

SMU Group Outpatient Specialist Care Insurance (SP)

Eligibility

Registered active students of Singapore Management University (SMU):

- Full-time local and international Undergraduate students
- Full-time and part-time local and international Graduate students
- Full-time Non-graduating students
- Local NSMen who have matriculated as SMU students
- Other student groups included or excluded as defined by SMU

Note:

- Students of the Singapore Universities Student Exchange Programme (SUSEP) will be covered under their home university.
- Students of the SMU-SUTD Dual Degree Programme will be covered under SUTD.
- 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) Effective Date	Student's matriculation date
(b) Termination Date	When the student's status at SMU changes from Active to Inactive due to graduation, withdrawal and other reasons determined by SMU Note: Graduation date is not the commencement date

For special cases, coverage period will be as advised by SMU.

Overseas Treatment

The insurance covers treatment in Singapore only except for 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.

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

Extensions

- Covers all programs (including exchange and internship), activities, events, sports and competitions organised, authorised and/or approved by SMU, SMU students' societies and/or its clubs or in which the student participates as a representative of SMU, held in Singapore or overseas;
- Covers pre-existing conditions from inception;
- Covers mental illness;
- Reimburses Goods and Services Tax charged on medical expenses.

Termination of Cover

The cover will be terminated:

- when the student ceases to be a registered active student of SMU;
- when the policy has expired and not renewed.

Payment of Medical Bills

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

Benefits

Benefits	Local Student Limit Per Year	International Student Limit Per Year
Specialist Consultation (referred by GP) We shall pay for the expenses incurred in respect of consultation and medication prescribed by a Specialist from SOC in restructured hospitals upon referral by a Registered Medical Practitioner.	\$1,000	\$1,000
X-ray & Laboratory Test (referred by SP) We shall pay for the expenses incurred in respect of x-ray & laboratory test recommended by a Specialist from SOC in restructured hospitals.		
Diagnostic Test/Scan e.g. MRI, CT Scan (referred by SP) We shall pay for the expenses incurred in respect of any diagnostic test/scan upon referral by a Specialist from SOC in restructured hospitals.		
Physiotherapy (referred by SP) We shall pay for the expenses incurred in respect of outpatient physiotherapy treatment upon referral by a Specialist from SOC in restructured hospitals.	\$1,000	\$2,000
Outpatient Mental Health (referred by GP/SP/SMU Counsellor) We shall pay for the expenses incurred in respect of outpatient treatment by: <ol style="list-style-type: none"> A&E in a restructured hospitals; A Psychiatrist, Psychologist and/or Neurologist of a SOC in restructured hospitals upon referral by a Registered Medical Practitioner or SMU counsellor. Medical expenses incurred in a private specialist clinic shall be reimbursed up to 50% of the eligible expenses. Referral from a Registered Medical Practitioner or SMU counsellor is required.		

Hospitals / Specialist Outpatient Clinics

Covers treatment at:

(a) Specialist Outpatient Clinic (SOC) / Singapore Government Restructured Hospital	Covered
(b) Overseas Specialist / Physiotherapy	Not Covered except for international student who returns to home country
(c) Private Specialist / Physiotherapy	Not Covered
(d) Private Specialist (Mental Health)	Covered up to 50% of eligible medical expenses

Specialist Outpatient Clinic (SOC) / Singapore Restructured Hospital 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)
- Tan Tock Seng Hospital (TTSH)
- National Cancer Centre (NCC)
- National Heart Centre (NHC)
- National Skin Centre (NSC)
- Ng Teng Fong General Hospital (NTFGH)
- Sengkang General Hospital (SKGH)
- Singapore General Hospital (SGH)
- Singapore National Eye Centre (SNEC)

SMU Group Outpatient Specialist Care Insurance (SP)

Claim Procedure

Claims should be submitted as soon as possible but **within 30 days** of the date of treatment or happening of the event whichever is earlier. If more time is required, please notify using the “Ask Joey” button in the GroupCare@Income app or portal.

Step 1 Prepare/obtain the following documents:

Documents Required	SP Claim
Medical Invoices (with details of treatment)	✓
Payment Receipt (if the invoice shows payment is due)	✓
Referral Letter (or doctor's memo for follow-up treatment which started prior to joining SMU)	✓
Written Test Reports (e.g. x-ray, MRI), if any	✓
Police Report (for road traffic accident cases)	✓
Medical Report (for treatment in home country)	✓

Step 2 Click on the “Claim” icon in the app/portal to submit the claim.



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.

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. (Except as specifically covered under this policy.)
- 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, temporo-mandibular 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. (Except as specifically covered under this policy.)
- 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.
- 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.
- 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 Test/ Scan	Means CT Scan, MRI scan, PET Scan, Barium Test and other test/scans performed by a Specialist or Registered Medical Practitioner for a covered illness or injury except for x-ray & laboratory test.
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.

SMU Group Outpatient Specialist Care Insurance (SP)

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.

Panel General Practitioner Means a Registered Medical Practitioner who is from clinics that are appointed by us, including Registered Medical Practitioner from polyclinics or Specialist Outpatient Clinics (SOC) in restructured hospitals.

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:

- Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof;
- Any insurance coverage under the government legislation; or
- 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.

- 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.
- Any information required by us for assessing the claim shall be furnished by the insured member at the insured member's expense.
- 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.

Contact



Web
www.mycg.com.sg/smu



Submit & Track Claims
Download GroupCare@Income mobile app
Log in to www.groupcareincome.com.sg portal

Let's Chat
Click on "Ask Joey" in the app & portal

Contact MYCG



smu@mycg.com.sg

+65 6305 4573 (Income 24hr hotline)
+65 8118 6924 / 9762 2062 (MYCG)
+65 9336 0159 (24hr medical emergency hotline)

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 is to 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).