

## AXA Shield Benefits Schedule (applicable to Plan A and Plan B)

Benefit Parameters	AXA Shield Plan A	AXA 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		
<b>Inpatient Treatments</b>				
Daily Ward and Treatment Charges	As Charged	As Charged		
Intensive Care Unit (ICU) and Treatment Charges				
Hospitalisation in a Short Stay Ward				
Hospitalisation in a Community Hospital	Up to 45 days per Hospitalisation	Up to 45 days per Hospitalisation		
Inpatient Psychiatric Treatment	Up to \$5,000, capped at 35 days per Policy Year	Up to \$4,000, capped at 35 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				
<b>Outpatient Treatments</b>				
Cancer Treatment:			As Charged	As Charged
- Chemotherapy for Cancer				
- Stereotactic Radiotherapy for Cancer				
- Immunotherapy for Cancer				
- Radiotherapy (per session) - External or Superficial - Brachytherapy with or without external				
Kidney Dialysis Treatment				
Erythropoietin for Chronic Renal Failure				
Immunosuppressant for Organ Transplant				

Benefit Parameters	AXA Shield Plan A	AXA Shield Plan B
	(Payout includes MediShield Life payout)	
<b>Additional Benefits</b>		
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 Benefit	As Charged	As Charged
Inpatient Pregnancy Complications Benefit	As Charged (after a waiting period of 300 days)	As Charged (after a waiting period of 300 days)
Inpatient Congenital Abnormalities Benefit 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 Benefit	As Charged pegged to Reasonable and Customary charges of Singapore Private Hospitals	As Charged pegged to Reasonable and Customary charges of Singapore Restructured Hospitals
<b>Maximum Limits</b>		
Policy Year Limit	\$1,000,000	\$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

Benefit Parameters	AXA Shield Plan A	AXA Shield Plan B
	(Payout includes MediShield Life payout)	
<b>Pro-ration Factors</b>		
- Class C	100%	100%
- Class B2		
- Class B2+		
- Class B1		
- Class A		
- Private Hospital		70%
- Subsidised Community Hospital		100%
- Unsubsidised Community Hospital		100%
- Subsidised Day Surgical Procedure		100%
- Unsubsidised Day Surgical Procedure in Restructured Hospital		100%
- Private Hospital Day Surgical Procedure		70%
- Subsidised Short Stay Ward		100%
- Unsubsidised Short Stay Ward in Restructured Hospital		
- Subsidised Outpatient Treatment		
- Unsubsidised Outpatient Treatment in Restructured Hospital		100%
- Outpatient Treatment in Private Hospital/Clinic	70%	
<b>Deductible</b>		
	For ages 80 and below, as of age next birthday	For ages 80 and below, 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 Wards	\$3,000	\$3,000
- Unsubsidised Day Surgical Procedure in Restructured/Private Hospital	\$3,000	\$3,000
- Unsubsidised Short Stay Wards in Restructured Hospital	\$3,000	\$3,000
	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 Wards	\$4,500	\$4,500
- Unsubsidised Day Surgical Procedure in Restructured/Private Hospital	\$4,500	\$4,500
- Unsubsidised Short Stay Wards in Restructured Hospital	\$4,500	\$4,500

Benefit Parameters	AXA Shield Plan A	AXA Shield Plan B
	(Payout includes MediShield Life payout)	
<b>Co-insurance</b>		
Inpatient and Outpatient Treatments	10%	10%

# AXA Shield General Provisions (applicable to Plan A and Plan B)

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## 1. YOUR POLICY

This is Your AXA 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 AXA Insurance 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, Ours, Company, AXA, will mean:  
AXA Insurance Pte Ltd
- You, Your, Yours, 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 (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 Premiums 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 AXA 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 Daily Ward and Treatment Charges?

If the Life Assured is Hospitalised in a Hospital as a result of Injury or Illness, We will reimburse You for the daily Normal Ward charges and treatment charges as charged by the Hospital. This includes High Dependency Unit stay(s) (HDU).

If the Life Assured stays in a deluxe room, luxury suite, VIP room or other special room of a Hospital, We will reimburse You for the equivalent daily charges and treatment charges for a standard room in the Hospital.

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.

##### b. What do We cover under Intensive Care Unit (ICU) and Treatment Charges?

If the Life Assured is Hospitalised in an Intensive Care Unit (ICU) ward as a result of Injury or Illness, We will reimburse You for the daily ICU ward charges and treatment charges as charged by the Hospital.

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 for Hospitalisation in a Short Stay Ward?

We will reimburse You for the ward and treatment charges. 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.

##### d. What do We cover under Hospitalisation in a Community Hospital?

We will reimburse You for the Eligible Expenses incurred for Hospitalisation in a Community Hospital as a result of Injury or Illness, 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. A referral must have been made by the Life Assured's attending Physician from the Hospital where the Life Assured received *Inpatient Treatments*; and
- ii. *Hospitalisation in a Community Hospital* must immediately follow discharge from the Hospital where the Life Assured received *Inpatient Treatments*; and

- iii. Such *Hospitalisation in a Community Hospital* arises from the same Injury or Illness that resulted in the Life Assured's *Inpatient Treatments* at the Hospital.

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.

**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 35 days per Policy Year during the period the Life Assured is Hospitalised to receive Psychiatric Treatment. This will be subject to the Benefit limits stated in the Benefits Schedule for *Inpatient Psychiatric Treatment*.

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

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.

**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 Injury or Illness. Charges include surgeon's fees, anaesthetist's fees, Hospital's operating theatre and facilities fees.

Any Surgical Procedures not listed in MOH's surgical operation fees 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, Accidental Inpatient Dental Treatment Benefit, Inpatient Pregnancy Complications Benefit, Inpatient Congenital Abnormalities Benefit 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 Benefit*.

**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 Injury or Illness 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 Injury or Illness.

**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 from a cadaveric (deceased) donor but not 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 organs 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 approved under MediShield Life or related parts of such organ 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 organ;
- ii. Any Surgical Procedures to remove the organ 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 to be transplanted;
- iv. Any counselling provided by medical social workers to the donor's family in connection with the donation of his organ; and
- v. The storage and transport of the organ.

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 approved from time to time under MediShield Life or related parts of such organ from non-living human organ donor for organ transplant are expressly excluded.

**j. What do We cover for Stem Cell Transplant?**

In the event of a *Stem Cell Transplant* performed by a Physician as a result of Injury or Illness, we shall reimburse You for the Eligible Expenses incurred for 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.

### 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 Treatment?**

We will reimburse You for the Eligible Expenses incurred for *Outpatient Cancer Treatments* 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 *Outpatient Cancer Treatments* which are eligible for reimbursement are:

- i. *Chemotherapy for Cancer;*
- ii. *Stereotactic Radiotherapy for Cancer;*
- iii. *Radiotherapy (per session)*
  - *External or Superficial*
  - *Brachytherapy with or without external; and*
- iv. *Immunotherapy for Cancer.*

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 *Outpatient Cancer Treatments*. Such Eligible Expenses should be incurred within 30 days

before the *Outpatient Cancer Treatments*. Any further expenses incurred after the last *Outpatient Cancer Treatment* are not covered.

**b. What do We cover for Kidney Dialysis Treatment?**

We will reimburse You for the Eligible Expenses incurred for the following:

- *Outpatient Kidney Dialysis Treatment* received at a Medisave/MediShield Life accredited dialysis clinic or centre or Hospital for treatments of chronic kidney disease or renal failure diagnosed by a Physician;
- 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.
- 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.

**c. What do We cover for Erythropoietin for Chronic Renal Failure Treatment?**

We will reimburse You for the Eligible Expenses incurred for the following:

- *Outpatient Erythropoietin for Chronic Renal Failure Treatment* received at a Medisave/MediShield Life accredited dialysis clinic or centre or Hospital for treatments of chronic kidney disease or renal failure diagnosed by a Physician;
- 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 Renal Failure Treatment*. Such Eligible Expenses must be incurred within 30 days before the *Outpatient Erythropoietin for Chronic Renal Failure Treatment*. Any Eligible Expenses incurred after the last *Outpatient Erythropoietin for Chronic Renal Failure Treatment* is not covered.

**d. What do We cover for Approved Immunosuppressant for Organ Transplant?**

We will reimburse You for the Eligible Expenses incurred for *Approved Immunosuppressant* 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 Immunosuppressant* prescribed for organ transplant can be paid out.

The *Immunosuppressant(s)* must be approved by MOH for organ transplant, as well as approved under the Health Sciences Authority.

**3.3 Additional Benefits**

The following Benefits are subject to Pro-Ration Factor, Deductible and Co-Insurance, and Benefit limits 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 Injury or Illness. *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 Benefit;*
- *Emergency Overseas Medical Treatment Benefit;*

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

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

Such Eligible Expenses must be directly related to the treatment of an Injury or Illness for which the Life Assured was Hospitalised and includes:

- i. Physician's consultation fees, medical services, prescriptions, drugs and medicines;
- ii. Diagnostic examinations and laboratory tests ordered by the Physician;
- iii. 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 date of Surgical Procedure 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 Benefit;*
- *Emergency Overseas Medical Treatment Benefit;*

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

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

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

We do not cover *Post-Hospitalisation Psychiatric Treatment* received after *Hospitalisation in a Short Stay Ward* or *Hospitalisation in a Community Hospital*.

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

We will reimburse You for the Eligible Expenses incurred for *Inpatient Dental Treatment* including Surgical Procedures 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* Benefit.

**e. What do We cover for Inpatient Pregnancy Complications Benefit?**

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.

- Ectopic pregnancy;
- Pre-eclampsia and eclampsia;
- Disseminated intravascular coagulation diagnosed by an obstetrician;

- 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;
- Fatty liver during pregnancy;
- Amniotic fluid embolism;
- Abruptio placentae; and
- Postpartum haemorrhage requiring hysterectomy.

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

We will reimburse You for the Eligible Expenses incurred for *Inpatient Congenital Abnormalities* Benefit. 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 presented 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, up to the Benefit limits stated in the Benefits Schedule. Any such transplant 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 presented 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 living donor who is not the Life Assured under Your Policy to remove his kidney or a part of his 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
- 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 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; and
- iii. Counselling provided to the living organ donor's family before or after an organ has been donated.

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 Benefit?**

We will reimburse You for the Eligible Expenses incurred for medical treatment received outside Singapore as a result of an emergency only.

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.

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 currency according to the prevailing exchange rates as determined by Us based on the Hospital discharge date of the Life Assured.

**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 presented within 365 days from the Effective Date or last Reinstatement Date, except where expressly covered by the *Inpatient Congenital Abnormalities* Benefit for Life Assured under the *Additional Benefits* of Your Policy;
- d. Treatment arising from pregnancy, miscarriages, abortion, childbirth, except where expressly covered by the *Inpatient Pregnancy Complications Benefit* 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;
- 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 Immune Deficiency 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, physical, psychological, learning, educational, behavioral and psychiatric problems, disorders and developments, except where expressly covered by the *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 Injury or Illness 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 (except where expressly covered by the *Accidental Inpatient Dental Treatment Benefit* under the *Additional Benefits* of Your Policy);
- 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, health or medical checkup or any other diagnostic examinations and laboratory tests not ordered by a Physician, or not related to the treatment or diagnosis of an Injury or Illness including health supplements, dietary replacements, or non-prescribed drugs and medicine;
- 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 the *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 the *Major Organ Transplant* under the *Inpatient Treatments* of Your Policy);
- w. Overseas (outside Singapore) medical treatment or Hospitalisation (except where expressly covered by the *Emergency Overseas Medical Treatment Benefit* 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;
- 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 an investigational or 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 Health Sciences Authority;
- ee. 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 4 (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 CPF; or
- 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. 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.

### 6.1 How do You make a claim?

All claims (except *Pre-Hospitalisation Treatment*, *Post-Hospitalisation Treatment*, *Post-Hospitalisation Psychiatric Treatment*, and *Emergency Overseas Medical Treatment Benefit*) must be made and sent to Us through the system set up by MOH (electronic filing) and according to the Act and regulations. 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.

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.

For claims on *Emergency Overseas Medical Treatment Benefit*, 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.



## 6.2 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 (1) Policy Year; and
- c. The claims is approved by Us.

All claims (except claims on *Pre-Hospitalisation Treatment, Post-Hospitalisation Treatment, Post-Hospitalisation Psychiatric Treatment* and *Emergency Overseas Medical Treatment Benefit*) 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.

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.

## 7. CHANGES TO YOUR POLICY

### 7.1 What changes can You make to Your Policy?

You may request to upgrade/downgrade Your Plan by writing to Us. The change of plan 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 plan, 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 plan.

For any claims incurred:

- Before the Effective Date of upgrading/downgrading of Benefits for any Injury or Illness; 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 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.

### 7.2 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).

## **8. GENERAL CONDITIONS**

### **8.1 Territorial cover**

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

If 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 Hospital for medical treatment necessary for the same Illness or Injury. We will convert the Eligible Expenses denominated in foreign currency to Singapore currency at the prevailing exchange rate as determined by Us based on the Hospital discharge date of the Life Assured.

### **8.2 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 is a Singapore Citizen or Singapore Permanent Resident.

### **8.3 Other Insurance**

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.

### **8.4 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 term and conditions relating to Your Policy; or
- a. We have the right to cancel the Policy or to not pay out the claims.

### **8.5 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; or
- b. Any changes to Your Policy; or
- c. Change of citizenship/residence status.

## 8.6 Non-payment of Premium

Premiums must be paid in full within the Grace Period (60 days) 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.

## 8.7 Currency in use

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

## 8.8 Reinstatement of 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; and
- b. You give Us, at Your expense, satisfactory evidence (including a health declaration) of the Life Assured's health; and
- 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.

## 8.9 Termination of 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; or
- b. The Life Assured dies; or
- c. Upon commencement of another Medisave-approved Integrated Shield Plan issued by another insurance company covering the Life Assured; or
- 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 (1) Medisave-approved Integrated Shield Plan at any one time.

### **8.10 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).

### **8.11 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.

### **8.12 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.

### **8.13 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 when the Company decides when it is reasonable to be received.

### **8.14 Governing Law**

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

### **8.15 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.

### **8.16 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 honor 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 (14) 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 maybe 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.

### **8.17 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.

### **8.18 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 8.18a, 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 8.18b 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.

### **8.19 Policy of Co-operating With Tax and Other Governmental Authorities; Consent to Disclose Information to Tax and Other Governmental Authorities**

We and AXA Group have 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.

### **8.20 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.

## 8.21 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.

## 8.22 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 LIA or SDIC web-sites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## 9. GENERAL DEFINITIONS

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

### 9.1. 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.

### 9.2. 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.

### 9.3. 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.

### 9.4. Benefit(s)

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

### 9.5. 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.

### 9.6. 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.

### 9.7. Community Hospital

Any approved Community Hospitals under the CPF Act, any subsidiary legislation under the CPF Act as amended, extended or re-enacted from time to time, and MOH, 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 centers or similar establishments, clinics, convalescent, nursing or rest Centers or Homes, Hospices, Spas or Hydroclinics or similar establishments.

### 9.8. CPF Act

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

### 9.9. CPF Board

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

### 9.10. Date of Termination

The date on which all Benefits under Your Policy ceases.

### 9.11. Deductible

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

### 9.12. Day Surgery Centre/Specialist Clinic

Any licensed approved Day Surgery Centre/Specialist Clinic 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 MOH. Day Surgery Centre does not include Dental Day Surgery Centre/Dental Specialist Clinic.

### 9.13. Effective Date

The start of the insurance coverage under Your Policy.

### 9.14. Eligible Expenses

This refers to all of the following:

- Expenses incurred and charged for Medically Necessary treatment provided to the Life Assured for Injury or Illness during the Policy Year;
- 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.

### 9.15. 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.

### 9.16. 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.

### 9.17. HIV/AIDS

- i. The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization 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 Human Immunodeficiency Virus or antibodies to such a virus;
- iii. HIV Due To Blood Transfusion means infection with the Human Immunodeficiency Virus (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 (if any), 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 the Human Immunodeficiency Virus (HIV) which resulted from an incident which happened on or after the Commencement Date or the last Reinstatement Date (if any), 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.

#### **9.18. 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 centers 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.

#### **9.19. 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; or
- 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 Ministry of Health of Singapore (MOH), for the purpose of a Surgical Procedure.

#### **9.20. HOTA**

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

#### **9.21. 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.

#### **9.22. Illness/Illnesses**

A medical condition affecting body or mind.

### 9.23. Injury/Injuries

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

### 9.24. Life Assured

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

### 9.25. 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;
- 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 an investigational or 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 Health Sciences Authority; and
- f. Not preventive, screening or health enhancement (including, but not limited to, dietary replacement or supplement) in purpose.

### 9.26. MediShield Life

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

### 9.27. MOH

Ministry of Health Singapore.

### 9.28. Normal Ward

Accommodation in a Hospital including meals and general nursing during Hospitalisation. This includes High Dependency Unit (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.

### 9.29. Physician

A person, who, is recognised by Us, has the primary degrees in the practice of medicine and Surgical Procedure following attendance at and graduation from a recognized 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 World Health Organization".

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 or 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 Surgical Procedure in the geographical area of his or 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.

### **9.30. 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.

### **9.31. Policy Anniversary**

Each anniversary of the Policy Effective Date.

### **9.32. Policy Year**

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

### **9.33. 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.

### **9.34. 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; or
- b. Has sought or received prescriptions, drugs, medicines, medical advice or treatment, diagnostic investigations and laboratory tests; or
- 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.

#### **9.35. Premium(s)**

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

#### **9.36. Private Hospital(s)**

Any licensed approved Private Hospitals 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 MOH, and is not a Restructured Hospital.

#### **9.37. Private Medical Institution**

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

#### **9.38. 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 Treatment*, *Outpatient Treatment* 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.

#### **9.39. Qualified Physiotherapist**

A person, who is, recognised by Us to have the primary degrees 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.

#### **9.40. Reasonable and Customary Expenses**

Any fees or expenses which is charged for medical treatments, medical services, and/or medical supplies which in Our opinion does not:

- i. Exceed the usual level of charges for similar medical treatments, medical services and/or medical supplies in Singapore; and
- ii. Include fees or charges that would not have been incurred had no insurance existed.

#### **9.41. Reinstatement Date**

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

#### **9.42. Restructured Hospital**

Any licensed approved Restructured Hospital 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 MOH, and is not a Private Hospital.

#### **9.43. Serious Illnesses**

- a. Blood disorder;
- b. Cancer;
- c. Cerebrovascular Accidents (stroke);
- d. Chronic liver cirrhosis;
- e. Chronic obstructive lung disease;
- f. Chronic renal disease, including renal 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.

#### **9.44. 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.

#### **9.45. Surgical Procedure**

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

- Surgeon's fees;
- Anesthetic 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.

#### **9.46. 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.