

## **PRODUCT SUMMARY FOR GROUP HOSPITAL & SURGICAL**

Policyholder : Singapore Management University (SMU)  
Policy Period : 01 July 2026 to 30 June 2027  
Policy Number : 2100653158 (Local Students) / 2100653765 (International Students)  
Insurer : Income Insurance Limited

### **Product Information**

**Eligibility:** All full-time and part-time active local and international students in Singapore, with minimum age of 16 years, and maximum age of 69 years last birthday

**Basis of Coverage:** Plan 1 – All Local (SG/SPR) or International Students

**Benefits:** To reimburse eligible medical expenses for hospitalization or day surgery treatment as a result of accident or illness, subject to the policy Schedule of Benefits. This policy covers eligible expenses incurred by the insured member provided the coverage is still in-force. Insurer will pay for reasonable expenses incurred for medically necessary treatment covered under this policy.

If the treatment continues or extend beyond the period where the insured member is being covered under your policy, Insurer will only pay for the charges incurred for the period while he/she is being covered under your policy. No payment will be made for any charges incurred after this period.

All benefits will be applied on any one disability basis, unless otherwise stated and table of benefits shall subject to the maximum benefits limits of each item as specified in table of benefits, any co-insurance or deductible, if applicable.

For hospitalisation, an insured member must be admitted in a hospital with room & board charges before any benefit is payable. No room & board charge is required if the admission is in connection with day surgery.

Insurer will pay the following benefits according to the schedule and schedule of lives subject to the insured member's coverage in-force under your policy.

| Local Students                                                                                                                                                                                                                             |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Schedule of Benefits (Maximum Limit Per Disability, unless otherwise stated)                                                                                                                                                               | Plan 1 (S\$)                        |
| 1) Daily Room & Board ( <i>max. 120 days, inclusive of ICU &amp; HDW</i> )                                                                                                                                                                 | B2 Ward                             |
| 2) Intensive Care Unit (ICU) ( <i>max. 30 days</i> )                                                                                                                                                                                       | \$10,000                            |
| 3) High Dependency Ward (HDW) ( <i>max. 30 days</i> )                                                                                                                                                                                      |                                     |
| 4) Other Hospital Services                                                                                                                                                                                                                 | \$1,000                             |
| 5) Surgical Expenses ( <i>surgical table will be waived for all hospitals</i> )                                                                                                                                                            | \$1,000                             |
| 6) Daily In-Hospital Physician's Consultation ( <i>max. 120 days</i> )                                                                                                                                                                     | \$35 Per Day                        |
| 7) Pre-Hospitalization Specialist Consultation ( <i>within 120 days prior to admission</i> )                                                                                                                                               | \$400                               |
| 8) Pre-Hospitalization Diagnostic X-ray & Lab Test ( <i>within 120 days prior to admission</i> )                                                                                                                                           |                                     |
| 9) Post-Hospitalization Treatment, including Physiotherapy with referral letter ( <i>within 120 days after discharge from hospital</i> )                                                                                                   |                                     |
| 10) Ambulance Fees                                                                                                                                                                                                                         | \$150                               |
| 11) Inpatient Mental Health Treatment                                                                                                                                                                                                      | As Per Disability                   |
| 12) Surgical Implants & Prosthesis                                                                                                                                                                                                         | \$500                               |
| 13) Emergency Accidental Outpatient Treatment                                                                                                                                                                                              | \$200                               |
| 14) Outpatient Dental Treatment (Accidental)                                                                                                                                                                                               | \$150                               |
| 15) Outpatient Kidney Dialysis                                                                                                                                                                                                             | \$5,000<br>Per Policy Year          |
| 16) Outpatient Cancer Treatment                                                                                                                                                                                                            |                                     |
| 17) Miscarriage Benefit                                                                                                                                                                                                                    | As Per Disability                   |
| 18) Death Benefit                                                                                                                                                                                                                          | \$5,000                             |
| 19) Claim Medical Report Fees                                                                                                                                                                                                              | \$100                               |
| 20) Inpatient Treatment at Singapore Government Community Hospitals, including admission due to covid-19 ( <i>max. 60 days</i> )                                                                                                           | \$10,000<br>Per Policy Year         |
| 21) Rehabilitation Benefit                                                                                                                                                                                                                 | \$5,000                             |
| 22) Goods and Services Tax (GST)                                                                                                                                                                                                           | Covered Up to<br>max. benefit limit |
| 23) Pre-existing Conditions                                                                                                                                                                                                                | Covered<br>from inception           |
| <i>Note: This is only a summary of the Group Insurance which provides a brief description of the benefits and/or exclusions. Please refer to insurer's Policy Contract / Endorsement for the full description, terms &amp; conditions.</i> |                                     |

| International Students                                                                                                                                                                                                                     |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Schedule of Benefits (Maximum Limit Per Disability, unless otherwise stated)                                                                                                                                                               | Plan 1 (S\$)                                                 |
| 1) Daily Room & Board ( <i>max. 120 days, inclusive of ICU &amp; HDW</i> )                                                                                                                                                                 | B1 Ward                                                      |
| 2) Intensive Care Unit (ICU) ( <i>max. 30 days for ICU &amp; HDW</i> )                                                                                                                                                                     | Up to \$30,000<br>Per Policy Year<br><br>(for items 1 to 20) |
| 3) High Dependency Ward (HDW) ( <i>max. 30 days for ICU &amp; HDW</i> )                                                                                                                                                                    |                                                              |
| 4) Other Hospital Services                                                                                                                                                                                                                 |                                                              |
| 5) Surgical Expenses ( <i>surgical table will be waived for all hospitals</i> )                                                                                                                                                            |                                                              |
| 6) Daily In-Hospital Physician's Consultation ( <i>max. 120 days</i> )                                                                                                                                                                     |                                                              |
| 7) Pre-Hospitalization Specialist Consultation ( <i>within 120 days prior to admission</i> )                                                                                                                                               |                                                              |
| 8) Pre-Hospitalization Diagnostic X-ray & Lab Test ( <i>within 120 days prior to admission</i> )                                                                                                                                           |                                                              |
| 9) Post-Hospitalization Treatment, including Physiotherapy with referral letter ( <i>within 120 days after discharge from hospital</i> )                                                                                                   |                                                              |
| 10) Ambulance Fees                                                                                                                                                                                                                         |                                                              |
| 11) Inpatient Mental Health Treatment                                                                                                                                                                                                      |                                                              |
| 12) Inpatient Treatment at Singapore Government Community Hospitals, including admission due to covid-19 ( <i>sub-limit: S\$10,000 per policy year, max. 60 days</i> )                                                                     |                                                              |
| 13) Surgical Implants & Prosthesis                                                                                                                                                                                                         |                                                              |
| 14) Emergency Accidental Outpatient Treatment ( <i>sub-limit: S\$1,000 per disability</i> )                                                                                                                                                |                                                              |
| 15) Outpatient Dental Treatment (Accidental) ( <i>sub-limit: part of item 14</i> )                                                                                                                                                         |                                                              |
| 16) Outpatient Kidney Dialysis ( <i>sub-limit: S\$20,000 per policy year</i> )                                                                                                                                                             |                                                              |
| 17) Outpatient Cancer Treatment ( <i>sub-limit: part of item 16</i> )                                                                                                                                                                      |                                                              |
| 18) Miscarriage Benefit ( <i>sub-limit: S\$2,000 per policy year</i> )                                                                                                                                                                     |                                                              |
| 19) Claim Medical Report Fees ( <i>sub-limit: S\$100 per policy year</i> )                                                                                                                                                                 |                                                              |
| 20) Rehabilitation Benefit ( <i>sub-limit: S\$5,000</i> )                                                                                                                                                                                  |                                                              |
| 20) Death Benefit                                                                                                                                                                                                                          | \$5,000                                                      |
| 21) Repatriation of Mortal Remains (from Singapore or Overseas)                                                                                                                                                                            | \$10,000                                                     |
| 22) Return Air Tickets for 2 Family Members of Deceased Insured Person                                                                                                                                                                     |                                                              |
| 24) Goods and Services Tax (GST)                                                                                                                                                                                                           | Covered Up to max. benefit limit                             |
| 25) Pre-existing Conditions                                                                                                                                                                                                                | Covered from inception                                       |
| <i>Note: This is only a summary of the Group Insurance which provides a brief description of the benefits and/or exclusions. Please refer to insurer's Policy Contract / Endorsement for the full description, terms &amp; conditions.</i> |                                                              |

## Extensions

- Covers all programs (including exchange and internship), activities, events, sports and competitions organised, authorised and/or approved by SMU, SMU students' societies and/or its clubs or in which the student participates as a representative of SMU, held in Singapore or overseas;
- Covers pre-existing conditions from inception;
- Covers mental illness;
- Reimburses Goods and Services Tax charged on medical expenses.

## Overseas Treatment

Medical expenses for emergency treatment incurred overseas will be covered up to the B2 Ward (for local students) and B1 Ward (for international students) in Government Restructured Hospital. Charges incurred overseas will be covered up to overseas charges or charges in a Singapore Government Restructured Hospital, whichever is lower. For similar treatment, whichever is lower and is subjected to the policy limits.

|                                                                                    |                                    |
|------------------------------------------------------------------------------------|------------------------------------|
| a) Official SMU trip                                                               | Covered                            |
| b) Non-official SMU trip                                                           | Covered up to 180 consecutive days |
| c) International Student who returns to his/her home country for medical treatment |                                    |
| d) Travel overseas intentionally for treatment, except c)                          | Not Covered                        |

## Hospitals

| Covers treatment at:                           |                |
|------------------------------------------------|----------------|
| a) Singapore Government Restructured Hospitals | Covered        |
| b) Overseas Hospital                           | Refer to above |
| c) Private Hospitals                           | Not Covered    |

Singapore Government Restructured Hospitals including:

- Alexandra Hospital (AH)
- Changi General Hospital (CGH)
- Institute of Mental Health / Woodbridge Hospital (IMH)
- Khoo Teck Puat Hospital (KTPH)
- KK Women's and Children's Hospital (KKH)
- National University Hospital (NUH)
- Ng Teng Fong General Hospital (NTFGH)
- Seng Kang General Hospital (SKGH)
- Singapore General Hospital (SGH)
- Tan Tock Seng Hospital (TTSH)

And day surgery at:

- National Skin Centre (NSC)
- Singapore National Eye Centre (SNEC)

## Benefits Description

### 1) Daily Room and Board

Insurer shall pay for the Daily Room & Board charges (that is ward charges) when the insured member is admitted as a patient in a hospital.

The ward charges are not to exceed the maximum daily benefit or maximum number of days as specified in the table of insured benefits.

In the event that an insured member is being treated and/or confined in a non-standard room (whether voluntary or otherwise), Insurer shall pay only the charges incurred in respect of a standard room in that hospital in Singapore.

### 2) Intensive Care Unit (ICU)

Insurer shall pay for the daily charges incurred when the insured member is confined to the ICU, provided the daily ICU charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the table of insured benefits. This benefit shall include Intermediate Care Area (ICA) and Coronary Care Unit (CCU) for heart patient.

### 3) High Dependency Ward (HDW)

Insurer shall pay for the daily charges incurred when the insured member is confined to the HDW, provided the daily HDW charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the table of insured benefits.

### 4) Other Hospital Services

Insurer shall pay for the charges incurred when the following services are rendered:

- Use of operating room
- Drugs and medicines consumed in the hospital only
- Dressings, ordinary splints and plaster casts
- Physical Therapy
- Anaesthesia and oxygen and their administration
- Intravenous infusions
- Inpatient diagnostic procedures

Insurer shall also pay for charges incurred for any lens, prostheses, pacemakers, stent, or implants, provided they are surgically implanted, and certified to be medically necessary by a Registered Medical Practitioner and not implanted for cosmetic reasons, up to the limit for this benefit or S\$1,500, whichever is lower.

### 5) Surgical Expenses

Insurer shall pay for the charges incurred for surgical operations performed by a Registered Medical Practitioner in a hospital or clinic. Surgical table is waived for all hospitals.

## **6) Daily In-Hospital Physician's Consultation**

Insurer shall pay for the consultation fees charged by a Registered Medical Practitioner for consultation during hospital confinement, subject to the maximum daily benefit and maximum number of days, as specified in the table of insured benefits.

## **7) Pre-Hospitalisation Specialist Consultation**

Insurer shall pay for the charges incurred for specialist consultation (including medication) recommended by a Registered Medical Practitioner, if such charges are incurred within 120 days prior to the date of hospitalisation or day surgery for the same condition.

Insurer shall not pay if hospitalisation or surgery is not required.

## **8) Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees**

Insurer shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a hospital, clinic or laboratory on the recommendation of a Registered Medical Practitioner, if such charges are incurred within 120 days prior to the date of hospitalisation or day surgery for the same condition.

Insurer shall not pay if hospitalisation or surgery is not required.

## **9) Post Hospitalisation Treatment**

Insurer shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/surgery provided its recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement, if such charges are incurred within 120 days following discharge from the hospital or clinic (in the case of day surgery).

Insurer shall also pay for follow-up consultation by a Chinese Physician recommended by the same Registered Medical Practitioner within 120 days following discharge from the hospital or clinic (in the case of day surgery).

For avoidance of doubt, Insurer shall not pay for outpatient kidney dialysis; outpatient cancer treatment; medicines or drugs prescribed for use beyond 120 days after such discharge.

## **10) Ambulance Fees**

Insurer shall pay for the charges incurred for ambulance services to and/or from hospital, provided the insured member is admitted as a patient in a hospital.

## **11) Inpatient Mental Care**

Insurer shall pay the inpatient charges when the insured member is admitted in Singapore Institute of Mental Health or any hospital, for psychiatric care and treatment only on the recommendation of a Registered Medical Practitioner or a Psychiatrist for such hospitalization.

This will include pre-hospitalisation and post hospitalisation charges for tests and outpatient consultations with Psychiatrists or Psychologists provided such charges are incurred within 120 days before the admission and 120 days after the insured member is discharged.

## **12) Surgical Implants**

Insurer shall pay for charges incurred for any lens, prostheses, pacemakers, stent provided they are surgically implanted and certified to be medically necessary by a Registered Medical Practitioner and not implanted for cosmetic reasons.

## **13) Emergency Accidental Out-Patient Treatment**

Insurer shall pay for the charges incurred if, as a result of an accident, the insured member requires emergency outpatient treatment for injury by a Registered Medical Practitioner in a hospital/clinic or by a Chinese Physician. Such treatment must be sought within 24 hours following the accident.

Insurer shall also pay for the charges incurred for follow-up treatment by a Registered Medical Practitioner or a Chinese Physician up to 31 days from the date of accident.

Any charges incurred for treatment by a Chinese Physician shall not exceed S\$500 per accident.

## **14) Outpatient Dental Treatment (Accidental)**

Insurer shall pay for the charges incurred if, as a result of an accident, the insured member requires dental treatment by a dentist to his/her sound natural teeth. Such treatment must be sought within 24 hours following the accident.

Insurer shall also pay for the charges incurred for follow-up treatment by a dentist up to 31 days from the date of accident.

## **15) Outpatient Kidney Dialysis / Cancer Treatment Benefit**

Insurer shall pay for the charges incurred for the following outpatient treatment received by the insured member in a hospital or registered medical centre (governed by the Ministry of Health Clinic Registration Act), on the recommendation of a Registered Medical Practitioner.

- Outpatient kidney dialysis
- Erythropoietin and other drugs approved by Ministry of Health (MOH) for chronic kidney failure
- Radiotherapy for cancer - conventional radiotherapy, brachytherapy, stereotactic radiotherapy, and proton beam therapy
- Cancer drug treatments approved by MOH
- Approved immunosuppressant drugs for organ transplant, including cyclosporin, tacrolimus and other drugs approved by MOH
- Consultation fees, medicines, and examinations and tests carried out by the attending Registered Medical Practitioner as part of outpatient kidney dialysis, radiotherapy and cancer drug treatments

## **16) Miscarriage Benefit**

Insurer shall only pay for the charges incurred for accidental or non-accidental miscarriage, non-elective and medically necessary abortions or ectopic pregnancy.

Insurer will also pay for the charges for follow-up treatment by a Registered Medical Practitioner up to 90 days from the first treatment date under this benefit.



## 17) Death Benefit

Insurer shall pay the death benefit if the insured member dies while his/her cover under this policy is in force.

- An Injury;
- An Illness during or after treatment for such Illness, where such treatment was carried out at a Hospital or in Day Surgery,
- Critical Illness

while his/her cover under this policy is in force.

## 18) Claim Medical Report Fees

Insurer shall pay for the charges incurred for any medical reports requested by Insurer.

### General Exclusions:

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under your policy, except as specifically covered under the policy. You are advised to read the policy contract for the full list of exclusions.

- 1) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, allergy test, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- 2) Rest cures, hospice care, home or outpatient nursing or palliative care, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- 3) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy, Traditional Chinese Medicine (TCM) (unless recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment benefit; heat therapy; hypnotism, massage therapy, aroma therapy; counselling or education; hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- 4) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- 5) Developmental delay and/or learning disabilities.
- 6) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.



- 7) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an accident covered under this policy.
- 8) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- 9) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in hospital or treatment.
- 10) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- 11) Circumcision unless medically necessary.
- 12) Birth defects; congenital illness or abnormalities.
- 13) Gender re-assignment and/or gender confirmation including other types of treatment and/or surgery which arises from and/or is directly or indirectly made necessary by a gender re-assignment and/or gender confirmation whether treatment is medically necessary.
- 14) Admission for sleep test for diagnostic purposes unless it is followed by surgery; any surgery or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.
- 15) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- 16) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic surgery which are medically necessary arising from an injury while the insured member is insured under this policy.
- 17) Intentional, self-inflicted injuries or attempted suicide whether the insured member is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any illness or injury resulting from such disorders or mental conditions; drug addiction or alcoholism and any illness or injury resulting from or under the influence of alcohol or drugs or illicit drugs. For avoidance of doubt, the first treatment of any of these conditions are payable (except for illicit drugs) to insured member(s) who is/are holding S Pass or Work permit issued by Ministry of Manpower (MOM).

- 18) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- 19) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- 20) Injuries arising directly or indirectly from strike, riot, civil commotion (for avoidance of doubt, the first treatment of these conditions are payable to insured member(s) who is/are holding S Pass or Work permit issued by Ministry of Manpower (MOM)); war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution insurrection, military or usurped power; full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act 1970 of the Republic of Singapore except National Service reservist duty or training under Section 14 of Enlistment Act 1970 of the Republic of Singapore.
- 21) Costs and expenses incurred in acquiring an organ for organ transplant and/or the costs and expenses incurred by the donor of such organ.