MercerMarsh Benefits

SMU SINGAPORE MANAGEMENT UNIVERSITY

PRODUCT SUMMARY FOR GROUP OUTPATIENT CLINICAL/SPECIALIST

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 outpatient clinical and specialist visit in Singapore, subject to the policy Schedule of Benefits.

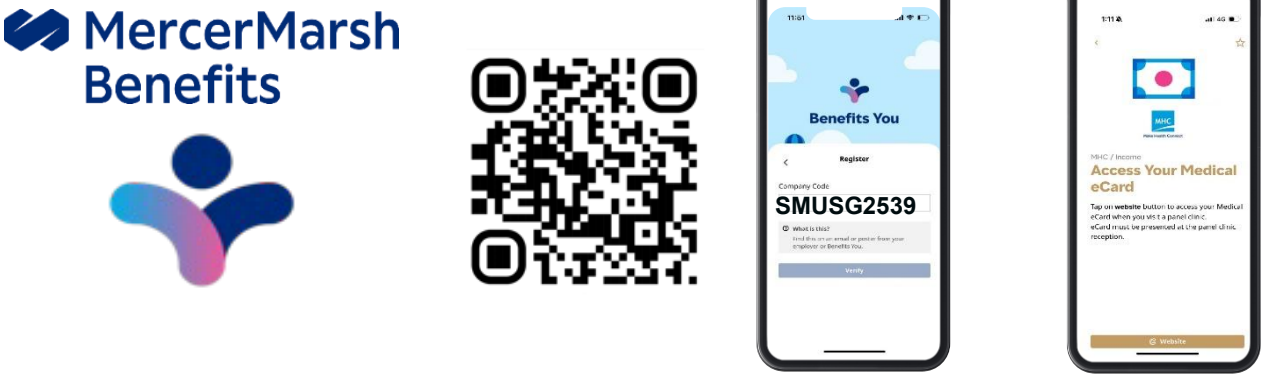
Group Outpatient Clinical – Local and International Students		
Schedule of Benefits (Per Visit Limit, unless otherwise stated)	**Plan 1 (S$)**	***Mode of Settlement***
1) Panel General Practitioner *(unlimited visit per year, including telemedicine)*	As Charged	*Cashless – Present e-card and NRIC/Fin at clinic*
2) Singapore Government Polyclinics *(unlimited visit per year)*	As Charged	*Pay first, seek reimbursement*
3) Panel X-ray & Lab Test *(unlimited visit per year, referred by Panel GP / Polyclinics)*	As Charged	*Cashless – Present e-card and NRIC/Fin at clinic*
4) Non-Panel General Practitioner *(max. 2 visit per year, including x-ray, lab test, telemedicine)*	$30	*Pay first, seek reimbursement*
5) Emergency Care *(unlimited visit per year)*	$150	*Pay first, seek reimbursement*
6) Traditional Chinese Medicine *(max. 2 visits per policy year)*	$30	*Pay first, seek reimbursement*
7) Co-payment (for items 1 to 6)	Nil	
8) Goods and Services Tax (GST)	Covered Up to max. benefit limit	
9) Pre-existing Conditions	Covered from inception	

Note:
Panel GP to prescribe standard medication only. Students to top up in case for non-standard medication prescribed.

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 & conditions.

How to access your e-card

Log in to your Benefits You Application > Access your Medical e-Card > Website



Extensions

a) 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;
b) Covers pre-existing conditions from inception;
c) Reimburses Goods and Services Tax charged on medical expenses.

Overseas Treatment

There is no overseas treatment coverage. The insurance covers treatment in Singapore only.

Clinics

Covers treatment at	
1) Panel GP Clinics Panel Teleconsult (GP)	Via BYA click on the "Find a Panel Clinic Near You" to locate a panel clinic near you Telemedicine – Please download Groupcare@Income mobile app. Click on "Telemedicine" **New users to Groupcare@Income will need to register an account to use telemedicine on Groupcare@Income app.*
2) Polyclinics	Refer to this link: www.sgdi.gov.sg/other-organisations/polyclinics
3) Accident & Emergency (A&E) Department	Singapore Government Restructured and Singapore Private Hospitals
4) Traditional Chinese Medicine (TCM)	Refer to this link: https://www.healthprofessionals.gov.sg/tcmpb/en

Benefits Description (Group Outpatient Clinical)

1) Panel General Practitioner and Polyclinics

Insurer shall pay for the expenses incurred in respect of outpatient consultation and medication prescribed by a panel General Practitioner or by a Registered Medical Practitioner from a polyclinic in Singapore.

2) Telemedicine

Insurer shall pay for the expenses incurred in Singapore in respect of outpatient consultation and medication prescribed by General Practitioner who provides telemedicine services via Insurer's mobile application that Insurer made available to you and your insured members.

3) Panel X-Ray & Laboratory Test

Insurer shall pay for the expenses incurred in respect of x-ray & laboratory test recommended by a panel General Practitioner or by a Registered Medical Practitioner from a polyclinic in Singapore.

4) Non-Panel General Practitioner

Insurer shall pay for the expenses incurred in respect of outpatient consultation, x-ray & laboratory test and medication prescribed by a non-panel General Practitioner.

Medical expenses incurred outside Singapore will be payable under overseas outpatient treatment benefit.

5) Traditional Chinese Medicine

Insurer shall pay for the expenses incurred in respect of consultation prescribed by a registered panel Chinese Physician in Singapore.

For avoidance of doubt, Insurer shall reimburse for the expenses incurred in respect of consultation and medication prescribed by a non-panel registered Chinese Physician in Singapore subject to the maximum limit stated in the table of benefits.

6) Emergency Care

Insurer shall pay for the expenses incurred up to the benefit limit in respect of emergency outpatient treatment at the Accidental & Emergency department of a hospital in Singapore only.

Group Outpatient Specialist – Local Students	
Schedule of Benefits (Per Visit Limit, unless otherwise stated)	**Plan 1 (S$)**
1) Panel Specialist Outpatient Clinics (SOC) in Singapore Government Restructured Hospitals *(unlimited visit per year)* *Referred by medical practitioner, visit without referral letter will not be covered*	As Charged
2) X-ray & Lab Test *(unlimited visit per year)* *Referred by SOC in Singapore Government Restructured Hospital*	As Charged
3) Outpatient Diagnostic Test / Scan (MRI / CT Scan) *(unlimited visit per year)* *Referred by registered medical practitioner*	As Charged
4) Outpatient Physiotherapy in Singapore Government Restructured Hospital *(unlimited visit per year) Referred by registered medical practitioner*	As Charged
5) Outpatient Mental Health in Singapore Government Restructured Hospital, including A&E *(unlimited visit per year)* *Referred by registered medical practitioner or SMU counsellor*	As Charged
6) Co-payment *(for items 1 to 5)*	Nil
7) Overall Limit Per Policy Year *(for items 1 to 5)*	$1,000
8) Goods and Services Tax (GST)	Covered Up to max. benefit limit
9) Pre-existing Conditions	Covered from inception
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 & conditions.	

Group Outpatient Specialist – International Students	
Schedule of Benefits (Per Visit Limit, unless otherwise stated)	**Plan 1 (S$)**
1) Panel Specialist Outpatient Clinics (SOC) in Singapore Government Restructured Hospitals *(unlimited visit per year)* *Referred by medical practitioner, visit without referral letter will not be covered*	As Charged
2) X-ray & Lab Test *(unlimited visit per year)* *Referred by SOC in Singapore Government Restructured Hospital*	As Charged
3) Outpatient Diagnostic Test / Scan (MRI / CT Scan) *(unlimited visit per year)* *Referred by registered medical practitioner*	As Charged
4) Outpatient Physiotherapy in Singapore Government Restructured Hospital *(unlimited visit per year) Referred by registered medical practitioner*	As Charged
5) Outpatient Mental Health in Singapore Government Restructured Hospital, including A&E *(unlimited visit per year)* **Annual Limit Per Policy Year** *Referred by registered medical practitioner or SMU counsellor*	As Charged $2,000
6) Co-payment *(for items 1 to 5)*	Nil
7) Overall Limit Per Policy Year *(for items 1 to 4)*	$1,000
8) Goods and Services Tax (GST)	Covered Up to max. benefit limit
9) Pre-existing Conditions	Covered from inception
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 & conditions.	

Extensions

a) 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;
b) Covers pre-existing conditions from inception;
c) Covers mental illness;
d) Reimburses Goods and Services Tax charged on medical expenses.

Overseas Treatment

The insurance covers treatment in Singapore only except for international students who return to their home country for treatment.

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

Hospitals / Specialist Outpatient Clinics

Covers treatment at:	
a) Specialist Outpatient Clinic (SOC) / Singapore Government Restructured Hospital	Covered
b) Overseas Specialist / Physiotherapy	Not Covered except for international student who returns to home country
c) Private Specialist / Physiotherapy	Not Covered
d) Private Specialist (Mental Health)	Covered up to 50% of eligible medical expenses

Specialist Outpatient Clinic (SOC) / Singapore Restructured Hospital 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)
- Tan Tock Seng Hospital (TTSH)
- National Cancer Centre (NCC)
- National Heart Centre (NHC)
- National Skin Centre (NSC)
- Ng Teng Fong General Hospital (NTFGH)
- Sengkang General Hospital (SKGH)
- Singapore General Hospital (SGH)
- Singapore National Eye Centre (SNEC)

Benefits Description (Group Outpatient Specialist)

1) Panel Specialist Outpatient Clinics (SOC) in Singapore Government Restructured Hospitals

Insurer shall pay for the expenses incurred in respect of consultation and medication prescribed by a panel Specialist or SOC in restructured hospitals upon referral by a Registered Medical Practitioner. Consultation or medical treatment received without referral letter is not covered under the Policy.

Consultation and medical expenses incurred in any restructured hospitals shall be on reimbursement basis.

2) X-Ray & Laboratory Test

Insurer shall pay for the expenses incurred in respect of x-ray & laboratory test recommended by a SOC in restructured hospitals.

Consultation and medical expenses incurred in any restructured hospitals will be on reimbursement basis.

3) Outpatient Diagnostic Test/Scan

Insurer shall pay for the expenses incurred in respect of any diagnostic test/scan upon referral by a Registered Medical Practitioner.

4) Outpatient Physiotherapy in Singapore Government Restructured Hospital

Insurer shall pay for the expenses incurred in respect of outpatient physiotherapy treatment upon referral by a referred by a Registered Medical Practitioner.

5) Outpatient Mental Health in Singapore Government Restructured Hospital

Insurer shall pay for the expenses incurred in respect of outpatient consultation, medication and treatment by a Psychiatrist upon referral by a Registered Medical Practitioner or SMU Counseller.

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, medical check-up, genetic screening; pap smear; cytology test, allergy 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, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.

3) Outpatient kidney dialysis and cancer treatment, all forms of therapies including but not limited to immunotherapy, hormone therapy.

4) Outpatient rehabilitation services including but not limited to physiotherapy or chiropractic unless is specifically covered and endorsed in this policy, occupational therapy speech therapy, heat therapy, hypnotism, massage therapy, aroma therapy counselling or education; alternative or complementary treatments; hydrotherapy; osteopathic; podiatric; dietician; naturopath; homeopath; foot reflexology; Traditional Chinese Medicine (TCM) unless is specifically covered and endorsed in this policy.

5) Expenses, deposit, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services; charges for medical report; medical charges for second opinion.

6) Developmental delay and/or learning disabilities.

7) Eye examination, correction of eye refraction, procurement or use of contact lenses or eye glasses; correction of squint or other eye misalignment.

8) 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.

9) Implants; dental implants; purchase or rental for home or outpatient use 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.

10) 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.

11) 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 Fertilization clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.

12) Circumcision unless medically necessary.

13) Birth defects; congenital illness or abnormalities.

14) Sleep apnoe; sleep test; sleep disorder; insomnia; any treatment for obesity, weight reduction or weight improvement 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 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 unless is specifically covered and endorsed in this policy; drug addiction or alcoholism and any illness or injury resulting from or under the influence of alcohol or drugs.

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) Health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion, shampoo, all kinds of wash, toners, whether prescribed or non-prescribed.

20) 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.

21) House call or office call performed by a registered medical practitioner; medication delivery or re-delivery charges, surcharge levy on the medical expenses incurred in any clinics or hospital after their standard operating hour or during eve or public holiday.

22) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.