
- b. Any Pre-Existing Condition(s) from which the Life Assured is suffering from, unless declared in the Application form, reinstatement form or upgrading form and accepted by Us without any exclusions;
- c. Treatment for congenital abnormalities such as, but not limited to genetics, hereditary conditions and physical or birth defects from childbirth, and first diagnosed by a Physician or signs and symptoms were first present within 365 days from the Effective Date or last Reinstatement Date, except where expressly covered by *Inpatient Congenital Abnormalities for Life Assured* under the *Additional Benefits* of Your Policy;
- d. Treatment arising from pregnancy, miscarriages, abortion, childbirth, except where expressly covered by *Inpatient Pregnancy Complications* under the *Additional Benefits* of Your Policy;

- e. Treatment for infertility, sub-fertility, assisted conception or any contraceptive operation, sterilisation (or its reversal), birth control, impotence treatment, erectile dysfunction and sex change operations;
- f. Treatment for Illness or Injury caused directly or indirectly, by self-destruction, intentional self-inflicted Injury, suicide, attempted suicide, whether the Life Assured is sane or insane; as well as Illness or Injury caused directly or indirectly due to child abuse by the Policyholder who is the parent of the Life Assured;
- g. Treatment for abuse or misuse of drugs, substances or alcohol, whether the Life Assured is sane or insane, and treatment for Illness or Injury caused directly or indirectly by abuse or misuse of drugs, substances or alcohol, whether the Life Assured is sane or insane;
- h. Treatments attributable to any Sexually Transmitted Disease (STD), Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and all Illnesses caused by or related to or a consequence of STD, AIDS or HIV (except where HIV or AIDS is due to Blood Transfusion and Occupationally Acquired AIDS or HIV). For the purpose of this Policy:
 - i. The definition of AIDS shall be that used by the World Health Organization (WHO) in 1987, or any subsequent revision by the WHO of that definition; and
 - ii. Infection shall be deemed to have occurred where blood or other relevant tests indicate, in Our opinion, either the presence of any HIV or antibodies to such a virus;
- i. Treatment for mental, emotional, personality, nervous, psychological, learning, educational, behavioural and psychiatric problems, disorders and developments, except where expressly covered by *Inpatient Psychiatric Treatment* and *Post-Hospitalisation Psychiatric Treatment* under the *Additional Benefits* of Your Policy;
- j. Treatment for weight reduction, weight improvement, or obesity or any Illness or Injury which arises from, or is related to, or a consequence of weight reduction, weight improvement, or obesity in any way, such as, but not limited to, the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body, whether or not it is needed for medical or psychological reasons;
- k. Treatment for Illness or Injury sustained directly or indirectly during wars or any war-like operations (whether war be declared or not), terrorism, civil commotions, insurrections, overthrow of a legally constituted government, riots, rebellions, revolutions, strikes, act of foreign enemy, invasions, ionising radiation, contamination by radioactivity from any nuclear fuels, nuclear wastes or nuclear reactions from process of nuclear fission or from any nuclear weapons materials;
- l. Purchase or rental of such items (unless such item satisfies the definition of *Implants* and *Approved Medical Consumables* under *Inpatient Treatments* of Your Policy) for use at home or as an outpatient: braces, prostheses, corrective devices, durable medical equipment/machines, Hospital beds, iron lungs, kidney dialysis machines, oxygen machines, walking or home aids, wheelchairs, special/medical appliances including location, transport, and associated administrative costs of such appliances and which are not necessary for the completion of a Surgical Procedure; any other Hospital-type equipment;
- m. Cosmetic, aesthetic, reconstructive or plastic Surgical Procedure(s) except for:
 - i. The repair of damage caused by an Accident. The repair of damage must be done within 365 days of the occurrence of the Accident; and
 - ii. Breast reconstruction after mastectomy due to breast cancer. Such breast reconstruction Surgical Procedure(s) must be performed by a Physician within 365 days from the original mastectomy. The signs and symptoms and diagnosis of breast cancer must first appear and be diagnosed after the Effective Date or last Reinstatement Date, whichever is later. Breast implant(s) will be covered if breast reconstruction leads to breast implant(s). Any Surgical Procedure(s) or reconstruction of the other breast to produce a symmetrical appearance will not be covered;
- n. All dental treatment including oral surgery related to the teeth (except where expressly covered by *Accidental Inpatient Dental Treatment* under the *Additional Benefits* of Your Policy); as well as pre-existing jaw conditions where orthodontics and/or orthognathic (corrective jaw surgery) are required;
- o. Correction for refractive errors of the eye including Lasik treatments;

- p. Routine eye and ear examinations, including costs of spectacles, contact lenses and hearing aids;
- q. General physical or health screening, medical check-up not related to the treatment or diagnosis of an Illness or Injury, health-enhancing treatments or primary prevention such as medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, (e.g., general medical/health screening packages, general physical check-ups, vaccinations, etc.), including but not limited to:
 - i. health supplements including vitamins unless medically required as a result of vitamin deficiency;
 - ii. dietary replacements;
 - iii. non-prescribed drugs and medicine;
 - iv. Hospitalisation for diagnostic laboratory examinations such as CT and MRI Scans which can otherwise be done on an outpatient basis; or
 - v. Genetic testing except in cases where there is a therapeutic value in defining cancer treatment, such as OncoDEEP.

We reserve the rights to review and make necessary changes to the above to align with progression in medical trends and advancement;

- r. Private nursing charges and nursing home services;
- s. Transport-related services such as, but not limited to, charges for trips made for the purpose of obtaining medical treatment or Hospitalisation, ambulance fee, emergency evacuation, repatriation assistance and repatriation of mortal remains;
- t. Vaccination(s);
- u. All expenses incurred by the living donor of an organ or related parts of an organ for an organ transplant (except where expressly covered by *Living Donor Organ Transplant* under the *Additional Benefits* of Your Policy);
- v. All expenses incurred for the acquisition of an organ for a *Major Organ Transplant* (except where expressly covered by *Major Organ Transplant* under the *Inpatient Treatments* of Your Policy);
- w. Overseas (outside Singapore) medical treatment or Hospitalisation (except where expressly covered by *Emergency Overseas Medical Treatment* under the *Additional Benefits* of Your Policy);
- x. Treatment of Illness or Injury resulting from the Life Assured engaging in any hazardous activities or sports in a professional capacity, or where the Life Assured would or could earn income or remuneration, or win monetary rewards, from engaging in these hazardous activities or sports;
- y. Treatment of Illness or Injury resulting from the Life Assured engaging in any hazardous activities or sports without taking reasonable safety precautions and/or not under the supervision of organisations licensed for such hazardous activities or sports;
- z. Treatment of Illness or Injury resulting from the Life Assured engaging in violation or attempted violation of law, arrest or any resultant imprisonment;
- aa. Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent or nursing homes, sanatoriums or similar establishments, home-based services, long term care facility or similar establishments that is not a Hospital, outpatient rehabilitation services such as counselling and physical rehabilitation, except where expressly covered by *Inpatient Palliative Care Service (General)/(Specialised)* under *Inpatient Treatments* of Your Policy;
- bb. Alternative or complementary treatments, including Traditional Chinese Medicine (TCM), chiropractor, podiatrist, naturopath, acupuncturist, homeopath, osteopath, dietitian, or a stay in any health-care establishment for social or non-medical reasons;
- cc. Non-medical items such as, but not limited to, parking fees, Hospital administration and registration fees, laundry, rental of television, newspaper, medical report fees, personal care and hygiene products, regardless of whether it is Medically Necessary or otherwise, and extra bed;

- dd. Medical treatments that were of research nature, such as, but not limited to, experimental or pioneering medical or surgical techniques, medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation, medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the HSA;
- ee. Cancer Drug Treatments that are not listed on the Cancer Drug List (CDL) published on MOH's website (<https://go.gov.sg/moh-cancerdruglist>) will not be covered under HSBC Life Shield. However, if the policyholder has an Enhanced Care Rider and the treatment falls within Class A to Class E of the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework on LIA's website (<https://www.lia.org.sg/industry-guidelines/health-insurance/framework/2022/non-cdl-classification-framework>), it will be covered up to the Benefit Limit as stated in the HSBC Life Enhanced Care Benefits Schedule; and
- ff. Being in or on an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger or crew member on an aircraft on a regular scheduled route operated by a recognised airline.

4.2 Temporary Exclusions

Temporary exclusions are exclusions imposed by Us, for a period of four consecutive Policy Years from the Effective Date or last Reinstatement Date, whichever is later (Temporary Exclusion Period). These exclusions are imposed on Pre-Existing Condition(s), which You have disclosed to Us at the time of Your Policy Application or last reinstatement, and which are specified by Us.

We will not reimburse You for medical treatment(s) incurred for the specified Pre-Existing Condition(s), including its associated Illness or Injury, during the Temporary Exclusion Period.

We will reimburse You for medical treatment(s) incurred for the specified Pre-Existing Condition(s), including its associated Illness or Injury, after the end of Temporary Exclusion Period, except where the specified Pre-Existing Condition(s) had relapsed or recurred during the Temporary Exclusion Period and medical treatment was postponed or delayed till after the end of the Temporary Exclusion Period.

4.3 Pre-Existing Conditions

We will not reimburse You for any Eligible Expenses in respect of, or arising from any Pre-Existing Condition under Your Policy unless declared in the Application form, reinstatement form or upgrade form ("Forms") of the Life Assured and We have accepted the conditions without any exclusions.

Any Pre-Existing Condition which is excluded under Sections 4.1 and 4.2 is automatically excluded regardless of whether it was declared and accepted by Us.

Any Pre-Existing Condition that is covered under MediShield Life but excluded under Your Policy, will be provided for under MediShield Life and subject to the terms and conditions as set out by the Act and regulations.

If claims are paid out from MediShield Life, such claims will be added and accumulated to Your Policy Year Limit.

5. YOUR PREMIUMS

Your Certificate of Insurance shows the Effective Date and the Premium amount payable by You.

Your Premium for each subsequent Policy Year is due on each Policy Anniversary (Premium Due Date), and is determined based on Your plan type and the Life Assured's Age Next Birthday on the Premium Due Date. We will send You a notice when Your Premium is due.

We give You 60 days Grace Period from each Premium Due Date to pay Your Premium, and during this Grace Period, Your Policy will stay in force. You must first pay any Premium or other amounts you owe Us before We pay any claim (if Your claim is approved) under Your Policy.

If You fail to pay Your Premium by the end of the Grace Period, Your Policy will be terminated on the Premium Due Date.

We may deduct Your Premium from Your designated MediSave account according to the Act and regulations.

You will need to pay the Premium, or any part of it, by cash if:

- a. The Premium You owe is more than the withdrawal limits on MediSave set by the CPFB;
- b. There are not enough funds in Your designated MediSave account to pay the Premium due; or
- c. The Premium, or part of it, is not taken from Your designated MediSave account for any reason.

6. ADDITIONAL PREMIUM SUPPORT (APS)

Anyone who pays for, or is insured under HSBC Life Shield is not eligible for Additional Premium Support (APS) from the Government.*

If You are currently receiving APS to pay for Your MediShield Life and/or CareShield Life Premiums, and You choose to be insured under this HSBC Life Shield, You will stop receiving APS. This applies even if You are not the person paying for this HSBC Life Shield.

In addition, if You choose to be insured under this HSBC Life Shield, the person paying for HSBC Life Shield will stop receiving APS, if he/she is currently receiving APS.

**APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.*

7. YOUR CLAIMS

We are only responsible to You for the cover and period shown in Your Certificate of Insurance. Your Policy is governed by the terms, conditions and limits of the Benefits Schedule and these General Provisions.

7.1 How do You make a claim?

All claims (except *Pre-Hospitalisation Treatment*, *Post-Hospitalisation Treatment*, *Post-Hospitalisation Psychiatric Treatment*, and *Emergency Overseas Medical Treatment*) must be made and sent to Us through the system set up by MOH (electronic filing) and according to the Act and regulations within 90 days from the Hospital's date of billing or the discharge date of the Life Assured, whichever is later. You must give Us any other documents, authorisations or information We need for assessing the claim.

Depending on the Hospital, You may be required to pay Your Hospital bill(s) in full or partially during Your Hospitalisation. Upon approval of the claim, We will pay directly to the Hospital, and if You had paid Your Hospital bill(s) in full or partially, the Hospital will then make the necessary refund(s) to You.

For claims on Eligible Expenses incurred in Singapore which are not eligible for electronic filing, such as claims for *Pre-Hospitalisation Treatment*, *Post-Hospitalisation Treatment*, or *Post-Hospitalisation Psychiatric Treatment*, You need to complete a claim form and submit this to Us, together with the original final bill(s), within 90 days from the incurred date.

For claims on *Emergency Overseas Medical Treatment*, You must submit the following documents to Us within 90 days from the date of treatment or incurred date:

- i. Claim form;
- ii. Original final bill(s) and receipt(s);
- iii. Inpatient discharge summary report or attending Physician statement, other available medical reports, laboratory test reports; and
- iv. Any other documents We may need to assess Your claims.

Upon approval of the claim, We will reimburse to You, the MediSave account that was used to pay the bill(s), or in the event of Your death or mental incapacity, Your legal representative.

7.2 How will Your claims be paid?

We will compute Your claim in the following order on the Benefits You are eligible for, where applicable:

- a. Eligible Expenses according to the Benefits Schedule;
- b. Pro-Ration Factor;
- c. Limit of the applicable Benefits;
- d. Deductible;
- e. Co-Insurance; and
- f. Policy Year Limit.

We will make payment of the claim subject to the following conditions:

- a. All outstanding Premiums have been paid; and
- b. Your claim amount does not exceed the individual limits under each Benefit of the Policy and the Policy Year Limit. The Policy Year Limit stated in the Benefits Schedule is the maximum amount claimable under the Policy as a whole in respect of the Life Assured during any one Policy Year; and
- c. The claim is approved by Us.

We will reimburse claims according to the terms, conditions and Benefit limits of Your Policy or MediShield Life, whichever is higher. If the Benefits payable under MediShield Life is higher than Your Policy Benefits, We will reimburse the Benefits under MediShield Life.

8. CHANGES TO YOUR POLICY

8.1 What changes can You make to Your Policy?

You may request to upgrade/downgrade Your Policy by writing to Us. The change of Policy is subject to Our consideration and approval and if approved, shall take effect on such date as notified by Us to You.

For an upgrade of Policy, You must declare to Us any Pre-Existing Condition(s) that the Life Assured has developed since the Effective Date. These Pre-Existing Condition(s) must be accepted by Us before they are covered under the terms, conditions, Benefit limits and Policy Year Limit of the upgraded Policy.

For any claims incurred:

- Before the Effective Date of upgrading/downgrading of Benefits for any Illness or Injury; or
- On or after that upgrading/downgrading date which were follow-up medical treatment(s) including medical consultation(s), prescription(s), drug(s) and medicine(s) or further diagnostic investigation(s) and laboratory test(s) of the Life Assured for the same Illness or Injury for which he/she received medical treatment(s) including medical, consultation(s), prescription(s), drug(s) and medicine(s) or further diagnostic investigation(s) and laboratory test(s) or investigation(s) before the upgrading/downgrading date,

Benefits will be payable in accordance with the terms, conditions and Benefit limits of the previous plan prior to that upgrading/downgrading date.

In the event that You cannot afford, or do not wish to continue paying the Premiums for Your Integrated Shield Plan, You can switch to a lower coverage but more affordable plan with Us (if available) or cease Your Integrated Shield Plan. If You are a Singapore Citizen or Permanent Resident, You will continue to be covered by MediShield Life for life without any exclusion, regardless of Your decision on Your Integrated Shield Plan.

8.2 What changes can We make to Your Policy?

We may change the Premiums, Benefits or the terms and conditions of Your Policy at any time. We will inform You in writing 30 days before making any such change(s).

9. GENERAL CONDITIONS

9.1 Territorial cover

We will reimburse You for Hospitalisation claims in Singapore subject to the terms and conditions of Your Policy.

As Your Policy covers *Emergency Overseas Medical Treatment*, in the event that the Life Assured requires medical treatment as a result of an emergency whilst overseas, We will reimburse You the lower of the actual medical expenses incurred, or the Reasonable and Customary Expenses that may be incurred in a Singapore Private or Restructured Hospital for medical treatment necessary for the same Illness or Injury. We will convert the Eligible Expenses denominated in foreign currency to Singapore dollars at the prevailing exchange rate as determined by Us based on the Hospital discharge date of the Life Assured.

9.2 MediShield Life cover

All Singapore Citizens and Singapore Permanent Residents are covered by and enjoy all benefits under MediShield Life. Even if the Life Assured's cover under Your Policy ends, the Life Assured's cover under MediShield Life will continue if he/she is a Singapore Citizen or Singapore Permanent Resident.

9.3 Other Insurance

Your Policy has a last payer status.

If the Life Assured has other medical insurance policies including medical benefits under any employment contract (collectively known as "Other Policies") which allow You to claim for the reimbursement of the Eligible Expenses, You or the Life Assured must first seek reimbursement from these Other Policies before You make a claim from this Policy.

If You have already received payment from Us under this Policy prior to seeking reimbursement under these Other Policies, You must file a claim with the other medical insurer or inform the employer providing the medical benefits, who will reimburse Us their share of the claim We have paid. In addition, You must provide Us with all information and evidence We will require to seek reimbursement for any other medical insurer's share of the claim We have paid.

For every claim, the total reimbursement made to You must not exceed the actual expenses incurred.

We do not pay for any claims where the Eligible Expenses have already been fully paid under these Other Policies or where You have received reimbursement from any other sources.

9.4 Declaration of age, gender or any other details

Full and correct declaration of the Life Assured's personal and health details is important.

If there has been any misstatement or non-disclosure in the declaration of age, gender or any other health or personal details:

- a. We can change the Premiums to reflect the correct details and collect any previously unpaid Premiums or refund any excess Premium paid;
- b. We can change the terms and conditions relating to Your Policy; or
- c. We have the right to cancel the Policy or to not pay out the claims.

9.5 Guaranteed renewability

This Policy is renewable every year, for as long as the Life Assured lives. This is provided the Premiums are paid and the Policy has not been terminated.

The following may have implications on Our guarantee to renew Your Policy:

- a. Misstatement or non-disclosure relating to age, gender, health or personal details;
- b. Any changes to Your Policy; or
- c. Change of citizenship/residence status.

9.6 Non-payment of Premium

Premiums must be paid in full within the 60 days Grace Period for You to be able to enjoy the Benefits under Your Policy. Your Policy will lapse at the end of the Premium Due Date if the Premiums are not paid in full during the Grace Period.

If the Life Assured receives medical treatment for which Eligible Expenses are incurred during the Grace Period and a claim is submitted and there is still an amount of Premium to be paid or the Premium has not been paid yet, We will not pay for any claim(s) submitted (if the claim is approved) until the Premium is paid in full before the end of the Grace Period.

We will send You a notice when Your Policy lapses.

9.7 Currency in use

Unless otherwise stated, all Premiums and Benefits are payable in Singapore dollars.

9.8 Reinstatement of Your Policy

If Your Policy terminates because You have not paid the Premium by the end of the Grace Period, You may apply to Us in writing within 60 days from the date of notice of termination to reinstate Your Policy. Reinstatement is allowed on all of the following conditions being satisfied if Your Policy has lapsed:

- a. The Life Assured must be 75 years old or younger (based on Age Next Birthday) at the time of reinstatement;
- b. You give Us, at Your expense, satisfactory evidence (including a health declaration) of the Life Assured's health;
- c. You pay Us the amount (in Singapore dollars) decided by Us for costs associated with the reinstatement of the Policy; and
- d. You pay back all the unpaid Premiums of Your Policy.

Medical treatment provided to the Life Assured for Illnesses or Injuries between the Date of Termination and Reinstatement Date will not be covered. In addition, any follow-up medical treatment(s), including medical consultations, prescriptions, drugs and medicines, laboratory tests, and diagnostic investigations, relating to the same Illnesses or Injuries occurring between the Date of Termination and Reinstatement Date will not be covered.

Reinstatement is subject to Our approval and may be on terms different from those applicable before Your Policy lapsed.

The Premiums may also be different after reinstatement.

9.9 Termination of Your Policy

We will send a Termination notice when Your Policy terminates due to any reason. All Benefits under Your Policy will terminate when any one of the following happens:

- a. You cancel Your Policy in writing, after the free look period, by giving Us 30 days' notice period;
- b. The Life Assured dies;
- c. Upon commencement of another MediSave-approved Integrated Shield Plan issued by another insurance company covering the Life Assured;
- d. The Life Assured ceases to be a Singapore Citizen or Permanent Resident; or
- e. No Premium is received from You after the Grace Period.

We will refund You or Your legal representative(s) the portion of the unused Premium for the current Policy Year, from the Date of Termination up to the next Policy Anniversary. The amount We refund will be proportionate to the amount We deduct from Your MediSave account and the amount We collect from You in cash (if any).

The Life Assured will continue to be covered under the MediShield Life scheme with the CPF as long as the Life Assured is eligible for it under the Act and regulations.

For c) above, You may reinstate Your Policy without evidence of the Life Assured's health if You notify Us within 30 days from the Date of Termination notice. For the avoidance of doubt, the Life Assured can only be covered under one MediSave-approved Integrated Shield Plan at any one time.

9.10 Change of citizenship/residence status

You must inform Us in writing as soon as possible on any changes to the residence status or citizenship of the Life Assured as this may impact Your Policy.

No claim will be paid out if the Life Assured is a foreigner (non-Singapore Citizen and non-Singapore Permanent Resident).

9.11 Examinations

We shall have the right through Our Physician to examine the Life Assured (if required) during the claim assessment process. In addition, We shall have the right to require a post-mortem examination, where this is not forbidden by law.

9.12 Policy becomes void

We may declare Your Policy void if:

- a. The information given or any written statement You or the Life Assured provided to Us before the Effective Date of the Policy (or at any application for reinstatement) is untrue in any respect; or
- b. Any material fact affecting the risk is incorrectly stated or represented to Us or is omitted from any of the documents You or the Life Assured submitted to Us.

If no claim has been made, We will refund the total Premium paid from Your MediSave account (excluding Premium relating to Your MediShield Life cover) to Your MediSave account with the CPF. In the case where the Premiums were paid by You, We will refund the Premiums to You.

If We have paid any claim previously, We will only refund the Premiums paid excluding Premiums relating to Your MediShield Life cover) for the renewal of Your Policy after the date of the last claim.

We may declare this Policy void if You or the Life Assured make any claim which is fraudulent or exaggerated or if You or the Life Assured make any false declaration or statements in support of any claim. In this case, this Policy will be void immediately and there will be no refund of Premiums.

9.13 Form of Notices

Any request, notice, instruction or correspondence required under this Policy whether to the Company or the Policyholder has to be in writing and will be delivered personally or sent by courier, or by post, or electronic mail addressed to the addressee or by any other means as may be approved or adopted or accepted by the Company. For the Policyholder, the mailing address is that stated in the proposal or any other address that the Policyholder has informed the Company in writing.

The Company's notice, request, instruction or communication is presumed to be received:

- a. In the case of a letter, on the 7th day after posting if posted locally, and on the 14th day after posting if posted overseas;
- b. In the case of personal delivery or delivery by courier, on the day of delivery;
- c. In the case of electronic mail, on the business day immediately following the day of dispatch; and
- d. In the case of other means as approved, adopted or accepted by the Company, as and when the Company decides when it is reasonable to be received.

9.14 Governing Law

Your Policy shall be governed by and interpreted according to the laws of the Republic of Singapore.

9.15 Legal Proceedings

No action in law or equity shall be brought under the Policy until after the expiration of 60 days from the date a satisfactory proof of claim has been furnished to Us according to the terms and conditions of this Policy.

9.16 Dispute Resolution

All disputes arising out of this Policy may be submitted to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) for settlement by mediation and/or adjudication in accordance with the mediation and/or adjudication procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation and/or adjudication in good faith and undertake to honour the terms of any settlement reached.

If any dispute is not referred to FIDREC or if mediation and adjudication fails in FIDREC, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre.

The arbitration shall be in English and heard by a single arbitrator to be agreed by the parties within fourteen days from the notice of arbitration failing which the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Rules (as may be amended from time to time).

Where any dispute is by this condition to be referred to arbitration, the making of an award shall be binding to You and Us.

9.17 Source of Funds; No Money Laundering; No Tax Evasion

You represent, warrant and certify to Us that (i) all amounts invested in this Policy, contract or product have been or will be properly declared to relevant tax authorities in the jurisdiction of Your tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

9.18 Breach of Representations; Insurer Right To Decline; Right To Freeze Refund Amount

You acknowledge that in the event of a violation of the foregoing representation and warranty, You hereby expressly acknowledge and agree that We shall, to the fullest extent permitted by applicable law and regulation, have the right to:

- a. Terminate this Policy, contract or product immediately;
- b. Notwithstanding the actual Date of Termination pursuant to clause 9.18a, impose any charges imposable on You under this Policy, contract or product;
- c. Notify relevant governmental authorities and furnish all information deemed necessary or appropriate, in Our entire discretion, concerning You and/or this Policy, contract or product; and
- d. If deemed appropriate after consultation with governmental authorities and legal counsel, either (a) refund to You Premiums and other amounts paid to Us through the date of such termination less applicable charges in accordance with clause 9.18b above (Refund Amount), or (b) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as competent governmental authorities may request or require.

9.19 Policy of Co-operating with Tax and Other Governmental Authorities; Consent to Disclose Information to Tax and Other Governmental Authorities

HSBC Life has a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where You are not a tax resident of the jurisdiction in which this Policy is issued, We may disclose to Your home country's tax and/or other governmental authorities Your identity and Your beneficiaries and certain information concerning this Policy or contract and You hereby consent and agree that We may, in Our discretion, make such disclosure.

9.20 Sanctions

Under no circumstances shall this Policy be deemed to provide cover and no liability be incurred to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Singapore. If a potential breach is discovered, where possible We will advise You in writing as soon as We can.

9.21 Provision of Policyholder Information

You must:

- i. when You apply to take out this Policy, as a condition of its issue to You, and from time to time during this Policy when We require You to do so, provide Us with the Policyholder Information about Yourself;
- ii. provide Us with such supporting documentation for and certification of Policyholder Information as We may require;

- iii. where there is any change in Policyholder Information already provided to Us (including any change in the residency, citizenship or tax status of a Policyholder), notify Us immediately of this in writing and provide Us with such information, documentation and certification in that regard as We may require;
- iv. where there is a change in Policyholder, if applicable, immediately provide to Us the Policyholder Information for the new Policyholder (and where You propose that change, for example by notifying Us that You want to assign Your rights under this Policy or nominate a new beneficiary, You must provide Us with the Policyholder Information on the new Policyholder as a condition to Our agreeing that change); and
- v. complete and sign such documents and take such actions, as We may reasonably require from time to time to enable Us to comply with Our regulatory obligations in respect of this Policy.

9.22 Policy Owners' Protection Scheme

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for Your Policy is automatic and no further action is required from You. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

10. GENERAL DEFINITIONS

The following are definitions of words and expressions used in Your Policy, unless otherwise stated.

10.1 Accident

An event which is sudden, unforeseen, unexpected and independent of any other causes that results in the Life Assured's bodily Injury. All Illnesses are excluded.

10.2 Act and regulations

Act means the MediShield Life Scheme Act (Act No. 4 of 2015), as amended, extended or re-enacted from time to time, and regulations in relation to the Act, as amended, extended or re-enacted from time to time.

10.3 Application

The information provided by or on behalf of You and/or the Life Assured to purchase this Policy from Us. This includes any medical examination forms, supplementary questionnaires and correspondences containing information, which We relied or may rely on before deciding whether to insure the Life Assured.

10.4 Benefit(s)

The benefits set out in the Benefits Schedule and Your Policy.

10.5 Cancer Drug List

The list of clinically proven and more cost-effective cancer drug treatments published on MOH's website (<https://go.gov.sg/moh-cancerdruglist>). Outpatient cancer drug treatments are only claimable under Your Policy if used according to the clinical indications specified in the CDL, unless otherwise stated in Your Policy. MOH may update the CDL from time to time.

10.6 Certificate of Insurance

The certificate issued to You with details of Your Policy such as the Effective Date, name of the Life Assured, Premium amount payable and plan type chosen.

10.7 Co-Insurance

The amount that You need to co-pay after the Deductible is applied. This is determined by applying the relevant Co-Insurance percentage to Your claim amount after subtracting the Deductible amount applicable. Co-Insurance

percentages are shown in the Benefits Schedule of Your Policy. Co-Insurance applies to all claims made under Your Policy.

10.8 Community Hospital

Any approved Community Hospitals by MOH under the CPF Act, any subsidiary legislation under the CPF Act as amended, extended or re-enacted from time to time, to provide an intermediate level of care for individuals who have illnesses and/or injuries and do not require Specialist medical treatment and nursing care.

For the avoidance of doubt, Community Hospitals do not include alcoholic, drug rehabilitation or substance abuse treatment centres or similar establishments, clinics, convalescent, nursing or rest centres/homes, hospices, spas or hydroclinics or similar establishments.

10.9 CPF Act

CPF Act means the Central Provident Fund Act (Cap. 36), as amended, extended or re-enacted from time to time.

10.10 CPFB

The Central Provident Fund Board established under the Central Provident Fund Act (Cap.36).

10.11 Date of Termination

The date on which all Benefits under Your Policy ceases.

10.12 Day Surgery Centre/Specialist Clinic

Any licensed approved Day Surgery Centre/Specialist Clinic in Singapore by MOH as defined in the CPF Act, any subsidiary legislation under the CPF Act as amended, extended or re-enacted from time to time. Day Surgery Centre does not include Dental Day Surgery Centre/Dental Specialist Clinic.

10.13 Deductible

The part of the claim payable by You before We pay any claim under Your Policy. The Deductible does not apply to claims for *Outpatient Treatments* in the Benefits Schedule of Your Policy.

10.14 Effective Date

The start of the insurance coverage under Your Policy.

10.15 Eligible Expenses

This refers to all of the following:

- Expenses incurred and charged for Medically Necessary treatment provided to the Life Assured for Illness or Injury during the Policy Year, including expenses incurred and charged for investigating or ruling out (excluding) any Illness or Injury in a symptomatic individual or in an individual with medical indications;
- Includes Goods and Services Tax (GST) but exclude any other government taxes payable on such expenses;
- Limited to the Reasonable and Customary charges for such Expenses; and
- Subject to the plan type and corresponding limits as stated in the Benefits Schedule.

10.16 Emergency Overseas Medical Treatment

Emergency Overseas Medical Treatment means Hospitalisation and/or Surgery (as defined in this Policy) received within 24 hours of an occurrence of a sudden or unexpected Illness or Injury while the Life Assured is overseas to avoid either one or both of the following:

- a. Death due to Serious Illnesses or Injuries; or
- b. Serious impairment to the Life Assured's health.

10.17 Grace Period

There is a Grace Period of 60 days from the Premium Due Date (except for payment of the first Premium) to pay Your Premium. Your Policy continues to be in force during the Grace Period. Any claim incurred during this period will not be approved until the Premium has been paid.

10.18 HIV/AIDS

- i. The definition of AIDS shall be that used by the WHO in 1987, or any subsequent revision by the WHO of that definition;
- ii. Infection shall be deemed to have occurred where blood or other relevant tests indicate in Our opinion either the presence of any HIV or antibodies to such a virus;
- iii. HIV Due To Blood Transfusion means infection with HIV as a result of a blood transfusion as long as all of the following conditions are met:
 - The blood transfusion is necessary medical treatment;
 - The blood transfusion was received in Singapore on or after the Commencement Date or last Reinstatement Date, whichever is later;
 - The source of infection is from the Hospital that gave the blood transfusion;
 - The cause of HIV is the blood provided by the Hospital that gave the blood transfusion; and
 - The Life Assured does not suffer from thalassemia major or haemophilia.
- iv. Occupationally Acquired HIV means infection with HIV which resulted from an incident which happened on or after the Commencement Date or the last Reinstatement Date, whichever is later, while the Life Assured was carrying out their job. However, You must give Us satisfactory proof of all the following:
 - You must report the incident giving rise to the HIV infection to Us within 30 days of the incident;
 - We need proof that the incident was the cause of the HIV infection;
 - We also need proof that the Life Assured has changed from HIV negative to HIV positive during the 180 days after the reported incident. This proof must include a negative HIV antibody test carried out within 5 days of the incident; and
 - The incident happened while the Life Assured was carrying out their normal professional duties in Singapore as a medical practitioner, houseman, medical student, state registered nurse, medical laboratory technician, dentist, dental surgeon, dental nurse or paramedical worker working in a Hospital or in a licensed medical centre or clinic in Singapore.

10.19 Hospital

An establishment which is a:

- Restructured Hospital;
- Private Hospital;
- Day Surgery Centre; or
- Specialist Clinic.

For the avoidance of doubt, the term “Hospital” does not refer to alcoholic, drug rehabilitation or substance abuse treatment centres or similar establishments, clinics, Community Hospitals, convalescent, nursing or rest centres/homes, hospices, spas or hydroclinics or similar establishments.

Any Hospital overseas (outside Singapore) must be recognised by Us as being equivalent in status.

10.20 Hospitalised/Hospitalisation

This means:

- a. Any continuous period of Hospitalisation for which a daily room and board charge is incurred for medical treatment as an inpatient;
- b. Admission into a Short Stay Ward for medical treatment, diagnostic investigations and laboratory tests, or observation at the Accident and Emergency Department in a Hospital; or
- c. Admission of any duration in a Hospital which is lawfully operated in Singapore, approved under the MediShield Life scheme and accredited by MOH, for the purpose of a Surgical Procedure.

10.21 HOTA

HOTA means the Human Organ Transplant Act (Cap. 131A), as amended, extended or re-enacted from time to time.

10.22 Illness/Illnesses

A medical condition affecting body or mind.

10.23 Immediate Family

Any of the following people, related to the Policyholder or Life Assured by blood, marriage or adoption:

- Parents and parents-in-law;
- Siblings and brothers-in-law and sisters-in-law;
- Spouse;
- Children; and
- Grandparents.

10.24 Injury/Injuries

Damage of bodily tissues caused directly by an Accident and is not sustained as a result of an Illness.

10.25 Inpatient Palliative Care Provider

Any “approved in-patient palliative care institution” as defined in the Act and regulations.

10.26 Life Assured

The person whose life is insured under Your Policy and as named in the Certificate of Insurance.

10.27 Medically Necessary

This refers to all of the following:

- a. Reasonable and Customary medical services, medical treatments, diagnostic investigations and laboratory tests, medical expenses and/or medical supplies provided and which are consistent with the diagnosis for a covered Illness or Injury or to rule out/exclude any Illness or Injury in a symptomatic individual or in an individual with medical indications;
- b. In the professional opinion of a Physician in the relevant field of Medicine, is appropriate and consistent with the signs and symptoms, findings, diagnosis and other relevant clinical circumstances of the Illness or Injury and reduces the negative effect of the Illness or Injury on the Life Assured's health;
- c. In accordance with generally accepted standards of good medical practices, consistent with current standards of professional medical care, and proven medical benefits;
- d. Not for the convenience of the Life Assured or the Physician and unable to be reasonably rendered out of a Hospital or Community Hospital or similar establishments;
- e. Not of research nature including but not limited to, experimental/pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device

Regulation and Medical Trials for medicinal products whether or not these trials have a clinical trial certificate issued by the HSA; and

- f. Not for primary prevention such as medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, (e.g., general medical/health screening packages, general physical check-ups, vaccinations, etc.), screening or health enhancement (including, but not limited to, dietary replacement or supplement) in purpose.

10.28 MediShield Life

A basic health insurance plan operated by the CPFB, and governed by the Act and regulations, which is targeted at coverage for subsidised Hospitalisation and costly outpatient treatment.

10.29 Normal Ward

Accommodation in a Hospital including meals and general nursing during Hospitalisation. This includes HDU. For accommodation in deluxe rooms, luxury suites, VIP rooms or other special rooms that are available in the Hospital, Normal Ward will refer to the equivalent for a standard room in the Hospital.

10.30 Physician(s)

A person who, is recognised by Us, has the primary degrees in the practice of Medicine and Surgery following attendance at and graduation from a recognised medical school and who is licensed to practice western medicine by the relevant licensing authority where the treatment is given.

By 'recognised medical school' we mean "a medical school which is listed in the current World Directory of Medical Schools published by the WHO".

This would also include, when appropriate:

- a. A qualified and licensed Dental Practitioner or surgeon by a degree in Dentistry and duly licensed and registered with the relevant statutory dental board or council in the geographical area of his/her practice to provide dental treatments and dental procedures; and
- b. A qualified and licensed Specialist, accredited by the Specialist Accreditation Board and registered with the Registry of Specialist, maintained by the Singapore Medical Council, to practice in a specific field of Medicine and Surgery in the geographical area of his/her practice.

This cannot be You, the Life Assured or Immediate Family members, business partners, employers, or employees of either You or the Life Assured.

10.31 Policy Anniversary

Each anniversary of the Policy Effective Date.

10.32 Policy Year

A period of 365 days following the Effective Date or subsequent Renewal date of the insurance cover under Your Policy.

10.33 Policy Year Limit

The Policy Year Limit stated in the Benefits Schedule is the maximum amount claimable under the Policy by the Life Assured during any one Policy Year. For claims relating to *Pre-Hospitalisation Treatment* and *Post-Hospitalisation Treatment*, the Policy Year Limit will be based on the Policy Year in which the Life Assured is Hospitalised in a Hospital or underwent a Day Surgical Procedure.

Calculation of Policy Year Limit for HSBC Life Shield Plan A is as follows:

The Policy Year Limit is \$2,500,000 if all claims admitted by Us in a Policy Year have met the following conditions:

- (i) Life Assured is treated by HSBC Life Panel of Specialists during Life Assured's Hospitalisation, Day Surgical Procedure or Outpatient Treatment; and/or
- (ii) Life Assured is treated at a Restructured Hospital or a Community Hospital regardless of ward type.

The Policy Year Limit is capped at \$1,000,000, if at any point in time during the same Policy Year, the Life Assured is treated by a non-Panel Specialist or Panel Specialist who is no longer in HSBC Life Panel of Specialists at the time of treatment. This is regardless whether the Life Assured was previously treated at a Restructured Hospital, Community Hospital or by a Panel Specialist in a Private Hospital or at a private Day Surgery Centre.

"HSBC Life Panel of Specialists" refers to Our team of Panel Specialists operating in Singapore, such list as approved and may be amended by Us at Our discretion from time to time. Please refer to HSBC Life website or HSBC Life SG application for the latest updates of Our Panel Specialists.

10.34 Policyholder Information

Policyholder Information means the information about Policyholders:

- a. where the Policyholder is an individual, their name, date and place of birth, residential address, mailing address, contact information (including telephone number), NRIC or Passport number, U.S. taxpayer identification number (if applicable), U.S. social security number (if applicable), citizenships, residency, tax residency and details of any other tax regime to which they are subject or in respect of which they have any tax reporting or tax payment obligations; and
- b. where the Policyholder is a corporate or other entity, its full name, date and place of incorporation or formation, registered address, address of place of business, U.S. taxpayer identification number (if applicable), tax status, tax residency and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations and such other information as We may reasonably require about each of the Policyholder's shareholders or controlling persons.

10.35 Pre-Existing Condition(s)

Any Illness or Injury existing before the Effective Date; the last Reinstatement Date or the last upgrade date of this Policy, whichever is later, for which the Life Assured:

- a. Is diagnosed, undergone Hospitalisation or Surgical Procedure;
- b. Has sought or received prescriptions, drugs, medicines, medical advice or treatment, diagnostic investigations and laboratory tests;
- c. Should reasonably, in Our opinion, have known about; or
- d. Has experienced signs and symptoms even if the Life Assured has not sought or received prescriptions, drugs and medicines, medical advice or treatment, diagnostic investigations and laboratory tests from a Physician.

For the avoidance of doubt, any Pre-Existing Condition is excluded under Your Policy unless declared in the Application form, reinstatement form or upgrade form (Forms) of the Life Assured and We have accepted the above Forms without any exclusions.

10.35 Premium(s)

The amount to be paid by You to enjoy the Benefits under Your Policy.

10.36 Private Hospital(s)

Any licensed approved Private Hospitals by MOH in Singapore as defined in the CPF Act, any subsidiary legislation under the CPF Act as amended, extended or re-enacted from time to time, and is not a Restructured Hospital.

10.37 Private Medical Institution

This refers to any licensed private clinic or medical centre in Singapore.

10.38 Pro-Ration Factor

Pro-Ration Factors will apply if the Life Assured is Hospitalised in a higher class ward than the Hospital class ward entitlement under Your Policy.

Pro-Ration Factor is applied to reduce the Eligible Expenses for *Inpatient Treatments*, *Outpatient Treatments* and *Additional Benefits* as set out in the Benefits Schedule, in determining of the Benefits payable to You.

Please refer to the Benefits Schedule for exact Pro-Ration Factors.

10.39 Psychiatric Treatment

Psychiatric Treatment provided to the Life Assured by a Physician qualified to provide that Psychiatric Treatment during Hospitalisation including *Post-Hospitalisation Psychiatric Treatment*.

For the avoidance of doubt, all Benefit(s) payable for Psychiatric treatment are accumulated and paid up to the limit for Psychiatric Treatment as provided in the Benefits Schedule.

10.40 Qualified Physiotherapist

A person who, is recognised by Us, has the primary degree in the practice of Physiotherapy, licensed to practice Physiotherapy under the Allied Health Professions Act 2011 of Singapore, and, is registered to have the relevant qualification in Physiotherapy with the Allied Health Professions Council (AHPC) in Singapore.

This cannot be You, the Life Assured or Immediate Family members, business partners, employers, or employees of either You or the Life Assured.

10.41 Reasonable and Customary Expenses

This refers to charges for medical care which shall be considered by Us or by Our medical advisers to be Reasonable and Customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment.

We will base that calculation on a combination of Our global experience, statistical information provided by local health authoritative body and information collected from medical Specialists and surgeons practicing in the country or area where the treatment is received.

For the avoidance of doubt when comparing treatment, We will take into account the complexity of the procedure and the standard of the medical facility where the treatment is received.

If the charges are higher than is customary, We will only pay the amount which is, in Our experience, customarily charged and You will have to pay the rest. If Your treatment requires more than one Specialist or surgeon present at the same operative (surgical) session, We shall review the medical necessity in the management of such surgical problem or Medical Condition in terms of the different trained skills and complexity of the services provided as an identification for Us to cover the total services. No additional benefits or cost is payable for surgical assistants.

For medical treatment and services incurred in Singapore, We shall also reference the guidelines and published fee benchmarks provided by MOH, as well as Our internal claims data. In the event that the particular eligible treatment or service is not stated on the MOH published fee benchmark, We reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of two or more Physicians in the same specialty for the same surgical intervention or treatment. In the event of any differences in opinions between Our medical advisers or Physicians and Your Physicians, Our medical advisers or Physicians opinion shall prevail.

10.42 Reinstatement Date

The date on which We approve Your application for reinstatement or when We receive any outstanding Premium, whichever is later.

10.43 Restructured Hospital

Any licensed approved Restructured Hospital by MOH in Singapore, as defined in the CPF Act, any subsidiary legislation under the CPF Act as amended, extended or re-enacted from time to time, and is not a Private Hospital.

10.44 Serious Illnesses

- a. Blood disorder;
- b. Cancer;
- c. Cerebrovascular Accidents (stroke);
- d. Chronic liver cirrhosis;
- e. Chronic obstructive lung disease;
- f. Chronic kidney disease, including kidney failure;
- g. Coronary artery disease;
- h. Degenerative disease;
- i. Ischaemic heart disease;
- j. Rheumatic heart disease;
- k. Systemic lupus erythematosus; and
- l. Any Illness, disorder or condition which is life-threatening or terminal.

10.45 Short Stay Ward

A ward where emergency department patients stay up to 24 hours for observation to allow the Physician to decide whether the patient is fit for discharge or should be Hospitalised in a Hospital as an inpatient.

10.46 Surgical Procedure

Charges that the Life Assured has to pay for surgery (including Day Surgical Procedure) in a Hospital by a Physician including:

- Surgeon's fees;
- Anaesthetic fees; and
- Other fees and charges including Hospital's operating theatre and facilities.

Any Surgical Procedure not listed in MOH's "Table of Surgical Procedures" Table 1 to 7 as at the date of the Surgical Procedure is not covered.

10.47 Waiting Period

The period of time that applies to specific Benefits under the Policy as set out in the Benefits Schedule. The period of time starts from:

- The Effective Date; or
- The last Reinstatement Date,

whichever is later.