

Compensation Information for Group Hospital and Surgical (GHS) Main Plan

This plan covers eligible medical expenses incurred as a result of hospitalisation, surgery or accident.

Benefit Schedule	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Type of Hospital	Private	Private	Restructured	Private	Private	Restructured
Annual Limit	\$200,000		N	ot Applicab	le	
Room and Board (Up to 120 days)	1 Bed	1 Bed	1 Bed	2 Bed	4 Bed	4 Bed
Intensive Care Unit High Dependency Ward (Per disability)		\$15,000	\$10,000	\$10,000	\$10,000	\$10,000
Other Hospital Services Surgical Expenses - Waiver of Surgical Table if insured member is admitted to restructured hospital. - Surgeon's fee of more than \$1,500 is subject to Surgical Table if insured member is admitted to a private hospital. Daily In-Hospital Physician's Consultation (Up to 120 days) Ambulance Services	As charged up	\$25,000 per disability	\$20,000 per disability	\$18,000 per disability	\$15,000 per disability	\$15,000 per disability
Pre-Hospitalisation Specialist Consultation (Up to 120 days before hospitalisation or surgery) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees (Up to 120 days before hospitalisation or surgery) Post-Hospitalisation Treatment (Up to 120 days from the insured member's last discharge date from hospital)	to Ānnual Limit	\$3,000	\$2,000	\$1,800	\$1,500	\$1,500
Medical Report Fees		\$150	\$150	\$150	\$150	\$150
Overseas Hospitalisation Due to Accidental Causes		150% of Inpatient Benefits including Pre- and Post-Hospitalisation Treatment (Accidental only)				
Miscarriage Benefit	\$3,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000



Benefit Schedule	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Emergency Accidental Out-patient Treatment	\$3,000	\$2,000	\$2,000	\$1,500	\$1,000	\$1,000
Outpatient Dental Treatment (Due to Accident)	\$3,000	\$2,000	\$2,000	\$1,500	\$1,000	\$1,000
Surgical Implants	\$5,000	\$3,000	\$2,000	\$2,000	\$1,500	\$1,000
Inpatient Psychiatric Treatment	\$8,000	\$5,000	\$5,000	\$3,000	\$2,000	\$2,000
Outpatient Kidney Dialysis (Per policy year)	\$25,000	\$20,000	\$20,000	\$15,000	\$10,000	\$10,000
Outpatient Cancer Treatment (Per policy year)	\$25,000	\$20,000	\$20,000	\$15,000	\$10,000	\$10,000
Death Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Rehabilitation Benefits (Up to maximum benefit limit or up to 31 days, whichever is earlier)	\$10,000	\$8,000	\$8,000	\$5,000	\$5,000	\$5,000
Home Nursing Care (Per policy year) (Up to the maximum benefit limit or up to 30 days, whichever is earlier)	\$10,000	\$6,000	\$6,000	\$5,000	\$3,000	\$3,000
Group Extended Major	Medical					
Eligible medical expenses payable for:			Maxim	ıum limit per	disability	
 Hospitalisation of more than 20 days; or Surgical expenses of at least 75% of the benefit payable under the surgical table. 		\$100,000	\$100,000	\$80,000	\$60,000	\$40,000
Type of Hospital		Private	Restructured	Private	Private	Restructured
Room and Board (Standard) - Payable from 121 days onwards	Not Applicable	1 Bed	1 Bed	2 Bed	4 Bed	4 Bed
Intensive Care Unit High Dependency Ward Other Hospital Services Surgical Expenses		Payable in excess of the Basic Hospital and Surgical Benefits plan up to the maximum limit shown above.				
Daily In-Hospital Physician's Consultation			Pays fi	om 121 days	s onwards	
Surgical Implants		\$5,000	\$5,000	\$3,000	\$2,000	\$2,000
Co-insurance]	10%	10%	10%	10%	10%



Annual Premium Rates (Premium inclusive of 9% GST)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
0 to 30	\$857.83	\$427.28	\$317.19	\$294.30	\$222.36	\$178.76
31 to 35	\$974.90	\$482.87	\$364.06	\$325.91	\$253.97	\$198.38
36 to 40	\$985.03	\$500.31	\$381.50	\$345.53	\$268.14	\$216.91
41 to 45	\$1,129.24	\$535.19	\$405.48	\$383.68	\$300.84	\$237.62
46 to 50	\$1,437.17	\$745.56	\$542.82	\$502.49	\$413.11	\$319.37
51 to 55	\$1,843.19	\$947.21	\$675.80	\$633.29	\$516.66	\$407.66
56 to 60	\$2,284.97	\$1,172.84	\$891.62	\$863.28	\$651.82	\$547.18
61 to 65	\$3,272.02	\$1,650.26	\$1,245.87	\$1,230.61	\$857.83	\$717.22
66 to 69	\$4,560.84	\$2,153.84	\$1,686.23	\$1,652.44	\$1,149.95	\$974.46
70 to 72^	\$6,473.29	\$3,008.40	\$2,429.61	\$2,370.75	\$1,582.68	\$1,395.20
73 to 75^	\$6,473.29	\$3,525.06	\$2,845.99	\$2,777.32	\$1,854.09	\$1,635.00

[^]renewal premium

Need more protection? Enhance your employees' coverage with these riders.

Optional Rider: Group Outpatient Primary Care (GP)

This rider can be attached to the Group Hospital and Surgical plan. This rider reimburses outpatient medical expenses incurred in GP clinics and the respective X-Ray or Laboratory Test.

Benefit Schedule	Plan 1	Plan 2
Visit to Panel General Practitioner (GP) clinics	As charged	As charged
Visit to Polyclinics (On reimbursement basis)	As charged	As charged
Panel X-Ray and laboratory test (Referred by Panel GP clinics or Polyclinics)	As charged	As charged
Visit to Non-panel GP clinics (On reimbursement basis)	\$35 per visit	\$35 per visit
Panel Telemedicine (Up to 3 visits per year)	As charged	As charged
Visit to Accidental & Emergency department of Singapore hospitals (On reimbursement basis, up to 3 visits per year)	\$100 per visit	\$80 per visit
Overseas outpatient treatment (On reimbursement basis)	\$35 per visit	\$35 per visit
Visit to Traditional Chinese Physician (TCM) (By registered TCM in Singapore) (On reimbursement basis, up to 5 visits per year)	\$35	\$35
Co-payment (Applicable to all benefits)	Not Applicable	\$10
Annual Premium inclusive of 9% GST	\$313.92	\$252.88



Optional Rider: Group Outpatient Specialist Care

Group Outpatient Specialist Care rider can be purchased only when Group Outpatient Primary Care (GP) is taken up. This rider reimburses outpatient medical expenses incurred in Specialist clinics and the respective X-Ray or Laboratory Test.

Benefit Schedule	Plan 1	Plan 2				
Referral letter from a Registered Medical Practitioner is required for all benefits						
 Specialist Consultation & Medication By Panel Specialist (On cashless basis) By Specialist Outpatient Clinics in Restructured Hospitals (On reimbursement basis) 	\$1,500 per year	\$1,000 per year				
Non-Panel Specialist Consultation & Medication (On reimbursement basis)	\$300 per year	\$200 per year				
 Specialist X-Ray and Laboratory Test Panel Specialist (On cashless basis) Specialist Outpatient Clinics in Restructured Hospitals (On reimbursement basis) Non-Panel Specialist (On reimbursement basis) Diagnostic Test (including MRI or CT scan) (On reimbursement basis)	\$1,000 per year	\$800 per year				
Occupational therapy or Physiotherapy or Chiropractor* (On reimbursement basis) *Waiver of referral letter for Chiropractor	\$500 per year	\$500 per year				
Outpatient Psychiatric Treatment (On reimbursement basis)	\$500 per year	Not Applicable				
Annual Premium inclusive of 9% GST	\$222.36	\$144.97				

Optional Rider: Group Dental

This rider can be attached to the Group Hospital and Surgical plan.

Benefit Schedule	Plan 1	Plan 2
Maximum Benefit Per Member Per Year	\$600	\$300
 This section offers wide range of treatments such as: Consultation and Oral Examination Medication including administration of Local Anesthesia Gum Treatments X-Rays Dental Prophylaxis Amalgam / Composite Fillings Tooth-Colored Restorations Extractions Sedative Dressings 	As Charged	As Charged



Benefit Schedule	Plan 1	Plan 2
 Retention pins - restoration of tooth Oral Surgery (surgical root removal or removal of wisdom tooth) Pulp / Root Canal Treatment Periodontal Treatment Root Planning Crowning (due to accidental cause) Bridges (due to accident cause) Tooth replantation (insured member's own natural tooth) 	As Charged	As Charged
Co-insurance (per claim)	20%	20%
Annual Premium inclusive of 9% GST	\$211.46	\$158.05

Compensation Information for Group Term Life (GTL) Main Plan

This plan provide coverage for death and total and permanent disability (TPD before age 65).

Group Term Life (GTL)	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Sum assured	\$500,000	\$300,000	\$200,000	\$100,000	\$50,000

Annual Premium Rates

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0 to 30	\$375	\$225	\$150	\$75	\$38
31 to 35	\$400	\$240	\$160	\$80	\$40
36 to 40	\$475	\$285	\$190	\$95	\$48
41 to 45	\$750	\$450	\$300	\$150	\$75
46 to 50	\$1,100	\$660	\$440	\$220	\$110
51 to 55	\$2,000	\$1,200	\$800	\$400	\$200
56 to 60	\$3,575	\$2,145	\$1,430	\$715	\$358
61 to 65	\$6,000	\$3,600	\$2,400	\$1,200	\$600
66 to 69	\$9,100	\$5,460	\$3,640	\$1,820	\$910



Optional Rider: Group Critical Illness (Accelerated)

With this rider, your employees can receive a lump sum pay out upon diagnosis of any of the 37 specified Critical Illnesses.

Group Critical Illness	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Sum assured	\$250,000	\$150,000	\$100,000	\$80,000	\$50,000

Annual Premium Rates

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0 to 30	\$163	\$98	\$65	\$52	\$33
31 to 35	\$214	\$128	\$85	\$68	\$43
36 to 40	\$362	\$217	\$145	\$116	\$72
41 to 45	\$576	\$346	\$230	\$184	\$115
46 to 50	\$1,063	\$638	\$425	\$340	\$213
51 to 55	\$1,988	\$1,193	\$795	\$636	\$398
56 to 60	\$2,750	\$1,650	\$1,100	\$880	\$550
61 to 65	\$4,625	\$2,775	\$1,850	\$1,480	\$925
66 to 69	\$7,521	\$4,513	\$3,009	\$2,407	\$1,504

Note: Premium rates for all main plans and riders are not guaranteed and may be reviewed from time to time. The premiums that you pay are based on the insured's age last birthday. Premium rates will change when the insured enters a higher age band.



Compensation Information for Group Personal Accident (GPA) Main Plan

This plan covers accidental death, permanent disablement due to accident and accidental medical expenses.

Group Personal Accident (GPA)	Plan 1	Plan 2	Plan 3
Accidental Death	\$500,000	\$300,000	\$100,000
Permanent Disablement	\$500,000	\$300,000	\$100,000
Accidental Medical Expenses	\$5,000	\$4,000	\$2,000

Annual Premium Rates (Premium inclusive of 9% GST)

Occupational Class	Plan 1	Plan 2	Plan 3
Class 1	\$231.08	\$138.43	\$45.78
Class 2	\$299.75	\$179.85	\$59.95
Class 3	\$446.90	\$268.14	\$89.38

Note: Premium rates for all main plans and riders are not guaranteed and may be reviewed from time to time.