

NUS Group Outpatient Specialist Insurance (SP)

Eligibility

Registered students of National University of Singapore (NUS):

- (a) Full-time Active Local & International Undergraduate Students
- (b) Full-time Active Local & International Graduate Students
- (c) Full-time Active Local & International Non-graduating Students
- (d) Full-time Active Continuing Professional Education (CPE) Students
- (e) Part-time Active Local & International Undergraduate and Graduate Students (admitted from AY2026 onwards)

Note: Local refers to Singaporeans or Singapore Permanent Residents.

Coverage

The insurance covers reasonable and medically necessary treatment of illness or injury by a Specialist in a Singapore Government Restructured Hospital subject to the policy limits, terms and conditions.

Period of Insurance

(a) Full/Part-time Undergraduate Students	From 1 Aug of the year of admission to conferment date
(b) Full/Part-time Graduate Students	From candidature start date to conferment date
(c) Full-time Non-Graduating Students	
(d) Full-time Continuing Professional Education Students	
(e) Ad-hoc Groups	Dates provided by NUS

- For special cases, coverage period will be as advised by NUS.
- Coverage for international students will start on the date of arrival in Singapore or one-month prior to the insurance start date whichever is later. For example, new international undergraduate students, whose insurance cover would ordinarily start on 1 August, will be covered from 1 July instead, if they are in Singapore.
- Coverage will cease for students awaiting conferment date and no Health Service Fee billed.

Overseas Treatment

Unless otherwise stated, the insurance covers treatment in Singapore only except for:

- emergency treatment while overseas and
- international students who return to their home country for treatment

Eligible medical expenses incurred overseas will be covered up to B1 level charges for equivalent treatment in a Singapore Government Restructured Hospital, if these are lower than the charges actually incurred overseas, subject to the policy limits.

Clinics / Hospitals

Covers treatment at:

(a) Specialist Outpatient Clinic (SOC) in Singapore Government Restructured Hospitals	Covered
(b) NUS University Health Centre Specialist Clinic	
(c) Private Specialist Clinics including Outpatient Mental Health	Covered up to 50% of eligible medical expenses
(d) Singapore Government Restructured Hospitals/Specialist Clinics who operate clinics in Private Hospitals	
(e) Overseas Specialist Clinics	Covered subject to Overseas Treatment Clause
(f) Overseas Mental Health Treatment	Not covered except for International Students who return to home country for treatment
(g) Private / Overseas Emergency Care Private / Overseas Physiotherapy	Not Covered

Specialist Outpatient Clinic (SOC) / Singapore Restructured Hospital including:

- 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)
- Tan Tock Seng Hospital (TTSH)
- National Heart Centre (NHC)
- National Skin Centre (NSC)
- Ng Teng Fong General Hospital (NTFGH)
- Sengkang General Hospital (SGH)
- Singapore General Hospital (SGH)
- Singapore National Eye Centre (SNEC)

What is Covered

Benefits	Limit Per Policy Year	
	Local UG	Intl UG All GD & NG CPE + Ad-hoc
Specialist Consultation We shall pay for the expenses incurred in respect of consultation and medication prescribed by a Specialist from Restructured Hospital SOC or UHC Specialist Clinic upon referral by a Registered Medical Practitioner.	\$1,000	\$1,000
X-ray & Laboratory Test We shall pay for the expenses incurred in respect of x-ray & laboratory test recommended by a Specialist from Restructured Hospital SOC or UHC Specialist Clinic.		
Diagnostic Scan e.g. MRI, CT Scan We shall pay for the expenses incurred in respect of any diagnostic scan (including ultrasound) upon referral by a Specialist from Restructured Hospital SOC or UHC GP/Specialist Clinic		
Emergency Care We shall pay for the expenses incurred in respect of emergency outpatient treatment at a Singapore Restructured Hospital Accident & Emergency department only. Treatment at a Private Hospital A&E or overseas is not covered.		
Overseas Treatment We shall pay for the expenses incurred in respect of outpatient consultation and medication prescribed by a Specialist, including any x-ray & laboratory test or diagnostic test/scan recommended by a Specialist, while the insured member is outside Singapore. The Specialist must be referred by a Registered Medical Practitioner.		
Outpatient Physiotherapy We shall pay for the expenses incurred in respect of outpatient physiotherapy treatment in a Restructured Hospital or UHC upon referral by a doctor. Treatment at a Private Physiotherapy clinic or overseas is not covered.	\$2,000	\$2,000
Traditional Chinese Medicine We shall pay for the expenses incurred in respect of consultation and medication prescribed by a registered Chinese Physician in Singapore up to \$30 per visit and 3 visits per policy year. Treatment overseas is not covered.		
Outpatient Mental Health We shall pay for the expenses incurred in respect of outpatient treatment by: (a) A&E in restructured hospitals; (b) A Psychiatrist, Psychologist and/or Neurologist of a Restructured Hospitals SOC or UHC Psychiatry Clinic upon referral by a Registered Medical Practitioner or NUS counsellor. Covers treatment in Singapore only except for international students who return to their home country for treatment.		

Extensions

- (a) Covers pre-existing conditions from inception (except for Ad-hoc Groups where 12-months waiting period will apply);
- (b) Covers mental illness;
- (c) Reimburses Goods and Services Tax charged on medical expenses;
- (d) Covers first year international students upon their arrival in Singapore or one (1) month prior to the insurance start date whichever is later;
- (e) Covers all programs, activities, events, sports and competitions organized, authorised and/or approved by NUS, NUS students' societies and/or its clubs or in which the student participates as a representative of NUS, held in Singapore or overseas;
- (f) 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;
- (g) Covers HIV/AIDs accidentally contracted in the course of work for students of the medical, nursing, dental and similar health related faculties/schools.

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Payment of Medical Bills

Please pay the medical bill first and submit a claim for reimbursement.

Claim Procedure

Claims should be submitted as soon as possible but **within 30 days** from the date of treatment. If more time is required, please notify us by email of any possible claim within 30 days from the treatment date.

All claims are to be submitted via the IHP OneConnect App or portal. For more information and user guide, please refer to www.mycg.com.sg/nus.

Step 1 For first-time users, please register on www.mycg.com.sg/nus. A welcome email containing the User ID and password will be sent to your official NUS email within 2 weeks.

Step 2 Prepare/obtain the supporting documents:

Documents Required	SP Claim
Medical Invoices (with details of treatment)	✓
Payment Receipt (if the invoice shows payment is due)	✓
Referral Letter	✓
Test Order Form, if any	✓
Written Test Reports (e.g. x-ray, MRI), if any	✓
Police Report (for road traffic accident cases)	✓
Medical Report (for overseas treatment)	✓
Doctor's Memo (if initial treatment started before joining NUS)	✓
Previous Insurer's Settlement Letter/Email (if initial treatment started before 01/08/2022)	✓

Step 3 Log in to "IHP OneConnect" app or portal <https://eclaim.ihp.com.sg>.

Step 4 Click on the "Claims" icon.
Complete the online form and upload the supporting documents.

Note:

- If the required documents (eg. referral letter, test report, discharge summary etc.) are not provided to you, please request from the clinic/hospital during the visit. Otherwise, you may have to return to the clinic/hospital to request for it.
- The insurer may request for further information/documents on a case-by-case basis in order to assess the claim.
- Original invoices and receipts must be kept for one (1) year from the date of treatment and provided to the insurer on request.
- Generally, medical expense claims will be processed within 30 days after complete claim documents and information are received.
- Students can check status of claims via the app or portal.
- Notification of the result of the claim or request for documents/information will be sent via the app/portal and email.
- Approved medical expense claims 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, the student will be covered up to the end of the next semester, after the semester in which he/she was diagnosed provided the insurance premium is paid.

Part-time Students

The insurance covers part-time students for the following:

- For school-related activities, students shall be covered for accidents arising in the course of participating in the activities and events organised by NUS, regardless of whether the accident happened at or outside NUS premises.
- For all other claims that do not fall under (a) (above), we shall pay the insured member after the co-insurance (where applicable) as specified in the table of benefits, the medical expenses which are in excess of the payable amounts under the insured member's Corporate or Personal Insurance.

Termination of Cover

The cover will be terminated:

- upon conferment/completion or date advised by NUS;
- when the policy has expired and not renewed.

What is Not Covered

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under your policy, except as specifically covered under this policy.

- All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- Outpatient Kidney dialysis and cancer treatment.
- Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy, heat therapy; all forms of therapies; counselling or education; alternative or complementary treatments; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology.
- Expenses, deposit, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services; charges for medical report.
- Developmental delay and/or learning disabilities.
- Eye examination, correction of eye refraction, procurement or use of contact lenses or eye glasses; correction of squint or other eye misalignment.
- Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporomandibular joint disorder, oral and maxillofacial surgery.
- Implants; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in hospital or treatment.
- Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- Circumcision unless medically necessary.
- Birth defects; congenital illness or abnormalities.
- Sleep apnoea; sleep test; sleep disorder; insomnia; any treatment for obesity, weight reduction or weight improvement regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.
- Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- Conditions relating to skin, including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance, including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic surgery which are medically necessary arising from an illness or injury while the insured member is insured under this policy.
- Intentional, self-inflicted injuries or attempted suicide whether the insured member is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any illness or injury resulting from such disorders or mental conditions; drug addiction or alcoholism and any illness or injury resulting from or under the influence of alcohol or drugs.
- Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion, shampoo, all kinds of wash, toners, whether prescribed or non-prescribed.

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- (t) House call or office call performed by a Registered Medical Practitioner; surcharge levy on the medical expenses incurred in any clinics or hospital after their standard operating hour or during eve or public holiday.
- (u) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Fulltime service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.

Some Definitions

Accident/ Accidental	Means a sudden, unexpected physical event, which happens during the period of insurance and which must be the only cause of injury.
Chinese Physician	Means a registered practitioner who is licensed to practice traditional Chinese medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member's family member, or his/her business associates including any business partner, employers or employees.
Diagnostic Scan	Means CT Scan, MRI scan, PET Scan, Barium Test and other scans performed by a Specialist or Registered Medical Practitioner for a covered illness or injury.
Emergency	Means a serious injury or the onset of a serious condition which requires immediate medical attention to prevent death or serious impairment of health to insured member.
Illness	Means a physical condition certified by a Registered Medical Practitioner as a pathological deviation from the normal healthy state.
Injury	Means damage or harm caused to the body by an external force suffered during the period of insurance and which is caused only by an accident. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the accident.
Medically Necessary	Means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an injury or illness of the insured member based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if: (a) It is provided only as a convenience to the insured member or medical provider; (b) It is not appropriate treatment for the insured member's diagnosis or symptoms; (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment; (d) It is experimental; (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment; (f) It is a matter of personal choice; or (g) It is an elective treatment.
Reasonable Expenses	Means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the insured member's medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.
Registered Medical Practitioner/ Physician	Means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the insured member or the insured member's family member or his/her business associates including any business partner, employers or employees.
Specialist	Means a Registered Medical Practitioner who has the extra qualifications and expertise needed to practice as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine including but not limited to neurology, pediatrics or orthopedic. They cannot be the insured member or the insured member's family member or his/her business associates including any business partner, employers or employees.
X-ray & Laboratory Test	Means x-ray and laboratory test recommended by a Registered Medical Practitioner for a covered illness or injury.

Please refer to the Policy for the complete list of Definitions.

Some Conditions

Expenses covered by other sources

In the event an insured member is covered under:

- a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider.

The benefits payable under this policy shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance to the table of insured benefits and terms and conditions of this policy.

Subrogation

We shall be entitled to undertake in the name of and on behalf of an insured member the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at our expense and own behalf, but in the name of the insured member to recover compensation or secure indemnity from any third party in respect of anything covered under this policy. The insured member shall cooperate fully with us in this respect and shall not do anything to prejudice our rights.

Right of recovery

We may recover any amount we paid for charges that are not covered under this policy or exceeded the maximum benefits limit as specified in the table of insured benefits. The policyholder and/or the insured member shall fully indemnify and reimburse us for such amount within 30 days from the date of notice given by us requesting for reimbursement.

Difference in opinions

In the event of any differences in opinions between our Registered Medical Practitioner and your Registered Medical Practitioner, our Registered Medical Practitioner's opinion shall prevail.

Claim conditions

Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.

- (a) It shall be a condition precedent to our liability under this policy that all claims shall be made within 60 days from the date of invoice of a medical claim. All claims shall be made on our claim form and submitted to us together with the original copies of receipts and itemised bills.
- (b) Any information required by us for assessing the claim shall be furnished by the insured member at the insured member's expense.
- (c) Any benefits payable under this policy shall be paid to you or the insured member. The insured member or your receipt of any benefit payable under your policy shall in all cases be deemed final and complete discharge of all our liability.

Failure to furnish notice within the time provided in this policy shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

Please refer to the Policy for the complete list of conditions.

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Contact

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IHP 24hr Hotline 6715 9902
MYCG 9762 2062



Web

www.mycg.com.sg/nus



Submit & Track Claims

Download “IHP” mobile app

Log in to <https://eclaim.ihp.com.sg> portal

Managed by MYCG & Partners Pte Ltd | UEN 201803632H
Underwritten by Income Insurance Limited | UEN 202135698W

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

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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).