

## FACT SHEET

## NUS Group Hospitalisation &amp; Surgical (GHS) Insurance



## Eligibility

Registered Active and Full-Time Local Undergraduate Students of National University of Singapore (NUS) who have paid the insurance premium. (Local refers to Singaporeans or Singapore Permanent Residents.)

## Coverage

The insurance covers reasonable and customary charges incurred for hospitalisation and/or surgical expenses for treatment for Illness or Injury subject to policy limits, terms and conditions.

## Period of Insurance

The cover commences on 1 August 2017 and ends on the conferment date. For special cases, coverage period will be as advised by NUS.

## Overseas Treatment

Eligible medical expenses incurred for emergency treatment while overseas will be covered up to B2 level charges for equivalent treatment in National University Hospital (NUH), if these are lower than the charges actually incurred overseas, subject to the Policy limits.

(a) Official NUS trip	Covered
(b) Non-official NUS trip	Covered up to 185 consecutive days
(c) International Student who returns to his home country for medical treatment	Covered up to 185 consecutive days
(d) Travel overseas intentionally for treatment, except (c)	Not Covered

## Extensions

- Covers pre-existing conditions from inception;
- Covers mental illness;
- Covers all programs, activities and events, sports and competitions organised, authorised and/or approved by NUS, NUS Student Societies and/or its Clubs or in which the student participates as a representative of NUS, held in Singapore or overseas;
- Covers radiation, chemical contamination and similar hazards for students who are involved in laboratory work in NUS or a collaborator's laboratory in Singapore or overseas;
- Covers occupationally acquired HIV for students of the medical, nursing, dental and similar health related faculties/schools;

## Conversion to Individual Plan after graduation

Upon the end of the student's candidature with NUS, he may apply for a comparable individual hospitalisation and surgical insurance plan under AXA's Group Leaver Plan, provided the student

- has been continuously insured under NUS's Group Plan for at least 12 consecutive months,
- submits an application form within 30 days from the termination date of cover under NUS's Group Plan,
- accepts AXA's terms and conditions at that time; and
- pays the appropriate premium required by AXA.

## Some Definitions

**Disability** All medical conditions resulting from an Illness arising from the same cause, including any and all complications arising therefrom or closely related thereto, except that after fourteen (14) days following the latest discharge from Hospital or Surgery, any subsequent Disability from the same cause shall be considered as a new Disability.

**Emergency Treatment** Urgent remedial treatment to avoid death or impairment to the Insured Member's immediate or long-term health prospects.

**Reasonable and Customary Charges** Charges for medical care which shall be considered by Us or by Our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like for like or comparable treatment.

We will base that calculation on a combination of Our global experience, statistical information provided by local health authoritative body and information collected from medical Specialists and Surgeons practicing in the country or area where the treatment is received.

We may proportionately reduce any claim to reflect what would have been reasonably incurred, based on the professional opinion of Our Physician. In the event of any differences in opinions between Our Physician and Your Physician, Our Physician's opinion shall prevail.

## Apply for Letter of Guarantee (LOG)

A LOG is a document issued by the insurer for hospitalisation and/or surgery. 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. You will have to pay to the hospital any amount not covered by the insurance after the hospital bill is finalised.

**STEP 1** Go to [www.mycg.com.sg/nus](http://www.mycg.com.sg/nus) and complete the "LOG Request" online form at least 5 working days before the scheduled hospital admission/surgery. For emergency admission, please contact MYCG as soon as possible.

**STEP 2** Email these documents to [nus@mycg.com.sg](mailto:nus@mycg.com.sg):

- Completed "Release of Medical Information Form" (ROMIF)
- Copy of referral letter, test reports etc. if any
- Copy of \*Financial Counselling/ Admission Form/ Day Surgery Authorisation Form/ Estimated Bill etc.

\*The hospital will give these documents to the patient when the admission date is confirmed. The documents should contain the estimated bill, diagnosis and treatment information.

**STEP 3** The insurer will assess the case. If approved, the LOG will be faxed to the hospital 1 day prior to admission. A copy will be emailed to the student.

**STEP 4** Upon discharge from the hospital, the student is required to email the Discharge Summary and any Pre and Post hospitalisation/surgery bills to MYCG.

## Claim Procedure

Claims should be submitted within 30 days of treatment. If more time is required, please go to [www.mycg.com.sg/nus](http://www.mycg.com.sg/nus) and submit the "Claim Notification" online form.

**STEP 1** Prepare/obtain the following documents:

Document Checklist	GHS (w/ LOG)	GHS (No LOG)
Completed Claim Form	✓	✓
Original Final Hospital Bill (the hospital will send the final bill to the patient within 2 to 3 weeks after discharge)		✓
Pre & Post hospitalisation/ surgery bills	✓	✓
Other Medical Bills		
Inpatient Discharge Summary	✓	✓
Copy of Referral Letter, A&E Memo etc.		✓
Written Test Reports (e.g. x-ray, MRI), if any		✓
Copy of Police Report (for road traffic accident cases)	✓	✓

**STEP 2** Submit the claim at [www.mycg.com.sg/nus/eclaim](http://www.mycg.com.sg/nus/eclaim). Please keep the original bills for up to six (6) months from the date of treatment as the insurer may request for verification or audit.

**STEP 3** Claims for hospitalisation/surgery bill - please post or hand the original documents to MYCG and keep a copy for your records.

Generally, claims will be processed within 30 days after receipt of complete documents and information. The student will be notified of the result of the claim by email. For approved medical expense claims, the reimbursement will be credited into the student's bank account.

## Leave of Absence due to Medical Reason

If a student takes leave of absence due to medical reason, he will be covered up to the end of the next semester, after the semester in which he was diagnosed provided the insurance premium is paid.

## Termination of Cover

The student's cover will be terminated:

- when the student ceases to be a registered, active and full-time local student of NUS
- on conferment date
- when the benefit limit has been reached
- if the student did not pay the insurance premium
- if the policy has expired

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## Benefits

Item	Benefits	Limit Per Disability
1	<p><b>Room &amp; Board</b> Charges incurred for Standard Room accommodation (including meals and general nursing services).</p> <p>(a) The aggregate number of days for which the daily room and board charges are payable shall include confinement in the Intensive Care Unit of the Hospital. (b) This includes staying in a Short-Stay Ward but excluding (i) pre-Hospitalisation treatment which is given before and (ii) post-Hospitalisation treatment which is given after the stay in Short-Stay Ward that does not result in Hospitalisation confinement.</p>	B2 (6 bedded) Up to 21 days
2	<p><b>Intensive Care Unit (ICU) High Dependency Unit (HDU)</b> Charges incurred during confinement as an Inpatient in the Intensive Care Unit of the Hospital.</p> <p>In the event that an Insured Member shall be confined as an Inpatient in a high dependency unit or coronary care unit or such other similar care units or sections in a Hospital, We shall pay under this Benefit.</p> <p>We will also pay for any room and board charges incurred beyond the ICU limit under daily room and board Benefit.</p>	\$S\$10,000
3	<p><b>Hospital Miscellaneous Services (including implants &amp; prostheses)</b> If We pay the daily room and board charges, We will also pay the Reasonable and Customary Charges incurred on Hospital miscellaneous expenses during the confinement for the following services:</p> <p>(a) use of the operation theatre and equipment; (b) Prescription Drugs; (c) dressings, ordinary splints and plaster casts; (d) Inpatient physiotherapy by a qualified and registered Physiotherapist upon the recommendation and approval of the attending Physician who furnishes specific instructions as to the type and duration of treatment; (e) X-rays, electrocardiograms, basal metabolism test and other laboratory tests; (f) intravenous infusion. (g) Implants, provided that they are surgically implanted, and certified to be Medically Necessary and not implanted for cosmetic reasons; and (h) (h) any lenses, prostheses, braces (excluding braces for teeth), pacemakers, artificial limb or similar orthopaedic appliances.</p>	\$S\$1,000
4	<p><b>Ambulance Charges</b> Charges incurred for necessary domestic ambulance service (inclusive of attendance) to and/or from the Hospital provided that the Insured Member is admitted as an Inpatient.</p>	\$S\$150
5	<p><b>Surgeon's Fee</b> Fees for Surgery (including Day Surgery) by one or more Surgeons.</p> <p>The amount payable is limited to the sum of multiplying the percentage stated in the Schedule of Surgical Benefits by the Maximum Surgical Benefit set out in the Policy Schedule for the type of procedure performed.</p> <p>If two or more surgical procedures are performed through a single incision, We shall pay for the surgical procedure with the highest amount only.</p> <p>The Schedule of Surgical Benefits will not apply where: (a) the surgical fee incurred was \$S\$1,000.00 or less; or (b) the surgical fee was incurred at a Singapore Government Restructured Hospital.</p>	\$S\$1,000
6	<p><b>In-Hospital Physician's Visit</b> Fees charged by the attending Physician for daily bedside visits after Inpatient treatment, limited to one (1) visit per day.</p>	\$S\$35 per day Up to 21 days

Item	Benefits	Limit Per Disability
7	<p><b>Pre-Hospitalisation/Surgery Specialist's Consultation</b> Charges for consultation (including Prescription Drugs) with a Specialist, within ninety (90) days prior to an Inpatient treatment or Day Surgery, where the need for such Hospitalisation or Surgery has arisen as a direct result of the medical examination and investigation findings drawn from the consultation. The Specialist must be referred by a GP. If there is no referral, the consultation charge for the first visit to the Specialist will not be covered.</p>	
8	<p><b>Pre-Hospitalisation/Surgery Diagnostic Services</b> Charges for diagnostic procedures and laboratory examinations, which are recommended in writing by a Physician and incurred within ninety (90) days prior to an Inpatient treatment or Day Surgery.</p>	\$S\$300
9	<p><b>Post-Hospitalisation/Surgery Treatment</b> Charges including traditional Chinese medicine consultations and physiotherapy incurred in follow-up treatment, after Inpatient treatment or Day Surgery, given by or recommended by a Physician, within ninety (90) days immediately following the date of last discharge from Hospital or Day Surgery as a result of an Illness or Injury, excluding charges for drugs prescribed for use beyond one hundred and twenty (120) days after discharge.</p>	
10	<p><b>Medical Report Fees</b> Charges incurred by an Insured Member for any medical reports requested by Us in respect to an Illness or Injury suffered or sustained by the Insured Member in relation to a claim submitted to Us under this policy.</p>	\$S\$100
14	<p><b>Death Benefit</b> We will pay the benefits for death of an Insured Member if notice and proof of claim are given (excluding mass suicide). The general exclusions of this Policy shall not be applicable to this Benefit. This Benefit is payable on a specified sum basis.</p>	\$S\$3,000
15	<p><b>Outpatient Kidney Dialysis</b> Charges for kidney dialysis as recommended by a Physician.</p>	
16	<p><b>Outpatient Cancer Treatment</b> Charges for treatment of an Insured Member for Cancer as recommended by a Physician. This Benefit extends to Cover the maintenance phase of Cancer treatment by the member's attending oncologist or with the member's attending Specialist (by this We mean the Specialist who has diagnosed and treated the member's Cancer). This will include consultation, diagnostic tests or scans, medication prescribed by the attending oncologist or by the attending Specialist to keep the Cancer in remission or to prevent relapse of the Cancer.</p>	\$S\$500
17	<p><b>Anaesthetist Fee</b> Charges incurred for anaesthetist's fees and oxygen and the administration, will be paid up to a limit of 25% of the surgical benefit payable.</p>	25% of Surgeon's Fee

## Hospitals

Covers treatment at:

(a) Singapore Government Restructured Hospitals	Covered
(b) NUS University Health Centre (UHC) for day surgery	
(c) Overseas Hospital (subject to Overseas Treatment clause)	Not Covered
(d) Singapore Government Restructured Hospitals/ Specialist Clinics who operate clinic/facility at Private Hospital	
(e) Private Hospitals	

Singapore Government Restructured Hospitals include:

- Alexandra Hospital (AH)
- Changi General Hospital (CGH)
- Institute of Mental Health (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)

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## Exclusions

This policy shall not cover situations listed below and any medical conditions arising therefrom:

1. Any period of Hospital confinement unless the entire confinement and all the special Hospital services so rendered and performed had been recommended and approved by a Physician and in accordance with the diagnosis and treatment of the condition for which the Hospital confinement was required.
2. Routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations.
3. Treatment for conditions relating to physiological or natural cause such as aging, menopause, or puberty and which are not due to any underlying disease, illness or Injury.
4. Vitamins or supplements whether prescribed or not.
5. Cryopreservation, or harvesting or storage of stem cells as a preventive measure against possible future disease/illness or Injury.
6. Standard toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures nor do We pay for mouthwash, lotions, moisturisers, cleansers, shower gels.
7. Administrative expenses and non-medical personal service and other ineligible non-medical items.
8. Outpatient treatment, traditional Chinese medicine and its related treatment, except as specifically Covered under this policy.
9. Dental care and its related treatment including treatment of Temporo-Mandibular Joint disorder unless it is necessary to treat or replace sound natural teeth damaged or lost as a result of Accident.
10. Pregnancy, childbirth, abortion, miscarriage, infertility, pre and post-natal care and all complications arising therefrom except as specifically Covered under this policy; Birth control measures, assisted reproduction, sterilisation (or its reversal) or any events arising out of or in connection thereto.
11. Circumcision unless Medically Necessary, impotence or any consequence of it.
12. Sickness or disease directly or indirectly arising from sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV) except as specifically Covered under this policy.
13. Treatment which arises from, or is in any way attributable to, sex change.
14. Congenital Conditions or genetic defects including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects.
15. Psychological, emotional, mental or psychiatric conditions, nervous breakdown, mental disorder, alcoholism or substance abuse, suicide or attempted suicide, self-inflicted injuries or any attempt thereat whether sane or insane except as specifically Covered under this policy.
16. Eye tests, refractive errors of the eyes, spectacles and contact lenses.
17. Provision of medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, lenses and dialysis machine except as specifically Covered under this policy.
18. Treatment needed as a result of engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination or chemical contamination.
19. Treatment arising from any consequence (whether direct or indirect) of war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to one of those listed.
20. Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre for Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
21. Genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not Insured Member may be genetically disposed to the development of a medical condition in the future.
22. All types of learning disorders, educational problems, behavioural problems, physical development, or psychological development, including assessment or grading of such problems except as specifically Covered under this policy.
23. Cosmetic or plastic Surgery except for reconstruction Surgery necessary to restore function or appearance caused by Accident or following Surgery for a medical condition, treatment of acne and loss of hair.
24. Treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight improvement; supplements or medications for weight loss or weight improvement.
25. All types of sleep disorder including snoring, insomnia, obstructive sleep apnea or sleep study test.
26. Full-time military, naval or air service personnel, except national reservist duty under the Enlistment Act (Cap. 93).
27. Violation or any attempted violation of the law or resistance or attempted resistance to lawful arrest.

## Contact

Managed by



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Underwritten by



**AXA Insurance Pte Ltd**  
Co. Reg. No. 199903512M

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy 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 GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

**This fact sheet is not a contract of insurance and is to be used as a guide only. Coverage is subject to the full terms & conditions of AXA's Policy which is the operative document. Any discrepancy between the information in this fact sheet and the Policy is unintentional.**