

## SIMPLECARE BENEFIT OVERVIEW AND PRODUCT SUMMARY

effective 1 April 2025

### PERSONAL INFORMATION

Presented to (Name of Applicant) : \_\_\_\_\_

Presented by (Name of Adviser): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date (dd/mm/yyyy):

\_\_\_\_\_  
Signature of Insurance Adviser:

\_\_\_\_\_  
Date (dd/mm/yyyy):

### PRODUCT INFORMATION

A summary of each plan is shown below:

- SimpleCare CORE:** Benefit limit up to USD 1,000,000/SGD 1,300,000 per insured person, per policy year. It provides cover for in-patient and day-patient treatment.
- SimpleCare 100:** Benefit limit up to USD 1,500,000/SGD 1,950,000 per insured person, per policy year. It provides cover for in-patient and day-patient treatment, and cover for out-patient treatment.
- SimpleCare 250:** Benefit limit up to USD 1,500,000 /SGD 1,950,000 per insured person, per policy year. It provides cover for in-patient and day-patient treatment, and cover for out-patient treatment and dental care.

## BENEFIT SCHEDULE (USD/SGD)

Benefit	SimpleCare CORE	SimpleCare 100	SimpleCare 250
Annual Maximum Plan Limit	USD 1,000,000/ SGD 1,300,000	USD 1,500,000/ SGD 1,950,000	USD 1,500,000/ SGD 1,950,000
Geographical Area of Cover Default			
Area of Cover: Worldwide excluding USA	Default Network: SimpleCare Comprehensive <sup>#</sup>  <sup>#</sup> Our list of medical providers that is available to you.		
In-Patient and Day-Patient Co-Insurance			
Treatment in Singapore			
(i) Singapore Public Hospital (ii) Singapore Private Hospital	(i) Nil (ii) 20%	(i) Nil (ii) 20%	(i) Nil (ii) 20%
Treatment outside Singapore	Nil	Nil	Nil
Hospital & Surgery			
1. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Hospital charges (ii) Ancillary charges	➤ (i) Full refund ➤ (ii) Up to USD 1,500/ SGD 1,950 per medical condition	➤ (i) Full refund ➤ (ii) Up to USD 1,500/ SGD 1,950 per medical condition	➤ (i) Full refund ➤ (ii) Up to USD 1,500/ SGD 1,950 per medical condition
2. Diagnostic Procedures: MRI, PET & CT Scans	➤ Full refund for in-patient pre and post-operative scans	➤ Full refund	➤ Full refund
3. Renal Failure and Renal Dialysis: (i) In-Patient basis (ii) Day-Patient or Out-Patient basis	➤ (i) Up to six weeks full refund for in-patient pre and post-operative care ➤ (ii) USD 50,000/SGD 65,000	➤ (i) Up to six weeks full refund ➤ (ii) USD 50,000/ SGD 65,000	➤ (i) Up to six weeks full refund ➤ (ii) USD 50,000/ SGD 65,000
4. Organ Transplant:	➤ Up to USD 100,000/ SGD 130,000	➤ Up to USD 150,000/ SGD 195,000	➤ Up to USD 150,000/ SGD 195,000
5. Cancer Treatment:	➤ Full refund	➤ Full refund	➤ Full refund
6. New Born Cover :	➤ Up to USD 25,000/ SGD 32,500	➤ Up to USD 35,000/ SGD 45,500	➤ Up to USD 35,000/ SGD 45,500
7. Congenital Disorder:	➤ Up to USD 25,000/ SGD 32,500	➤ Up to USD 35,000/ SGD 45,500	➤ Up to USD 35,000/ SGD 45,500
8. Parent Accommodation:	➤ Full refund	➤ Full refund	➤ Full refund
9. Hospital Accommodation for New Born Accompanying their Mother:	➤ Full refund	➤ Full refund	➤ Full refund
10. Reconstructive Surgery:	➤ Full refund	➤ Full refund	➤ Full refund
11. Day-Patient or Out-Patient Surgery:	➤ Full refund	➤ Full refund	➤ Full refund
12. In-Patient Emergency Dental Treatment:	➤ Full refund	➤ Full refund	➤ Full refund
13. Rehabilitation:	➤ Full Refund up to 30 days per medical condition	➤ Full Refund up to 90 days per medical condition	➤ Full Refund up to 90 days per medical condition
Nursing Care			
14. Nursing Care at Home:	➤ Not covered	➤ Full refund up to 30 days per medical condition	➤ Full refund up to 30 days per medical condition
Emergency & Assistance			
15. Emergency Ambulance Transportation:	➤ Full refund	➤ Full refund	➤ Full refund
16. Evacuation and Repatriation: Evacuation: Reasonable expenses for: (i) Transportation costs (ii) Reasonable local travel costs to and from medical appointments (iii) Reasonable travel costs for a locally-accompanying person (iv) Reasonable costs for non-hospital accommodation costs	Combined limit of USD 100,000/ SGD 130,000 ➤ (i) Full refund ➤ (ii) Full refund ➤ (iii) Full refund ➤ (iv) Up to USD 200/ SGD 260 per day, up to USD 7,500/ SGD 9,750 per person, per evacuation	Combined limit of USD 100,000/ SGD 130,000 ➤ (i) Full refund ➤ (ii) Full refund ➤ (iii) Full refund ➤ (iv) Up to USD 200/ SGD 260 per day, up to USD 7,500/ SGD 9,750 per person, per evacuation	Combined limit of USD 100,000/ SGD 130,000 ➤ (i) Full refund ➤ (ii) Full refund ➤ (iii) Full refund ➤ (iv) Up to USD 200/ SGD 260 per day, up to USD 7,500/ SGD 9,750 per person, per evacuation
Repatriation to country of residence or country of nationality following treatment	➤ Full refund	➤ Full refund	➤ Full refund

Benefit	SimpleCare CORE	SimpleCare 100	SimpleCare 250
<b>Emergency &amp; Assistance</b>			
<b>17. Mortal Remains:</b> (i) Transportation of body or ashes an insured person to his/her country of nationality or country of residence (ii) Burial or cremation costs at the place of death	(i) Full refund (ii) Up to USD 10,000/SGD 13,000	(i) Full refund (ii) Up to USD 10,000/SGD 13,000	(i) Full refund (ii) Up to USD 10,000/SGD 13,000
<b>18. Emergency Non-Elective Treatment outside Area of Cover:</b>	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 25,000/SGD 32,500	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 35,000/SGD 45,500	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 35,000/SGD 45,500
<b>19. Hospital Cash Benefit:</b> Benefit is payable for each night an insured person receives in-patient treatment if: (i) the insured person is admitted for an elective in-patient treatment before midnight, and the treatment is received within the public hospitals of the insured persons' country of residence; or (ii) This individual/group plan is purchased as a Secondary Health Insurance Plan <sup>o</sup> Note: This benefit is not available for USD 10,000/SGD 13,000 or USD 15,000/SGD 19,500 Deductible plans. <sup>o</sup> If you have more than one health insurance policy, this plan will be the health insurance policy that pays last. Please note an Integrated Shield Plan is not considered as Primary Health Insurance for the purpose of purchasing this Plan as a Secondary Health Insurance Plan.	USD 125/SGD 165 per night, up to 30 nights	USD 250/SGD 325 per night, up to 30 nights	USD 250/SGD 325 per night, up to 30 nights
<b>Out-Patient</b>			
<b>Annual Out-Patient Limit</b> Applicable to Benefit 20 and 21	N/A	USD 1,000/SGD 1,300	USD 2,500/SGD 3,250
<b>20. Out-Patient Charges:</b> (i) Medical Practitioner fees (ii) Teleconsultation (iii) Prescribed Drugs and Dressings (iv) Vitamins and Minerals	(i) and (ii) Pre-operative consultations within 15 days from admission and post hospitalisation consultations within 30 days following discharge from hospital, Up to max USD 750/SGD 975 per medical condition (iii) Not covered (iv) Not covered	(i) and (ii) Full refund up to annual out-patient limit (iii) Full refund up to annual out-patient limit (iv) Up to USD 150/SGD 195 per period of cover (i), (iii), (iii) and (iv) subject to annual out-patient limit	(i) and (ii) Full refund up to annual out-patient limit (iii) USD 1,250/SGD 1,625 (iv) Up to USD 150/SGD 195 per period of cover (i), (iii), (iii) and (iv) subject to annual out-patient limit
<b>21. Out Patient Physiotherapy and Alternative Therapies:</b> (i) Physiotherapy (ii) Complementary medicine and Treatment: osteopaths, chiropractors and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment (iii) Treatment by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner You may choose 5 sessions for any combination of benefits in aggregate in a given Period of Cover for benefits (i) and (ii) excluding dietician without the need of referral; any subsequent sessions need to be referred by a Medical Practitioner or Specialist.	Not covered	(i) USD 60/SGD 80 per visit (ii) USD 60/SGD 80 per visit (iii) USD 30/SGD 40 per visit Combined up to 10 visits for (i), (ii) & (iii), subject to annual out-patient limit	(i) USD 80/SGD 100 per visit (ii) USD 80/SGD 100 per visit (iii) USD 40/SGD 50 per visit Combined up to 10 visits for (i), (ii) & (iii), subject to annual out-patient limit
<b>22. Menopause Hormone Replacement Therapy:</b>	Not covered	Up to USD 200/SGD 260 per period of cover	Up to USD 300/SGD 390 per period of cover
<b>23. Out-Patient Psychiatric Illness:</b>	Not covered	Up to USD 300/SGD 390 and subject to a maximum of 10 sessions per period of cover	Up to USD 400/SGD 520 and subject to a maximum of 10 sessions per period of cover
<b>Dental</b>			
<b>24. Dental Care:</b> Waiting Period: Costs incurred within nine months from the Entry Date are excluded. Orthodontics and dental implants not covered. Deductible does not apply to this benefit.	Not covered	Not covered	USD 300/SGD 390, subject to 20% co-insurance
<b>Deductible Options</b>			
Standard Deductible	USD 500/SGD 650	USD 500/SGD 650	USD 500/SGD 650
<b>Deductible Options (In-Patient &amp; Day-Patient)</b>  Please note: USD 10,000/SGD 13,000 or USD 15,000/SGD 19,500 deductible plans are only available to be purchased as a Secondary Health Insurance Plan <sup>o</sup> .  <sup>o</sup> If you have more than one health insurance policy, this plan will be the health insurance policy that pays last. Please note an Integrated Shield Plan is not considered as Primary Health Insurance for the purpose of purchasing this Plan as a Secondary Health Insurance Plan.	Optional Nil USD 150/SGD 195 USD 250/SGD 325 USD 1,000/SGD 1,300 USD 2,500/SGD 3,250 USD 5,000/SGD 6,500 USD 10,000/SGD 13,000 USD 15,000/SGD 19,500	Optional Nil USD 150/SGD 195 USD 250/SGD 325 USD 1,000/SGD 1,300 USD 2,500/SGD 3,250 USD 5,000/SGD 6,500 USD 10,000/SGD 13,000 USD 15,000/SGD 19,500	Optional Nil USD 150/SGD 195 USD 250/SGD 325 USD 1,000/SGD 1,300 USD 2,500/SGD 3,250 USD 5,000/SGD 6,500 USD 10,000/SGD 13,000 USD 15,000/SGD 19,500

effective 1 April 2025

Benefit	SimpleCare CORE	SimpleCare 100	SimpleCare 250
Out-Patient Options			
Out-Patient Per Visit Excess USD 25/SGD 30 <sup>+</sup>	N/A	Optional	Optional
Co-Insurance Out-patient Treatment 20% <sup>+</sup>	N/A	Optional	Optional
<sup>+</sup> only available for plans with deductibles of USD 500/SGD 650 and under			
Additional Option			
Co-Insurance			
Removal of Co-Insurance for Treatment in Singapore Private Hospital	Optional	Optional	Optional

## Additional options for group policies only

Benefit	SimpleCare CORE	SimpleCare 100	SimpleCare 250
Additional Option			
Co-Insurance			
Removal of Co-Insurance for Treatment in Singapore Private Hospital	Optional	Optional	Optional
Wellness & Vaccinations			
Wellness & Vaccinations - Option 1 <sup>+</sup>	N/A	Optional USD 150/SGD 195	Optional USD 150/SGD 195
Wellness & Vaccinations - Option 2 <sup>+</sup>	N/A	Optional USD 250/SGD 325	Optional USD 250/SGD 325
Maternity			
<b>Maternity - Option 1</b> (i) Medically necessary costs incurred during pregnancy and childbirth (ii) Pregnancy and childbirth medical conditions: Waiting Period: Costs incurred within twelve months from the entry date are excluded.	Not covered	Optional For compulsory group plans 10+ employees (i) USD 5,000/SGD 6,500 (ii) USD 12,000/SGD 15,600	Optional For compulsory group plans 10+ employees (i) USD 5,000/SGD 6,500 (ii) USD 12,000/SGD 15,600
<b>Maternity - Option 2</b> (i) Medically necessary costs incurred during pregnancy and childbirth (ii) Pregnancy and childbirth medical conditions: Waiting Period: Costs incurred within twelve months from the entry date are excluded.	Not covered	Optional For compulsory group plans 10+ employees (i) USD 7,000/SGD 9,100 (ii) USD 15,000/SGD 19,500	Optional For compulsory group plans 10+ employees (i) USD 7,000/SGD 9,100 (ii) USD 15,000/SGD 19,500
Drugs and Dressings			
Removal of Drugs and Dressings limit	N/A	N/A	Optional

<sup>+</sup> only available for plans with deductibles of USD 500/SGD 650 and under

Underwriting Options			
Full medical underwriting	Default	Default	Default
Capped Cover	Optional For compulsory group plans 5 - 19 employees	Optional For compulsory group plans 5 - 19 employees	Optional For compulsory group plans 5 - 19 employees
Medical History Disregarded	Optional For compulsory group plans 10+ employees	Optional For compulsory group plans 10+ employees	Optional For compulsory group plans 10+ employees

Note: all limits and monetary amounts shall in all instances be in USD/SGD

 Full refund
  Not covered
  Subject to limits
  Optional

## Note:

1. Annual deductible applies to in-patient and day-patient expenses incurred before any benefits are paid under the plan.
2. Co-insurance out-Patient treatment 20% option, if chosen, will be for out-patient benefits only and shall apply to each out-patient claim.
3. Out-patient per visit excess option, if chosen, will be for out-patient benefits only and shall apply to each consultation.
4. For plans with both a deductible and a co-insurance or out-patient per visit excess, deductible will be applied to the medical expenses first before any co-insurance or out-patient per visit excess being applied.
5. 20% co-insurance applies to dental benefit under SimpleCare 250. Dental implants and Orthodontics treatment are excluded under this benefit.
6. For individuals & families policies, the same plan and benefit option shall apply to all insured persons under the same policy.
7. Coverage in USA will be limited to accident and emergency illness for planned trips up to 30 days per trip in the USA.

## PREMIUMS - Individuals and Families Policies

(USD/SGD individuals and families base rates based on the ages of the insured persons, applicable deductible and payment frequency and subject to any benefit options selected)

### Worldwide Excluding USA Elective Treatment

**SGD 650 Deductible** - Rates inclusive of 9% GST for Singapore Residents

SimpleCare	SimpleCare CORE		SimpleCare 100		SimpleCare 250	
Age Band	Monthly	Annual	Monthly	Annual	Monthly	Annual
0 - 17	140.20	1,602.24	225.38	2,575.72	275.93	3,153.43
18 - 25	162.79	1,860.36	261.69	2,990.67	320.38	3,661.45
26 - 30	197.02	2,251.63	316.73	3,619.66	387.76	4,431.51
31 - 35	216.65	2,475.94	348.28	3,980.26	426.39	4,872.99
36 - 40	235.95	2,696.57	379.31	4,334.94	464.39	5,307.22
41 - 45	277.16	3,167.47	445.55	5,091.94	545.48	6,234.01
46 - 50	324.40	3,707.42	521.50	5,959.96	638.47	7,296.72
51 - 55	434.77	4,968.71	698.92	7,987.57	855.68	9,779.09
56 - 60	502.16	5,738.90	807.25	9,225.71	988.31	11,294.94
61 - 65	683.43	7,810.59	1,098.66	12,556.12	1,345.08	15,372.32
66 - 70	944.03	10,788.83	1,517.59	17,343.86	1,857.97	21,233.91
71 - 75	1,228.23	14,036.89	1,974.47	22,565.36	2,417.33	27,626.53
76 - 79	1,517.50	17,342.79	2,439.49	27,879.84	2,986.64	34,132.99
80+ (renewals only)	1,671.42	19,101.89	2,686.93	30,707.72	3,289.58	37,595.14

### Worldwide Excluding USA Elective Treatment

**USD 500 Deductible** - Rates inclusive of 9% GST for Singapore Residents

SimpleCare	SimpleCare CORE		SimpleCare 100		SimpleCare 250	
Age Band	Monthly	Annual	Monthly	Annual	Monthly	Annual
0 - 17	107.85	1,232.50	173.37	1,981.33	212.25	2,425.72
18 - 25	125.22	1,431.05	201.30	2,300.52	246.45	2,816.50
26 - 30	151.56	1,732.02	243.64	2,784.36	298.28	3,408.86
31 - 35	166.65	1,904.57	267.91	3,061.74	327.99	3,748.46
36 - 40	181.50	2,074.29	291.78	3,334.57	357.22	4,082.48
41 - 45	213.20	2,436.52	342.73	3,916.88	419.60	4,795.39
46 - 50	249.54	2,851.87	401.16	4,584.59	491.13	5,612.86
51 - 55	334.44	3,822.08	537.63	6,144.28	658.21	7,522.38
56 - 60	386.28	4,414.54	620.97	7,096.70	760.24	8,688.42
61 - 65	525.72	6,008.15	845.13	9,658.55	1,034.68	11,824.86
66 - 70	726.18	8,299.10	1,167.38	13,341.44	1,429.21	16,333.78
71 - 75	944.80	10,797.61	1,518.83	17,357.97	1,859.48	21,251.18
76 - 79	1,167.31	13,340.61	1,876.53	21,446.03	2,297.42	26,256.15
80+ (renewals only)	1,285.71	14,693.76	2,066.87	23,621.33	2,530.45	28,919.34

## PREMIUMS – Group Policies

- USD/SGD group premium rates are determined based on the plan chosen, ages of the insured persons, applicable deductible, group size, payment frequency, and past claims experience (if applicable). Group quotations are valid for 30 days.

## KEY PRODUCT PROVISION

The following are key product provisions found in the policy terms and conditions. This is only a brief summary and you are advised to refer to the terms and conditions of the policy for details of coverage, benefits, exclusions and general conditions. Please consult your intermediary or the insurer should you need further explanation.

### 1. Eligibility

The following basic eligibility rules apply for all SimpleCare plans:

Available to residents of Singapore

Age limits:

For individuals and families policies, the maximum entry age is 79. All insured persons must be under 80 years of age at the entry date of the insurance plan. For group policies, the maximum entry age of employees is 65.

Dependents cover:

- One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with the applicant, or up to 28 years old if in full time education can be enrolled as dependents under the plan with additional premium.
- New born babies can be added to the plan from their date of birth provided the enrollment is reported to Now Health International within 30 days of birth subject to the condition listed in the policy provisions, with additional premium.
- Children cannot be added to the plan unless a parent or legal guardian is an insured person
- Dependents must be covered under the same level of benefit as the applicant.

Underwriting:

Application is subject to underwriting review and acceptance.

Free Look Period:

14 Days free look privilege for individuals and families policies.

The period of cover is 12-month period starting from the plan start date or any subsequent renewal date as applicable.

### 2. Terms of Renewal

- Prior to the end of any period of cover we will write to you to advise on what terms the plan will continue, provided the plan is still available. If we do not hear from you in response, we will renew your plan on the new terms. Where you have opted to pay premiums by continuous credit card payments or other payment method, we may continue to collect premiums by such method for the new plan year. Please note that if we do not receive your premium, you will not be covered. If the plan you were on is no longer available, we will do our best to offer you cover on an alternative plan.
- This is a short-term accident and health policy and the insurer is not required to renew this policy. The Insurer may terminate this policy by giving you such period of notice in writing as per the policy terms.

### 3. Premium

The premiums are not guaranteed. The insurer may at its sole discretion increase the policy premium at your renewal.

This plan is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

### 4. Waiting Period for Dental and Maternity Benefit

- A 9 month waiting period for dental care benefit applies to the SimpleCare 250 plan.
- A 12 month waiting period for optional maternity benefit applies to group plans.

### 5. Exclusions

There are certain conditions whereby the benefits under this plan will not be payable. There are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions.

Below are the plan limitations that apply in addition to any personal exclusions detailed in the Certificate of Insurance. These include treatments that may be considered a matter of personal choice (such as cosmetic treatment) and other treatments that are excluded from cover:

#### 1. Act of Terrorism, war and illegal acts

We do not pay for treatment of any condition resulting directly or indirectly from, or as a consequence of war, acts of foreign hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, unless you are an innocent bystander. You are not covered for costs arising from taking part in any illegal act.

#### 2. Administrative and shipping fees

You are not covered for any charges made by a medical practitioner or dental practitioner for filling in claim forms or providing medical reports. You are not covered for any charges where a police report is required. You are not covered for the cost of shipping (including customs duty) on transporting medication.

#### 3. Alcohol and drug abuse

You are not covered for costs for treatment resulting from dependency on or abuse of alcohol, drugs, or other addictive substances and any illness or injury arising directly or indirectly from such dependency or abuse.

#### 4. Chemical exposure

You are not covered for treatment costs directly or indirectly caused by or contributed to or arising from: ionizing radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

5. Cosmetic treatment

You are not covered for treatment costs relating to cosmetic or aesthetic treatment or any treatment related to previous cosmetic or reconstructive surgery (whether or not for psychological purposes) to enhance your appearance, even when medically prescribed, such as but not limited to acne, teeth whitening, lentigo and alopecia. The only exception is an initial reconstructive surgery necessary to restore function or appearance after a disfiguring accident, or following a surgical procedure for an eligible medical condition if the accident or surgery occurs during your membership.

6. Contamination

We do not pay for the treatment of any conditions, or for any claim arising directly or indirectly from chemical or biological contamination, however caused, or from contamination by radioactivity from any nuclear material whatsoever, or asbestosis, including expenses in any way caused by or contributed to by an act of war or terrorism.

7. Chronic Conditions

You do not have cover for costs relating to the maintenance of chronic conditions unless you are insured under SimpleCare 100 or SimpleCare 250. We will pay such eligible costs under Benefit 19 - Out-Patient Charges.

8. Coma or Vegetative State

We will not pay for any treatment costs incurred by an insured person after being in a coma or in a vegetative state for more than 12 months. We will, however, pay for any active treatment costs of an eligible medical condition incurred within the first 12 months of the coma or the vegetative state.

9. Deductible, Out-Patient Per Visit Excess or Co-Insurance

You are not covered for the amount of the deductible, out-patient per visit excess or co-insurance that is shown on your Certificate of Insurance. We will treat any arrangement with or any offer by a provider to charge us a higher fee to cover the amount of the deductible, out-patient per visit excess or co-insurance as fraud and we will take legal action.

10. Dental care

You are not covered for any dental care unless these benefits are included on your Certificate of Insurance. However we will pay for emergency in-patient dental treatment following an accident as detailed in the Benefit Schedule. We will not pay for any telephone or travelling expenses incurred in seeking dental advice or treatment, damage to dentures unless being worn at the time of the accident, or the cost of treatment made necessary by an accidental dental injury if:

- The injury was caused by eating or drinking anything, even if it contains a foreign body
- The damage was caused by normal wear and tear
- The injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn
- The injury was caused by any means other than extra-oral impact
- The damage was caused by tooth brushing or any other oral hygiene procedure
- The damage is not apparent within 10 days of the impact which caused the injury
- The costs are incurred more than 18 months after the date of the injury which made the treatment necessary

11. Developmental disorders

You are not covered for treatment of developmental, behavioural or learning problems such as attention deficit hyperactivity syndrome, speech disorders or dyslexia and physical developmental problems.

12. Dietary supplements and Cosmetic Products

We do not pay for nutritional or dietary consultations and supplements, including, but not limited to, special infant formula and cosmetic products including but not limited to moisturizers, cleansers, lotions, soaps, shampoos, sunscreen, mouth wash, antiseptic lozenges, even if medically recommended or prescribed or acknowledged as having therapeutic effects.

13. Eating disorders

You are not covered for costs relating to treatment of eating disorders such as, but not limited to, anorexia nervosa and bulimia.

14. Experimental Treatment and drugs

You are not covered for treatment or drugs which have not been established as being effective or which are experimental. For drugs this means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and be used within the terms of that licence.

For established treatment, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced and published medical journals and/or been approved by the National Institute for Health and Clinical Excellence for specific purposes to be considered proven safe and effective therapies.

15. Eyesight tests or vision correction, hearing tests, hearing or visual aids

You are not covered for hearing aids or cochlear implants. You are not covered for routine hearing tests unless a Wellness Benefit is shown on Your Certificate of Insurance. You are not covered for routine eyesight tests or the cost of eyeglasses, contact lenses or laser eye surgery to correct vision unless an Optical Benefit is shown on Your Certificate of Insurance. We do pay for eye surgery to correct an Eligible Medical Condition.

16. External Prosthesis

You are not covered for any costs relating to providing, maintaining and fitting of any external prosthesis or appliance or other equipment, medical or otherwise except as is specified under the hospital charges, medical practitioner and specialists fees benefit.

17. Failure to follow medical advice

We do not pay for treatment arising from or related to your unreasonable failure to seek or follow medical advice and/or prescribed treatment, or your unreasonable delay in seeking or following such medical advice and/or prescribed treatment. We do not pay for complications arising from ignoring such advice.

18. Foetal surgery

We do not cover the costs of surgery on a child while in its mother's womb.

19. Genetic testing

We do not cover the cost of genetic tests, when those tests are undertaken to establish whether or not you may be genetically disposed to the development of a medical condition.

20. Hazardous sports and pursuits

We do not cover treatment of injuries sustained from base jumping, cliff diving, motor sports, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 30 metres, trekking to a height of over 4,000 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.



21. HIV, AIDS or sexually transmitted disease  
You are not covered for treatment for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by or related to Human Immunodeficiency Virus (HIV) (or both) and sexually transmitted disease.
22. Hormone Replacement Therapy  
You are not covered for the costs of treatment for Hormone Replacement Therapy (HRT). We will cover medical practitioner's fees including consultations, the cost of implants, patches or tablets which are medically necessary as a direct result of medical intervention, up to a maximum of 18 months from the date of medical intervention and for Menopause Hormone Replacement Therapy where onset and Treatment commence below the age of 40 years.
23. Obesity and Weight Loss  
You are not covered for costs of Treatment for, or related to Bariatric surgery and any complications arising from it. You are not covered for costs of Treatment for, or related to removing fat or surplus healthy tissue from any part of the body and any complications arising from it. You are not covered for the costs of Treatment for, or related to weight loss including weight loss medications and any complications arising from them.
24. Nursing homes, convalescence homes, health hydros, and nature cure clinics  
You are not covered for treatment received in nursing homes, convalescence homes, health hydros, nature cure clinics or similar establishments. You are not covered for convalescence or where you are in hospital for the purpose of supervision. You are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and/or if the hospital has effectively become your home.
25. Palliative and Hospice Care  
On diagnosis of a terminal illness by a medical practitioner or specialist, we do not cover the costs of hospital or hospice accommodation or costs of any other treatment for the purpose of offering temporary relief of symptoms.
26. Pregnancy or maternity  
You are not covered for costs relating to pregnancy or childbirth, emergency or voluntary caesarean section unless maternity benefit is shown on Your Certificate of Insurance.  
These costs are only covered under the maternity benefit and are not covered or recoverable under any other benefits.
27. Pre-Existing Medical Conditions  
Your plan does not cover you for treatment of pre-existing medical conditions and related conditions unless accepted by us in writing.  
A Pre-Existing Medical Condition means any disease, injury or illness for which:
  1. You have received treatment, tests or investigations for, been diagnosed with or been hospitalised for; or
  2. You have suffered from or experienced symptoms; whether the medical condition has been diagnosed or not, at any time before your start date/entry date into the plan.
28. Professional sports  
You are not covered for any costs resulting from injuries or illness arising from you taking part in any form of professional sport. By professional sport, we mean where you are being paid to take part.
29. Psychiatric or Psychological Treatment  
You are not covered for treatment costs related to psychiatric illness or any psychological conditions unless specified in your benefit schedule..
30. Reproductive medicine  
You are not covered for costs relating to investigations into or treatment of infertility and fertility, sterilisation (or its reversal) or assisted conception. You are not covered for the costs in connection with contraception.
31. Routine examinations, health screening, and Vaccinations  
You are not covered for routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which you do not have any symptoms. You are not covered for any type of vaccination costs.
32. Second opinions  
We do not cover the costs of any second or subsequent medical opinions from a medical practitioner or specialist for the same medical condition other than stated in your Certificate of Insurance, unless authorised by us.
33. Self-inflicted injuries or attempted suicide  
You are not covered for any costs for treatment resulting directly or indirectly from self-inflicted injury, suicide or attempted suicide.
34. Sexual problems and gender re-assignment  
You are not covered for treatment costs relating to sexual problems including sexual dysfunction, or gender re-assignment operations or any other surgical or medical treatment including psychotherapy or similar services which arise from, or are directly or indirectly associated with gender re-assignment. You are not covered for the costs of treating sexually transmitted infections.
35. Traditional Chinese Medicine  
You are not covered for the following. Pre-paid treatment Plan or pre-paid package prior to Treatment being received, Over-the-counter traditional Chinese Medicines, Treatments for tonic or cosmetic purposes or weight management. You are not covered for the following Traditional Chinese Medicines (whether prescribed or not) including cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; pearl powder; rhinoceros horn and substances from Asian Elephant, Sun Bear, Tiger or other endangered species. You are not covered for more than one Treatment per day.
36. Sleep disorders  
You are not covered for treatment costs related to snoring, insomnia, jet-lag, fatigue, or sleep apnoea including sleep studies or corrective surgery.
37. Travel/accommodation costs  
You are not covered for transport or accommodation costs you incur during trips made specifically to get medical treatment unless these costs are for an emergency medical evacuation that we pre-authorise. You are not covered for any costs of emergency medical evacuation or repatriating your body that we did not pre-authorise and arrange.
38. Travelling against medical advice  
You are not covered for medical or other costs you incur if you travel against the advice given by your treating medical practitioner.
39. Treatment in high cost medical facilities  
You are not covered for costs of treatment incurred in any medical provider that is listed on our high cost providers list.

40. Treatment by a family member

You are not covered for the costs of treatment by a family member or for self-therapy.

41. Treatment charges outside of our reasonable and customary range

We will not pay treatment charges when they are above the reasonable and customary charges level.

**6. Cancellation/Termination Clause:**

- We may end your plan and all cover under it immediately, or refuse to renew your plan if you break any of the terms of the plan which we reasonably consider to be fundamental.
- If you (or anyone acting on your behalf) make a claim under your plan knowing it to be false or fraudulent, (i.e. You make a misrepresentation) We can refuse to make benefit payments for that claim and may declare the plan void, as if it never existed.

If you are a citizen or permanent resident of Singapore, you are covered by MediShield Life for life, for treatments in Singapore, regardless of pre-existing medical conditions or other circumstances that you face. For more details on your coverage, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg).

Disclosure of Distribution Costs, Charges & Expenses:

You may request for information on remuneration, including any commission, fee and other benefits that your insurance advisor has received or will be receiving for providing advice on, or arranging insurance contracts or both, in respect of any Accident and Health Policy.

This plan is not a Medisave-approved plan and you may not use Medisave plan to pay the premium for this plan. If you are a citizen or permanent resident of Singapore, you are covered by MediShield Life for life, for treatments in Singapore, regardless of pre-existing medical conditions or other circumstances that you face. For more details on your coverage, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg).

Plan Owners' Protection Scheme

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your plan is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association of Singapore (GIA)/ Life Insurance Association of Singapore (LIA) or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).