

SMU Student Medical Insurance

Frequently Asked Questions (FAQs)

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Important Information & Contacts

1. For benefits and claim enquiries

Insurance Provider: Income Insurance Limited

Insurance Broker: Mercer Marsh Benefits

Mercer Marsh Benefits Customer Service Consultant (Primary Contact)

Monday to Friday (excluding Singapore public holidays)

8:30am to 5:30pm

Telephone: +65 6797 9613 (Enter Client ID: [2539](#))

Email: eh&b@mercermarshbenefits.com

Income (Secondary Contact)

Telephone: +65 6305 4573

Email: groupcare.mhc@hmimanagedhealthcare.com

2. For enquiries and technical support on the Benefits You App (BYA)

Email: benefitsyouasia@mercermarshbenefits.com

Eligibility

1. Who is eligible for cover under the SMU Student Medical Insurance Policy?

All matriculated students of Singapore Management University (SMU):

- a. Full-time local and international Undergraduate students
- b. Full-time and part-time local and international Postgraduate students
- c. Full-time Non-graduating students (e.g. International exchange and global summer programme students)
- d. Local NSMen who have matriculated as SMU students
- e. Other student groups included or excluded as defined by SMU

Note:

- Local refers to Singaporeans or Singapore Permanent Residents.
- Students of the Singapore Universities Student Exchange Programme (SUSEP) will be covered under their respective home university's student insurance plans.
- Students of the SMU-SUTD Dual Degree Programme will be covered under SUTD's student insurance plan.
- Students of the Industry Graduate Diploma Programmes (IGD) are not covered under the SMU Student Insurance Plans.

2. What is the start and end date of the students' coverage under the SMU Student Medical Insurance Policy?

The policy will be activated once the student completes the matriculation process; i.e. fully matriculated student.

The policy will cease to cover upon the end of the students' candidature with SMU, which is taken to be the conferment of graduation date.

Note: The date of conferment of graduation is not the same as the date of commencement ceremony.

3. Does the Policy cover students who are on Leave of Absence (LOA)?

Yes, the Policy still provides coverage for students who are on LOA.

4. Is subscription to the SMU Student Medical Insurance mandatory?

The University prioritises the safety and wellbeing of the student community. Hence, all SMU matriculated undergraduates, postgraduates and non-graduating students are required to subscribe to the university's student insurance plans. These are compulsory plans with no opt-out option, even for students who are on Leave of Absence (LOA). Paid premiums are non-refundable.

5. Do I need to submit an application to be covered under the SMU Student Medical Insurance?

No, there is no action required from students for coverage under this medical insurance plan. Coverage will apply once students are fully matriculated.

Insurance Coverage

6. What does the SMU Student Medical Insurance Policy cover?

The Policy covers the following medical plans:

- a. Group Outpatient Clinical & Specialist Care (GP & SP)
- b. Group Hospital and Surgical Care (GHS)
- c. Group Personal Accident (GPA)

7. What are the benefits & exclusions of this Policy?

For the detailed benefits and exclusions of the SMU Student Medical Insurance, please refer to the following documents on the [website](#) or Benefits You app (BYA). Coverage is subject to the limits, terms and conditions of the Policy.

- Group Outpatient Clinical & Specialist Care Product Summary
- Group Hospital and Surgical Care Product Summary
- Group Personal Accident Product Summary

8. Are pre-existing medical conditions covered under this Policy?

Yes, the Policy covers pre-existing conditions from inception.

9. Are congenital conditions covered under this Policy?

Congenital illness or abnormalities and birth defects are part of the exclusions in the Policy and thus, not covered under this Policy.

10. Are visits to the general practitioner (GP) for outpatient treatment covered under this Policy?

Outpatient treatments at GP and Singapore Government Polyclinics are covered subject to the terms and conditions below:

Clinic	Coverage	Mode of settlement
Panel GP (including telemedicine)	As charged. Unlimited visits per policy year.	Cashless. To present e-card and NRIC / FIN at the clinic.
Non-panel GP (including telemedicine)	Up to \$30. Limited to 2 visits per policy year.	Pay first and submit claims for reimbursement.
Singapore Government Polyclinics	As charged. Unlimited visits per policy year.	Pay first and submit claims for reimbursement.

Note:

- *The insurance medical e-card on the BYA app must be presented during registration at the Panel GP.*
- *The insurance covers prescription of standard medication only by the panel GP. Students will need to top-up for any non-standard medication prescribed.*

11. Are Traditional Chinese Medicine (TCM) treatments covered under this Policy?

Yes, TCM is covered subject to the terms and conditions below:

Clinic	Coverage	Mode of settlement
Traditional Chinese Medicine	Up to \$30. Limited to 2 visits per policy year.	Pay first and submit claims for reimbursement.

12. Are hospitalisation and surgeries at hospitals covered under this Policy?

This Policy covers hospitalisation (daily room and board, inclusive of Intensive Care Unit and High Dependency Ward) and surgeries at Singapore Government Restructured Hospitals as listed below, subject to the Policy limits, terms and conditions.

Note: *Hospitalisation and surgeries at private hospitals are excluded from coverage under this Policy.*

Singapore Government Restructured Hospitals:

- 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)

13. Are treatments at specialist clinics covered under this Policy?

This Policy covers treatments at Specialist Outpatient Clinics (SOC) at Singapore Government Restructured Hospitals, and only upon referral by a registered medical practitioner. Consultation and medical expenses incurred shall be on reimbursement basis.

Note: *Treatments at private specialist clinics are excluded from coverage under this Policy.*

14. Are dental treatment and optical expenses covered under this Policy?

No, dental treatment and optical expenses are not covered except in cases of accidental injury, i.e. dental treatment to restore sound and natural teeth resulting from an accident.

15. Are outpatient physiotherapy treatments covered under this Policy?

Expenses incurred in respect of outpatient physiotherapy treatment at Singapore Government Restructured Hospitals are covered, only upon referral by a registered medical practitioner.

Note: *Treatments at private physiotherapy clinics are excluded from coverage under this Policy.*

16. Are mental health treatments covered under this Policy?

Expenses incurred in respect of outpatient consultation, medication and treatment by a psychiatrist at Singapore Government Restructured Hospitals are covered, subject to the terms and conditions of the Policy.

Treatments at private specialist (mental health) / psychiatrist clinics are covered up to 50% of the eligible medical expenses under this Policy.

A referral letter by a registered medical practitioner or SMU Counsellor is required.

17. Are emergency / accidental treatments covered under this Policy?

This Policy covers expenses incurred in respect of emergency outpatient treatments at the Accident & Emergency (A & E) department of a hospital (in Singapore only), subject to the benefits limit of the Policy.

18. Are mobility aids such as wheelchair, walking stick or crutches, covered under this Policy?

No, the Policy excludes coverage for rental or purchase of such equipment.

19. What are the items / expenses which are not covered under this Policy?

Items and expenses which are not medically necessary are excluded from coverage. These include but not limited to, health screenings, immunisations, vaccinations, vitamins / supplements, retail items e.g. moisturisers, non-medicated creams etc.

20. Can I pay to top-up for a higher coverage limit or other benefits under this Student Medical Insurance Policy?

No. Being a group insurance policy, there is no top-up feature granted for this Policy. Hence, the benefits / limits under this Policy cannot be amended. However, you may choose to purchase your own personal medical / personal accident insurance with your preferred insurance company at your own discretion and expense.

Insurance Claims

21. How may I submit my claims?

- a. Download the Benefits You App (BYA)  from the [Apple Store](#) or [Google Play Store](#).
- b. Register as a new user using your full name, SMU email address and company code: **SMUSG2539**
- c. Under Medical Benefits, submit your claims and upload your supporting documents electronically on the Income Claims Portal, within 30 days of the occurrence of any event. Please provide the complete information / details of your claim.

For enquiries on matters regarding Policy Benefits and Claim Submission, contact Mercer Marsh Benefits:
Telephone: +65 6797 9613 (Enter Client ID: **2539**) or **Email:** eh&b@mercermarshbenefits.com

For enquiries and technical support on the Benefits You App (BYA):
Email: benefitsyouasia@mercermarshbenefits.com

22. What are the information and supporting documents required for the submission of claims?

Claimant must use their full name as per NRIC /FIN / Passport No. and SMU email address in their claims submission and correspondence. Documents / information required for claims submission:

- Claimant's personal details and contact information
- Scanned / softcopies of supporting documents (where applicable), including but not limited to:
 - Hospital bill / invoice
 - Medical receipt
 - Medical report
 - Medical certificate
 - In-patient discharge summary
 - Incident report
 - Police report
 - Referral letter
- Claimant's bank account information (for reimbursement of approved claims via GIRO)

23. What is the time frame for submission of claims?

All claims should be promptly submitted within thirty (30) days of the occurrence of any event. Any non-compliance to this time frame may render the claim to be rejected.

24. What is the processing time for the claims?

Upon receipt of all supporting documents, the insurer will take approximately ten (10) working days to assess and process the claim(s). For hospital and surgical claims, this may take about 4 to 6 weeks of processing time. For more complicated cases, a longer processing duration may be expected.

Any delays in submission of the required supporting documents may also prolong the claims processing time.

25. How are claim payments reimbursed to claimants?

Payment for successful claims will be reimbursed via Electronic Funds Transfer (GIRO). All payments will be made in SGD.

26. I have my own medical insurance plan. Can I claim my expenses under both the SMU student medical insurance and my own medical plan?

You may claim under the SMU student medical insurance first. For any remaining expenses not covered under the SMU student medical insurance, you may then claim the balance under your own medical plan. However, total reimbursement under both plans cannot exceed the overall medical expenses.

It is advised to check with your own insurer on how to submit the claim if you are claiming from the SMU policy first before any scheduled treatment / surgery / hospitalisation.

Letter of Guarantee (For Local Hospitalisation)

27. What is a Letter of Guarantee (LOG)

A LOG is a document issued by the insurer to guarantee hospitalisation / surgery expenses in Singapore Government Restructured Hospitals. It is not valid for pre or post hospitalisation / surgery, outpatient expenses and overseas treatment.

With a LOG, the hospital will waive the cash deposit and payment of the hospital bill up to the policy limits and subject to the policy terms and conditions. The hospital will bill the insurer directly.

The student will have to pay to the hospital any amount not covered by the insurance after the hospital bill is finalised.

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| Step 1 | Click on the “Letter of Guarantee” icon in the app/portal and complete the online form at least 5 working days before the scheduled admission/surgery. |
| Step 2 | <p>Upload the following documents:</p> <p>(a) Care Cost Form / Financial Counselling Form / Admission Form / Day Surgery Authorisation Form - The hospital will give these documents to the patient when the admission date is confirmed. - The documents should contain the diagnosis, name of surgery (if any) and estimated bill.</p> <p>(b) Referral letters, tests reports etc. if any</p> |
| Step 3 | For emergency hospitalisation / surgery, please call +65 6305 4573 after submitting the online form. |
| Step 4 | The insurer will assess the case. |
| Step 5 | View status of the LOG in the app/portal. If approved, the LOG will be forwarded to the hospital. Student can view a copy on the app/portal. |

Note: Coverage and LOG for hospitalisation and surgeries at private hospitals are not applicable under this Policy.

Other Administrative Matters

28. Does the insurer issue physical medical cards?

No, only medical e-cards are available. The e-card is accessible via the Benefits You app (BYA).

29. Is the GST covered for expenses claimed?

Yes, GST is covered for the expenses claimed under the Policy.

30. How long should I retain the medical invoices or receipts?

Please keep your medical invoices or receipts for 12 months, as the insurer may request the original copies for audit purposes.

Note: *This FAQ serves as a guide only. Coverage is subject to the insurer's policy terms and conditions.*