

proMedico



Liberty
Insurance[™]

Member of Liberty Mutual Group

LIBERTY INSURANCE PTE LTD

<i>Schedule of Benefits</i>	<i>Essential</i>	<i>Economy</i>	<i>Executive</i>	<i>International</i>
<i>Section 1</i>				
All Hospital Services	Covered	Covered	Covered	Covered
Room and Board (per day)	S\$200	S\$250	S\$400	S\$700
Intensive Care Unit (per day)	S\$500	S\$800	S\$1,000	S\$1,200
Day Surgery	Covered	Covered	Covered	Covered
Minor Surgical Procedure in an Outpatient Clinic	Covered	Covered	Covered	Covered
Local Ambulance Services	Covered	Covered	Covered	Covered
Pre-Hospital Diagnostic Services (Within 30 days preceding hospital admission)))	Covered	Covered	Covered
Post Hospitalisation Treatment (Within 90 days following discharge from hospital)) S\$2,000 max.))	Covered	Covered	Covered
Organ Transplantation (Max. amount per person per policy year)	Covered	Covered	S\$150,000	S\$200,000
Emergency Outpatient Accidental Treatment (Within 24 hours of accident)	Covered	Covered	Covered	Covered
Emergency Dental Treatment (Within 24 hours of accident)	Covered	Covered	Covered	Covered
Nursing at Home (Max. 26 weeks per policy year)	n.a	n.a.	n.a.	Covered
Permanent Total Disability (Reduce to 50% when the Insured Person is a manual worker)	n.a	n.a.	n.a.	S\$40,000
Outpatient Cancer and Kidney Dialysis Treatment (Max. amount per person per policy year)	S\$10,000	S\$20,000	S\$30,000	S\$50,000
Lodger Benefit (Max. amount S\$100 per day)	n.a	n.a.	Covered	Covered
Emergency Medical Evacuation	n.a	Covered	Covered	Covered
Repatriation/Local Burial (Cover for death in home country is excluded)	n.a	n.a.	S\$5,000	S\$10,000
Maternity Care (12 months waiting period) (Max. amount per pregnancy)	n.a	n.a.	n.a.	S\$5,000
Annual Overall Limit (Max. amount per person per policy year)	S\$50,000	S\$100,000	S\$250,000	S\$800,000

Optional Outpatient Services including

- **General Outpatient Services**
- **Specialist Outpatient Services**
- **Laboratory and X-Ray Services**
- **Prescribed Drugs**

Max. amount : S\$8,000 per person per policy year

Co-insurance : 20% subject to a min. deductible of S\$90 per disability (this deductible / co-insurance applies worldwide)

Territorial Scope : Worldwide (there is no cover available for all persons domicile permanently in USA/Canada/Japan of whatever nationalities).

Co-insurance : Treatments received in USA/Canada/Japan are subject to a 20% co-insurance on the first S\$16,000 of eligible medical expenses.

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is a brief summary and you are advised to refer to the actual terms and conditions in the contract.

- **Cancellation Clause**
The Company reserves the right to terminate the coverage at any time giving 30 days' notice in writing to the Insured. Whenever such cancellation occurs, the Company shall return the unearned portion of premium based on the short rated table (refer to policy contract). No premium will be refunded if claims have already been made by the Insured. Cancellation shall be without prejudice to any claim origination prior to the effective date of cancellation.
- **Terms of Renewal**
Coverage may be renewed on the Policy Anniversary Date by payment of the annual premium.
- **Non-Guaranteed Premium**
Premiums payable for this coverage are not guaranteed and may be revised at policy renewal at the full discretion of the Company.
- **Change of Occupation / Country of Residence**
In the event of a change in occupation of the Insured, the Insured shall notify the Company in writing of the new occupation / country of residence. The Company shall increase or reduce the premium rates according to the risk classification for the new occupation / country of residence.

Note:

- Coverage may be renewed on the expiry date by payment of the annual payment up to the age limit of 69 years old.
- Switching of medical policies may result in having to pay a different premium amount and different policy terms and conditions.
- Maternity Care is only provided if all members of an Insured's family are insured on the same plan under the Policy.
- Proposal for children must include at least one parent.
- All members of the family must be insured on the same plan.

Definition of Benefits

Hospital Services. Medical services rendered to the Insured Person for appropriate treatment procedures and when admitted as a registered in-patient to a hospital for a period of not less than 6 hours. Reasonable and customary charges in the area where treatment is provided for hospital services and surgery including the cost of the room meal charges all hospital medical facilities and all medical treatments and medical services prescribed by a Physician intensive care unit accommodation where this is medically required operating theatre anaesthesia and oxygen and its administration and surgeon's/physician's fee. Day surgery performed on an out-of-hospital basis or in an ambulatory surgical facility attached to a hospital shall be payable accordingly.

Local Ambulance Services. The medically necessary road transportation provided by a recognised ambulance service provider to a local hospital.

Pre-Hospital Diagnostic Services. Costs of specialist opinion/physician or all medically necessary diagnostic procedures ordered by a medical practitioner within 30 days preceding hospital admission as a registered in-patient for the treatment of the specific medical condition diagnosed and provided that such medical condition is covered by the Policy. The same benefit is payable in relation to day surgery. Payment will not be made for clinical treatments (including medications and subsequent consultations after an illness is diagnosed), or if the Insured Person is not subsequently hospitalised or surgically treated after such consultations or examinations.

Post-Hospitalisation Treatment. Expenses for follow-up treatment by the same physician up to a period of 90 days immediately following discharge from hospital. Cover is restricted to follow-up treatments of the specific medical condition for which the Insured Person received in-patient treatment covered by the Policy.

Organ Transplantation. The medical treatment costs incurred in respect of kidney heart lung and liver transplants only. Transplantation costs may only be claimed under this section of the Policy when the Benefit is indicated on the Schedule. No other Policy Benefits would apply to this Organ Transplantation. The cost of acquisition of the organ and all costs incurred by the donor are not covered under the Plan.

Emergency Medical Evacuation. The medically necessary expenses of emergency evacuation and medical care en route to move an Insured Person who has a critical medical condition to the nearest Hospital where appropriate care and facilities are available and not necessarily to Insured Person's Home Country. In the event of such an emergency the nearest designated 24-hour Assistance Centre should be contacted immediately to approve and arrange any Emergency Medical Evacuation. The Policy will not pay to evacuate an Insured Person from his/her Home Country to a foreign destination. In dire emergencies in remote or primitive areas where the Assistance Centre cannot be contacted in advance the Emergency Medical Evacuation must be reported as soon as possible.

The Insurer reserves the right to decide the place to which the Insured Person shall be transported. The Insurer will pay reasonable costs of only one other person accompanying the patient on an Emergency Medical Evacuation when this is deemed necessary for medical reasons.

This benefit does not apply to any Maternity Care or pregnancy related complications.

Emergency Outpatient Accidental Treatment. Charges for services and medical supplies provided by the hospital or clinic for emergency treatment of an injury as a result of an accident and received as an outpatient within 24 hours after the accident. Eligible expenses incurred thereafter for follow-up treatment of the specific medical condition will be reimbursed up to 31 days from the date of accident.

Emergency Dental Treatment. Charges for dental procedures necessary to restore or replace sound natural teeth lost or damaged in an accident and received as an outpatient within 24 hours after the accident. Eligible expenses incurred thereafter for follow-up treatment of the specific medical condition will be reimbursed upto 31 days from the date of accident.

Maternity Care. Covers pre-natal childbirth and post-natal treatment for the Insured Person with respect to miscarriage abortion due to medical reasons normal or complicated delivery. Where this benefit is included in the Schedule of Benefits it will apply to pregnancies whose actual date of birth is at least 12 months after the effective/inception date of cover for the Insured Person.

In the event the Maternity Benefit is deleted in respect of any Insured Person and the Company subsequently agrees to re-introduce Maternity Care for the same Insured Person the waiting period of 12 months shall be re-applied.

Maternity Care is only provided if all members of an Insured's family are insured on the same plan under the Policy.

Nursing at Home. The services of a government licensed nurse in the Insured Person's abode when prescribed by a Physician for continued treatment of the specific medical condition for which the Insured Person was hospitalised and only when such services are essential for medical as distinct from domestic reasons. Cover will be limited to a maximum of 26 weeks in any one insurance period.

Repatriation or Local Burial. The expenses of preparation and the air transportation of the mortal remains of the Insured Person from the place of death to the Home Country or the preparation and Local Burial of the mortal remains of an Insured Person who dies outside his/her Home Country.

Outpatient Cancer Treatment. Cancer means a disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The term cancer also includes leukemia and malignant disease of the lymphatic system such as Hodgkin's disease. Any non-invasive cancer in situ and all skin cancers except invasive melanoma are excluded.

The Insurer shall pay the amount actually charged for outpatient cancer treatment provided by the outpatient department of a hospital or a registered cancer treatment centre including examinations and tests ordered by a medical practitioner but this benefit shall not exceed the maximum limit per year as stated in the schedule.

Outpatient Kidney Dialysis Treatment. The Insurer shall pay the amount actually charged for kidney dialysis performed at a legally registered dialysis centre or unit but this benefit shall not exceed the maximum limit per year as stated in the schedule.

Lodger Benefit. If on account of an ailment or medical condition an insured child who is not more than 12 years old is hospitalised the Insurer will pay the expenses incurred for one accompanying adult during such hospitalisation.

Outpatient Services. Medical treatment provided to the Insured Person who is not a registered in-patient in a Hospital or in any other facility for medical care.

General Outpatient Services. Outpatient Services ordered prescribed or performed by a Physician who is licensed as a General Practitioner.

Specialist Outpatient Services. Outpatient Services prescribed and provided by a specialist or consultant to whom the Insured Person has been referred to by another Physician.

Laboratory and X-Ray Services. Laboratory testing radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. Such services must be prescribed by a Physician/Specialist.

Prescribed Drugs. Drugs and medications the sale and use of which are legally restricted to prescription by a Physician not including items that may be purchased without a Physician's prescription.

Territorial Scope. Worldwide however treatment in USA/Canada/Japan is subject to a 20% co-insurance of the first S\$16,000/- of covered medical expenses incurred.

Overall Limits. The total aggregate benefits that may be claimed in any one insurance period by an Insured Person as listed in the Schedule of Benefits.

Exclusions

The following treatments directly or indirectly conditions activities items and their related expenses and any complications relating thereto are excluded from this insurance and the Insurer shall not be liable for:-

Pre-existing illnesses or injuries before the inception date of this policy.

Charges which are not for actual necessary and reasonable expenses incurred for the treatment of the illness or injury.

Outpatient treatment costs not related to in-patient treatment or day surgery except as a result of an accident under Emergency Outpatient Accidental Treatment or Optional Outpatient Services.

Costs resulting from abuse of drugs or alcohol self-inflicted injuries criminal acts of the Insured Person and sexually transmitted diseases or treatment which in anyway arises from is attributable to or is consequential upon Acquired Immune Deficiency Syndrome (AIDS) AIDS related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive and any communicable diseases requiring isolation or quarantine by law.

Treatment for injuries or diseases arising from or consequent upon war (whether declared or undeclared) riot civil commotion civil war invasion acts of foreign enemies hostilities rebellion mutiny revolution insurrection or military or usurped power confiscation or nationalization by or under the order of any government or public or local authority nuclear energy (nuclear reactions radiation contamination) illegal act and full-time service in any of the uniform groups except reservist duty or training.

Routine medical examination (including vaccinations the issue of medical certificates and attestations) confinement in hospital to facilitate the taking of x-ray or conduct of test routine eye and ear examinations refractive errors of the eyes cosmetics or plastic surgery and the provision of appliances including spectacles

special braces hearing aids lenses wheelchairs and elective cosmetic surgery.

Prostheses corrective devices and medical appliances which are not surgically required as well as artificial heart implantation mono or bi-ventricular assist device(s).

Dental care and treatment (including oral surgeries) except emergency treatment to sound natural teeth damaged during an accident.

Pregnancy including but not restricted to normal and complicated childbirth other than as covered under Maternity Care abortion (and its consequences) miscarriage ectopic pregnancy hydatidiform mole infertility sterilisation and contraception.

Acquisition of the organ(s) itself and all costs relating to kidney heart lung or liver transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation except as defined under the Organ Transplantation when this Benefit is stated on the Schedule as being covered by the Policy.

Treatment relating to birth defects congenital abnormalities and hereditary conditions.

Charges for private nursing except under Nursing at Home seeing a general practitioner other than as under Optional Outpatient Services routine health checks precautionary services acupuncture and inoculation and charges for telephone television newspapers and other ineligible non-medical items whilst as an in-patient.

Services or treatments by any institution that is mainly long term care facility like convalescent and nursing homes nature cure clinics spa hydro-clinic rehabilitation centre or sanatorium and that provides incidental or limited hospital services.

Treatment arising from any geriatric psycho-geriatric psychiatric conditions, chiropractic or physiotherapy.

Treatment by a family member.

Treatment that is not scientifically recognised.

Racing of any form other than on foot and all professional sports.

Expenses recoverable from a third party including Workmen's Compensation insurance or Social Security Organisation.

Treatment for obesity weight reduction and weight improvement programmes.

The cost of Second Opinions for medical conditions unless considered by the Insurer's medical advisers to be reasonable and necessary having regard to the medical facts and circumstances.

All transportation costs incurred for trips specifically made for the purpose of obtaining medical treatment if not part of an Emergency Medical Evacuation and except as defined under Local Ambulance Services.

All Emergency Medical Evacuation costs not approved in advance by the appointed Assistance Centre.

Claims for treatment costs in respect of medical expenses incurred after the expiry date of the policy arising from maternity accidental bodily injury and/or illness occurring during the insurance period unless the insurance has been renewed and the premium paid.

The information provided here is a summary.
Please refer to the actual policy wordings for details of coverage.

Premium Table 1 - Singapore Only*

Annual Premium (S\$)

PREMIUM SAVING OPTIONS

Deductible Limits per person per disability	Discount
S\$ 5,000/-	30%
S\$ 7,500/-	40%
S\$10,000/-	50%

Deductible does not apply to Outpatient Cancer and Kidney Dialysis Treatment, Organ Transplant and Permanent Total Disability.

Premium Table (S\$) - Standard Lives Only.

Age Next Birthday	Essential Plan	Economy Plan	Executive Plan	International Plan	Outpatient Extension
18 - 24	272	377	470	676	324
25 - 29	301	417	519	747	355
30 - 34	345	480	598	861	410
35 - 39	385	536	669	962	495
40 - 44	442	617	771	1110	605
45 - 49	524	734	918	1321	725
50 - 54	638	899	1127	1621	850
55 - 59	794	1120	1405	2022	1005
60 - 64	998	1411	1771	2548	1240
65 - 69 (Renewal Only)	1243	1753	2199	3165	1560
Child	204	283	352	506	300

These rates apply to proposers/insured persons domiciled in Singapore.

If the Insured person lives/travels outside Singapore for a continuous period of more than 60 days, eligible expenses subsequently incurred outside Singapore will be limited to reasonable and customary charges as if such expenses were incurred in Singapore.

Premium Table 2 - Global (except USA/Canada/Japan)

Annual Premium (S\$)

Premium Table (S\$) - Standard Lives Only.

Age Next Birthday	Essential Plan	Economy Plan	Executive Plan	International Plan	Outpatient Extension
18 - 24	476	660	823	1183	625
25 - 29	526	730	909	1308	719
30 - 34	604	840	1046	1506	813
35 - 39	674	938	1260	1684	1050
40 - 44	774	1080	1550	1943	1181
45 - 49	918	1306	1900	2311	1458
50 - 54	1146	1619	2350	2836	1538
55 - 59	1445	2050	2985	3575	1950
60 - 64	1813	2563	3700	4455	2425
65 - 69 (Renewal Only)	2260	3195	4675	5544	3056
Child	358	495	650	885	600

These rates apply to proposers/insured persons domiciled anywhere in the world except USA/Canada/Japan.

Note : (Applicable to premium Table 1 & 2)

1. Proposal for child(ren) must include at least one parent.
2. Optional Outpatient Extension is only available under Economy, Executive or International Plans.
3. Premiums may be loaded for more hazardous occupations eg. work on board offshore oil rigs; and occupations involving frequent air travel.
4. Please include GST on premium payable.