



**GROUP OUTPATIENT INSURANCE SCHEME**  
For Full-Time Undergraduate, Exchange, Bridging and  
Full-Time & Part-Time Graduate Students of SMU

**Undergraduate/Exchange/Bridging Students Policy Nos.:**  
Q0013758 (Local Students) & Q0013759 (Foreign Students)

**Graduate Students Policy Nos.:**  
Q0014474 (Local Students) & Q0014475 (Foreign Students)

**Schedule of Benefits**

<b>GP – Primary Care (General Practitioner)</b>	
Annual Limit per person	Unlimited
\$ Limit per visit	As Charged
Number of visits per year per person	Unlimited
Medication	Standard Medication (Students may have to top-up for non-standard drugs)
Co-payment	None

**Scope of Coverage for GP – Primary Care**

- |    |   |   |  |
|----|---|---|--|
| a) | Visit to Panel Clinics including SMU's Campus Clinic                  | : | No payment is required upon showing of SMU's student card. |
| b) | Visit to Government Polyclinics                                       | : | Reimburse up to the actual charges.                        |
| c) | Visit to Non-panel Clinics  | : | Not covered.   |
| d) | Accident & Emergency (A&E) dept of a Government/Restructured Hospital | : | Covered up to \$70 per visit and up to 2 visits per year.  |

<b>SP – Specialist Care</b>	
Specialist Consultation	Covered
X-Ray & Laboratory Tests	Covered
\$ Limit per visit	As Charged
Co-payment	None
Referral by a GP	Required (Treatment without referral is not covered)
Specialist Clinics	Singapore Government/Restructured Hospitals/Clinics
Overall Annual Limit	\$200
<b>Mental Health Rider</b> <ul style="list-style-type: none"> <li>• Singaporean/SPR Students</li> <li>• International Students</li> </ul> <u>Note</u> *Referral from a SMUs Counsellor or GP/Specialist is required *Treatment without referral is not covered *Covers treatment in a Government/Restructured Hospital/Clinic Only	<ul style="list-style-type: none"> <li>• Covered under Specialist Care Annual Limit \$200</li> <li>• \$2,000 per year</li> </ul>

**Scope of Coverage for SP – Specialist Care**

- |    |  |   |  |
|----|--|---|--|
| a) | Specialist Consultation                | : | Reimburse outpatient treatment by a Specialist where treatment is recommended by a GP. A referral letter from a GP is required. Existing referral letter from SMU's previous GP panels (ie. Gethin-Jones & Raffles Medical Group) is acceptable. |
| b) | Outpatient X-ray & Laboratory Expenses | : | Reimburse outpatient X-ray & laboratory examinations carried out in Singapore which is recommended by a Physician in writing for diagnostic purposes other than routine medical check-up.  |



**GROUP OUTPATIENT INSURANCE SCHEME**  
For Full-Time Undergraduate, Exchange, Bridging and  
Full-Time & Part-Time Graduate Students of SMU

- c) Mental Health : Mental Illness refers to any disease of the mind or a psychological state of someone who has emotional or behavioural problems serious enough to require psychiatric or psychological intervention. A referral letter from a SMU Counsellor, GP or Specialist is required.
- d) Specialist Clinics :  
- Alexandra Hospital  
- National University Hospital  
- Singapore General Hospital  
- Tan Tock Seng Hospital  
- KK Hospital  
- Changi General Hospital  
- Institute of Mental Health  
- National Skin Centre  
- National Cancer Centre  
- National Heart Centre  
- National Eye Centre  
- National Dental Centre  
(accidental dental treatment only)

**Important Notes:**

The following is not covered:

- More than one outpatient visit per day.
- Visits at home or office.
- Prescription of drugs obtained without consultation.
- Chiropractic treatment and any type of therapy including physiotherapy.
- Acne
- Treatment at Private Specialist Clinics
- Mental Health coverage excludes drug or alcohol abuse/addiction, addiction to cigarettes, gambling, sex, pornography, TV & internet and eating disorders
- Applicable to Part-Time Graduate Students only – Injuries sustained in the course of work are not covered, except during industrial/business attachment which is part of the SMU's curriculum

This is a summary only. Please refer to the AXA Policy for the actual terms and conditions.

---

## POLICY EXCLUSIONS

This Policy shall not cover situations listed below and any medical conditions arising therefrom:

1. Charges in respect of the following:
  - (a) More than one outpatient visit per day.
  - (b) Visits at home or office.
  - (c) Prescription drugs obtained without consultation.
2. Kidney dialysis and cancer treatment.
3. Dental care and its related treatment.
4. Chiropractic treatment and any type of therapy including physiotherapy.
5. Routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not medically necessary.
6. Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising therefrom.
7. Investigations into and treatment of infertility, surgical, mechanical or chemical contraceptive methods of birth control, assisted reproduction, sterilisation (or its reversal) or any consequence of any treatment for them.
8. Treatment of varicocele, impotence or any consequence of it.
9. Sickness or disease directly or indirectly arising from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV).
10. Treatment which arises from, or is in any way attributable to, sex change.
11. Costs arising under any legislation or covered under any corresponding insurance relating to occupational death, injury, or illness.
12. Treatment for congenital conditions and any physical birth defects arising out of or resulting therefrom.
13. Non-Hospital nursing care or ambulatory care, rest cures or sanatoria care, treatment arising from any geriatric, psycho geriatric or psychiatric condition, and treatment of alcohol dependence syndrome or substance abuse.
14. Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane.
15. Circumcision unless medically necessary, eye tests, refractive errors of the eyes, provision of implants, medical appliances and prosthetic devices, including spectacles, hearing aids, wheelchairs and lenses.
16. Sickness or injury arising from racing of any kind (except on foot), professional sports, parachuting, skydiving, hang-gliding, bungee jumping and violation or any attempt of violation of the law or resistance to lawful arrest.
17. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.
18. Treatment arising from any consequence (whether direct or indirect) of nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical/biological substances, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces
19. The use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
20. Experimental medical treatment.
21. Any treatment directed towards developmental delay and / or learning disabilities in children.
22. Cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment.
23. The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment of obesity, weight reduction or weight improvement.
24. Sleep Apnoea