FACT SHEET – 1 Aug 2022 to 31 Jul 2023
NUS Group Hospital & Surgical Insurance (GHS)

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 Continuing Professional Education (CPE) Students

Note: Local refers to Singaporeans or Singapore Permanent Residents.

Coverage
The insurance covers reasonable expenses incurred for medically necessary hospitalisation and/or surgery treatment of illness or injury in a Singapore Government Restructured Hospital subject to the policy limits, terms and conditions.

Period of Insurance

<table>
<thead>
<tr>
<th>(a) Undergraduate Students</th>
<th>From 1 August of the year of admission To conferment date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Graduate Students</td>
<td>From candidature start date To conferment date</td>
</tr>
<tr>
<td>(c) Non-Graduating Students</td>
<td>From candidature start date To candidature end date</td>
</tr>
<tr>
<td>(d) Continuing Professional Education Students</td>
<td>From candidature start date To candidature end date</td>
</tr>
</tbody>
</table>

- 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.

Overseas Treatment
Eligible medical expenses incurred for emergency treatment while overseas will be covered up to B2 (for local students) and B1 (for international students) 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.

The insurance does not cover travel overseas intentionally for treatment except for international students who return to their home country for treatment.

Extensions
(a) Covers pre-existing conditions from inception;
(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.

Termination of Cover
The cover will be terminated:
(a) when the student ceases to be a registered full-time active student of NUS;
(b) upon conferment;
(c) when the policy has expired and not renewed.

Letter of Guarantee (LOG)
A LOG is a document issued by the insurer to guarantee hospitalisation/surgery expenses in Singapore. It is not valid for pre or post hospitalisation/surgery, outpatient expenses and overseas treatment. 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. The student 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 and complete the “LOG Request” online form at least 5 working days before the scheduled admission/surgery. For emergency admission, please contact MYCG as soon as possible.

Step 2 Email these documents to nus@mycg.com.sg:
(a) Completed LOG Request Form (download from website)
(b) Care Cost Form / Financial Counselling Form / Admission Form / Day Surgery Authorisation Form
  • The hospital will give these documents to the patient when the admission date is confirmed.
  • The documents should contain the diagnosis, name of surgery (if any) and estimated bill.
(c) Referral letters, tests reports etc. if any

Step 3 The insurer will assess the case. If approved, the LOG will be emailed to the hospital and student 1 day prior to admission.

Step 4 After discharge from the hospital, please email the Discharge Summary to MYCG.

Claim Procedure
Claims should be submitted as soon as possible but within 30 days of the date of treatment. The IHP app and portal user guide can be found on www.mycg.com.sg/nus.

Step 1 Prepare/obtain the supporting documents:

<table>
<thead>
<tr>
<th>Documents Required</th>
<th>GHS Claim (w/LOG)</th>
<th>GHS Claim (No LOG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Hospital Invoice (the hospital will send the final invoice to the patient within 2 to 4 weeks after discharge)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pre/Post hospitalisation/surgery invoice</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Payment Receipt (if the invoice shows payment is due)</td>
<td>(Pre/Post)</td>
<td>✓</td>
</tr>
<tr>
<td>Inpatient Discharge Summary</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Referral Letter, A&amp;E Memo if any</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Written Test Reports (e.g. x-ray, MRI), if any</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Police Report (for road traffic accident cases)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medical Report (for overseas treatment)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>H&amp;S – hospitalisation and/or surgery</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Step 2 Log in to the “IHP” app or the portal https://eclaim.ihp.com.sg.

Step 3 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 or portal.
- Approved medical expense claims will be credited into the student’s bank account.

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### What is Covered

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Full-Time Local UG</th>
<th>Full-Time Intl UG + All GD &amp; NG + CPE</th>
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<td>Limit Per Disability</td>
<td>Limit Per Policy Year</td>
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</table>

#### Daily Room & Board
We shall pay for the Daily Room & Board charges (that is ward charges) when the insured member is admitted as a patient in a hospital.

In the event that an insured member is being treated and/or confined in a non-standard room (whether voluntary or otherwise), we shall pay only the charges incurred in respect of a standard room in that hospital.

<table>
<thead>
<tr>
<th>B2 Ward</th>
<th>B1 Ward</th>
</tr>
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<tbody>
<tr>
<td>(max 21 days)</td>
<td></td>
</tr>
</tbody>
</table>

#### High Dependency Ward (HDW)
We shall pay for the daily charges incurred when the insured member is confined to the HDW.

- Intensive Care Unit (ICU)
We shall pay for the daily charges incurred when the insured member is confined to the ICU. This benefit shall include Intermediate Care Area (ICA) and Coronary Care Unit (CCU) for heart patient.

- **Limit:** $10,000

#### Other Hospital Services
We shall pay for the charges incurred when the following services are rendered:
- Use of operating room
- Drugs and medicines consumed in the hospital only
- Dressings, ordinary splints and plaster casts
- Physical Therapy
- Anaesthesia and oxygen and their administration
- Intravenous infusions
- Inpatient diagnostic procedures

- **Limit:** $1,000

#### Surgical Implants & Prosthesis
We shall pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be medically necessary by a Registered Medical Practitioner and not implanted for cosmetic reasons.

#### Surgical Expenses
We shall pay for the charges incurred for surgical operations (including day surgery) performed by a Registered Medical Practitioner in a hospital or clinic.

- **Limit:** $1,000

#### Anesthetist’s Fee
25% of Surgical Expenses

#### Daily In-hospital Physician’s Consultation
We shall pay for the consultation fees charged by a Registered Medical Practitioner for consultation during hospital confinement.

- **Limit:** $35 per day (max 21 days)

#### Pre-Hospitalisation Specialist Consultation
We shall pay for the charges incurred for specialist consultation (including medication) recommended by a Registered Medical Practitioner, if such charges are incurred within 90 days prior to the date of hospitalisation or day surgery for the same condition.

#### Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees
We shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a hospital, clinic or laboratory on the recommendation of a Registered Medical Practitioner, if such charges are incurred within 90 days prior to the date of hospitalisation or day surgery for the same condition.

- **Limit:** $300

#### Post-Hospitalisation Treatment (including physiotherapy with referral)
We shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/surgery provided its recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement, if such charges are incurred within 90 days following discharge from the hospital or clinic (in the case of day surgery).

We shall also pay for follow-up consultation by a Chinese Physician recommended by the same Registered Medical Practitioner within 90 days following discharge from the hospital or clinic (in the case of day surgery).

We shall not pay for medicines or drugs prescribed for use beyond 120 days after such discharge.

- **Limit:** $300

#### Inpatient Mental Health Treatment
As per disability

#### Ambulance Fees
We shall pay for the charges incurred for ambulance services to and/or from hospital, provided the insured member is admitted as a patient in a hospital.

- **Limit:** $150

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### Emergency Accidental Outpatient Treatment
We shall pay for the charges incurred if, as a result of an accident, the insured member requires emergency outpatient treatment for injury by a Registered Medical Practitioner in a hospital/clinic or by a Chinese Physician. Such treatment must be sought within 24 hours following the accident.

We shall also pay for the charges incurred for follow-up treatment by a Registered Medical Practitioner or a Chinese Physician up to 31 days from the date of accident. Any charges incurred for treatment by a Chinese Physician shall not exceed S$500 per accident.

| Not Covered |

### Outpatient Dental Treatment (Accidental)
We shall pay for the charges incurred if, as a result of an accident, the insured member requires dental treatment by a dentist to his/her sound natural teeth. Such treatment must be sought within 24 hours following the accident.

We shall also pay for the charges incurred for follow-up treatment by a dentist up to 31 days from the date of accident.

This excludes dental implants, crowning, bridges or dentures.

| Not Covered |

### Claim Medical Report Fees
We shall pay for the charges incurred for any medical reports requested by us.

| $100 |

### Outpatient Kidney Dialysis & Cancer Treatment Benefit
We shall pay for the charges incurred for the following treatment received by the insured member in a hospital or a licensed medical centre or clinic:

- Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer.
- Outpatient renal dialysis.
- Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved by the Ministry of Health (MOH) Singapore.
- Consultation fees, medicines, and examinations and tests carried out by the attending Registered Medical Practitioner as part of stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy or outpatient renal dialysis medical treatment only.

| $500 per policy year | $10,000 per policy year |

### Inpatient Treatment in a Singapore Government Community Hospital (max 30 days)

| As per disability | $10,000 per policy year |

### Compulsory Quarantine
We shall pay for the charges incurred for compulsory stay/quarantine in Singapore Government dedicated facilities, community care facilities, hotels and other types of accommodation (non-hospitals) as required by the Singapore Government if the Insured Person is suspected or diagnosed with an infectious disease such as but not limited to Covid-19.

The coverage shall be based on the standard package provided by the Singapore Government.

Compulsory quarantine applicable to travellers entering Singapore and voluntary quarantine due to any reason are excluded.

| Not Covered | Up to $200/day max 14 days |

### Overall Annual Limit

| Not Applicable | $30,000 |

### Death Benefit
We shall pay the Death benefit if the insured member dies from:

- An Injury;
- An Illness during or after treatment for such Illness, where such treatment was carried out at a Hospital or in Day Surgery;
- Critical Illness
- Suicide (excluding mass suicide)

while his/her cover under this policy is in force.

| $3,000 | $5,000 |

### Hospitals
Covers treatment at:

- **Singapore Government Restructured Hospitals**: Covered
- **NUS University Health Centre (UHC)**: Covered
- **Private Hospitals**: Covered up to 50% of eligible medical expenses
- **Singapore Government Restructured Hospitals/Specialist Clinics who operate clinics in Private Hospitals**: Covered subject to Overseas Treatment Clause
- **Overseas Hospitals**: Covered subject to Overseas Treatment Clause

Singapore Government Restructured Hospitals including:

- Alexandra Hospital (AH)
- Changi General Hospital (CGH)
- Institute of Mental Health / Woodbridge Hospital (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)
What is Not Covered

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

(a) 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.

(b) 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.

(c) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment benefit); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.

(d) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.

(e) Developmental delay and/or learning disabilities.

(f) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.

(g) 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 except where such surgery is for the repair or damage caused solely by an accident covered under this policy.

(h) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheelchair, 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.

(i) 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.

(j) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligament; 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.

(k) Circumcision unless medically necessary.

(l) Birth defects; congenital illness or abnormalities.

(m) Admission for sleep test for diagnostic purposes unless it is followed by surgery; any surgery or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastroscopy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.

(n) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).

(o) 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.

(p) Intentional, self-inflicted injuries or attempted suicide whether the insured member is sane or insane; psychological disorders, personally 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.

(q) 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.

(r) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.

(s) 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.

(t) The benefits payable under this policy will not include the reimbursement of any Goods and Services Tax and other duties or taxes charged or payable.

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.

**Any One Disability**
- (a) All disabilities arising from the same cause including any and all complications, as well as
- (b) Concurrent disabilities from different causes during the same hospital confinement.

**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.

**Day Surgery**
- Surgery which is carried out by a surgeon but not on an inpatient basis.

**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:
  - It is provided only as a convenience to the insured member or medical provider;
  - It is not appropriate treatment for the insured member’s diagnosis or symptoms;
  - It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
  - It is experimental;
  - It is for social or domestic reasons or for reasons which are not directly connected with treatment;
  - It is a matter of personal choice; or
  - 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.

**Standard Room**
- Means the ward with the lowest Daily Room and Board charges for the type of ward which an insured member is entitled under the table of insured benefits in the hospital the insured member is admitted to.

**Surgery**
- Means any invasive surgical intervention in accordance with Ministry of Health’s (MOH) surgical code.

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.

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.

### Claims conditions

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

- a) The insured member has to notify to us, within 30 days from the hospital latest discharge date, informing us of any possible claim. For death claim, notice must be given within 3 months from the death of the insured member.
- b) 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 prescribed forms and submitted to us together with the original copies of receipts and itemised bills.
- c) Any information required by us for assessing the claim shall be furnished by the policyholder at the policyholder’s expense.
- d) 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.