ANNEX B: GROUP HOSPITALISATION & SURGICAL

1. Product Summary for Group Hospital & Surgical

a) Daily Room & Board

A Daily Room & Board Benefit shall be paid when an Insured Member is registered as a bed patient in a Hospital upon recommendation of a Registered Medical Practitioner. The amount of the said benefit shall equal to the actual charges made by the Hospital during the Insured Member’s confinement, but this benefit shall not exceed any one day rate of Daily Room & Board Benefit set forth in the Policy Schedule or exceed the number of days as specified in the same Policy Schedule.

Intensive Care Unit (I.C.U.)

The College shall pay for the actual Room & Board charges incurred by the Insured Member while confined in an Intensive Care Unit (ICU) in the Hospital, subject to a maximum number of days and provided that the amount shall not exceed the ICU amount as specified in the Policy Schedule.

b) Other Hospital Services

If an Insured Member is entitled to benefits payable under Paragraph 1 and 2 of this Section, the College shall also pay the amount actually charged by the Hospital for any of the following services rendered during the Hospital confinement which are customarily supplied by the Hospital but this amount shall not exceed in aggregate the Other Hospital Services amount as specified in the Policy Schedule.

- Administration of Blood Plasma, but not the cost of Blood or Blood Plasma;
- Ambulance Services to and / or from the Hospital up to $150 Per Disability
- Anesthesia and Oxygen and their administration including anesthetist’s fee;
- Basal Metabolism Tests;
- Dressings Ordinary Splints and Plaster Casts;
- Drugs and Medicine consumed on premises;
- Electrocardiograms;
- Intravenous Infusion;
- Laboratory Examinations;
- Physical Therapy;
- Use of Operation Room;
- X-ray Examinations.

c) Surgical Benefits

A Surgical Benefit shall be paid in an amount equal to the actual charges made for such operation performed by one or more Registered Medical Practitioners, including any assistant surgeons, and each operation is subject to the amount obtained by multiplying the appropriate percentage shown for that operation in the Surgical Table maintained by the Singapore Ministry Health (‘MOH’) and the maximum Surgical Benefit as specified in the Policy Schedule. If two or more surgical procedures are performed through a single
incision, reimbursement for expenses for all such procedures shall not exceed the amount indicated for the one surgical procedure performed for which the largest amount is payable.

### Surgical Schedule of Fees

<table>
<thead>
<tr>
<th>Ministry of Health Table</th>
<th>% of Surgical Benefit Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>10%</td>
</tr>
<tr>
<td>Table 2</td>
<td>30%</td>
</tr>
<tr>
<td>Table 3</td>
<td>50%</td>
</tr>
<tr>
<td>Table 4</td>
<td>75%</td>
</tr>
<tr>
<td>Table 5</td>
<td>85%</td>
</tr>
<tr>
<td>Table 6</td>
<td>95%</td>
</tr>
<tr>
<td>Table 7</td>
<td>100%</td>
</tr>
</tbody>
</table>

The College will determine the limits for any surgical procedure which does not fall within the MOH Surgical Table. Such limits will be objectively determined based on the gravity and severity of the procedure as compared to the most comparable listed procedure.

d) **Daily In-Hospital Consultation**

Consultation fees charged by Registered Medical Practitioners while an Insured Member was hospitalized shall be paid in an amount equal to the actual charges made for consultation provided, subject to the maximum In-Hospital Doctor Consultant Benefit and the maximum number of days as specified in the Policy Schedule.

e) i. **Pre-Hospitalisation Specialist Consultation, Diagnostic X-Ray and Laboratory Test**

The College shall pay the amount of charges made for specialist consultation, diagnostic x-ray and laboratory examination which are recommended by a Registered Medical Practitioner and incurred within (90) days before hospitalization or surgery.

ii. **Post-Hospitalisation Specialist Consultation, Diagnostic X-Ray and Laboratory Test**

The College shall pay the amount of charges made for Specialist consultations, diagnostic x-ray and laboratory examination and physiotherapy which are recommended by a Registered Medical Practitioner and incurred within ninety (90) days after hospitalization or surgery.

The above benefit is subject to the Overall Maximum Benefit Limit in the Policy Schedule.

f) **Death Benefit**

Upon receipt of due proof of death of any Insured Member in the form required by the College, an amount determined in accordance with the Policy Schedule shall be payable to the Policyholder.

g) **Outpatient Kidney Dialysis & Cancer Treatment**
This benefit applies only if the coverage has been applied for by the Policyholder and the Benefit Limit is shown on the Policy Schedule.

If an Insured Member incur outpatient expenses for the following treatments, the College shall reimburse for such medical expenses, including prescribed medication up to the Maximum Benefit as stated in the Policy Schedule.

(a) Kidney dialysis as recommended by a Registered Medical Practitioner.

(b) Cancer treatment by a Registered Medical Practitioner. “Cancer” shall mean a focal autonomous new growth of tissue that has no useful function and the new growth has the characteristics of marginal invasion, relentless growth or distant spread with a lethal effect. Such cancer must be positively diagnosed by a Registered Medical Practitioner who is also a certified Pathologist, upon the basis of a Microscopic Examination of fixed tissues, or preparations from the Hemic System. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. Clinical diagnosis does not meet this standard.

Applicable to the insured employees only: if the total amount claimable under the benefit exceeds the limit as shown in the Policy Schedule, then any claim in excess of the limit can be claimed from items 2e) i and 2e) ii of the Policy Schedule provided that the respective limits for the said items have not exceeded. This right of claiming from items 2e) i and 2e) ii cannot be exercised in the event that the amount claimed is for treatment received by the dependant(s).

Applicable to both the insured employees and Dependant(s): if the total amount claimable under the benefit for chemotherapy exceeds the limit as shown in the Policy Schedule, then any claim for consultation and/or normal medication required for chemotherapy in excess of the limit can be claimed from item 3b) ii of the Group Outpatient Specialist Consultation as set out in the Policy Schedule provided that the limit under the said item is not exceeded. This right of claiming from item 3b) ii of the Group Outpatient Specialist Consultation can be exercised in the event that the amount claimed is for treatment by the insured employee and dependant(s).

h) Miscarriage Benefit

The College shall pay for the expenses incurred for miscarriage and ectopic pregnancy subject to the limit as specified in the policy schedule. Expenses which are incurred as a result of voluntary termination of pregnancy which is not medically necessary, is not covered.

i) Surgical Implant

Expenses incurred for the cost of surgical implants is covered if the surgical benefit is paid by College, subject to the limit as specified in the Policy Schedule.

j) Pro-rat ion Factor

In the event that the Insured Member is warded in a class of ward different from which
the Insured member is entitled to under the policy, the pro-ration factor shall apply for hospitalization in wards higher than the Insured member’s ward entitlement.

<table>
<thead>
<tr>
<th></th>
<th>Plan A+</th>
<th>Plan A</th>
<th>Plan B1</th>
<th>Plan B2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to Pte Hospital *</td>
<td>NA</td>
<td>65%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Admission to A Ward GRH #</td>
<td>NA</td>
<td>NA</td>
<td>85%</td>
<td>35%</td>
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<tr>
<td>Admission to B1 Ward GRH</td>
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<td>NA</td>
<td>NA</td>
<td>45%</td>
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<tr>
<td>Admission to B2 Ward GRH</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Pre &amp; Post Hospitalisation</td>
<td>Follow that of admission</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Regardless of type of ward
# Applies to A1 & A2 Ward

Pro-ration factor shall apply to items 1 to 5b, 7 to 9 of Policy Schedule of Benefits for hospitalization in wards higher than the insured member’s selected / accepted plan.

No pro-ration factor shall be applied to
  a) day surgery and
  b) outpatient kidney dialysis and cancer treatment received from a Singapore Government / Restructured Hospital
  c) non voluntary upgrading / upgrade to higher ward by the hospital due to no entitled room available.