

*proMedico*  
*Plus*



Liberty  
**Insurance**<sup>™</sup>

Member of Liberty Mutual Group

LIBERTY INSURANCE PTE LTD

**proMedico Plus Plan**

Currency: S\$

Schedule of Benefits	Essential Plus	Economy Plus	Executive Plus	International Plus
<b>A Annual Overall Limit per person per Policy Year</b>	150,000	300,000	500,000	1,000,000
<b>B Hospital Benefits</b>				
1 All Hospital Services	As charged	As charged	As charged	As charged
2 Daily Hospital Room & Board (per day)	250	300	500	800
3 Intensive Care Unit (per day)	800	900	1200	1300
4 Surgeon's Fees	As charged	As charged	As charged	As charged
5 Day Surgery (including minor surgical procedure in a clinic)	As charged	As charged	As charged	As charged
6 Daily In-Hospital Physician's Visit	As charged	As charged	As charged	As charged
7 Pre-Hospitalisation/Surgery Diagnostic Services (within 30 days prior to admission)	As charged	As charged	As charged	As charged
8 Pre-Hospitalisation/Surgery Specialist's Consultation (within 30 days prior to admission)	As charged	As charged	As charged	As charged
9 Post Hospitalisation/Surgery Treatment (up to 90 days)	As charged	As charged	As charged	As charged
10 Lodger Benefits (for Child below age 12)	As charged	As charged	As charged	As charged
11 Local Ambulance Fee	As charged	As charged	As charged	As charged
12 Home Nursing (up to 26 weeks)	N/A	N/A	As charged	As charged
<b>C Outpatient Treatments</b>				
1 Outpatient Kidney Dialysis	30,000	50,000	80,000	100,000
2 Outpatient Cancer Treatment	30,000	50,000	80,000	100,000
3 Emergency Outpatient Treatment (due to accident)	As charged	As charged	As charged	As charged
4 Emergency Dental Treatment (due to accident)	3,000	5,000	8,000	10,000
<b>D Organ Transplantation (Bone Marrow, Heart, Kidney, Liver, Lung)</b>	100,000	120,000	150,000	250,000
<b>E Prosthetic Treatment</b>	3,000	5,000	8,000	10,000
<b>F Maternity Benefits</b>				
1 Miscarriage due to accident	1,500	1,500	1,500	1,500
2 Maternity Care (12 months waiting period)	N/A	N/A	N/A	5,000
<b>G Daily Hospital Cash Allowance (per day) (up to 30 days)</b>	100	150	200	250
<b>H Dread Disease Recuperation Benefit (Coronary Artery By-Pass Surgery, Heart Attack, Cancer, Stroke)</b>	1,000	3,000	4,000	5,000
<b>I Special Grant</b>	3,000	3,000	3,000	3,000
<b>J Permanent Total Disability (reduced to 50% when Insured Person is a manual worker)</b>	N/A	N/A	N/A	40,000
<b>K MEDICAL EVACUATION/REPATRIATION (Annual Overall Limits do not apply)</b>				
1 Emergency Medical Evacuation/Repatriation	1,000,000	1,000,000	1,000,000	1,000,000
2 Repatriation of Mortal Remains				
<b>L RIDER-OUTPATIENT SERVICES</b>				
Annual Overall Limit per person per Policy Year	10,000			
Co-Insurance (applicable worldwide)	20% subject to a minimum deductible of S\$90 per disability			
1 General Outpatient Services	As charged			
2 Specialist Outpatient Services	As charged			
3 Laboratory and X-Ray Services	As charged			
4 Prescribed Drugs	As charged			

**Notes:**

- For Sections B(2), B(3) and G, the amounts stated are the limits per day.
- For Sections B(1), B(4) to B(12) and C3, we will pay the amount as charged.
- For Sections C1, C2, C4, D and E, the amounts stated are the limits per Insured Person per Policy Year.
- For Sections F1 and F2, the amount stated is the limit per pregnancy.
- For Sections H to J, the amounts stated are one-time lump sum payments.
- For Sections K1 and K2, the amounts stated are the limits per occurrence.
- For Sections L1 to L4, we will pay the amount as charged, subject to coinsurance and deductible.

**Territorial Scope :** Worldwide

**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 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 originating 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 in Circumstances**  
In the event of a change in circumstances affecting the risk, the Insured shall notify the Company in writing in particular changes in occupation / country of residence, or health affecting any Insured or Insured Person. The Company shall increase or reduce the premium rates according to the risk classification for the new occupation / country of residence or to decline the coverage.
- Coverage may be renewed on the expiry date by payment of the annual premium up to the age limit of 75 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.

**ELIGIBILITY**

1. Persons must satisfy the following to be eligible:

- Adults from 18 to 64 year old (inclusive). Policy renewable up to age 75 subject to yearly review.
- Children from 15 days old to 18 years old (inclusive). Policy renewable up to age 25 (inclusive) if he/she is enrolled in an educational institution on full-time higher education (and not in full-time national service).
- Singapore Citizens, Permanent Residents of Singapore, Employment Pass Holders, Student Pass Holders, Dependant Pass Holders or Work Permit Holders, who are permanently residing in Singapore - Premium Table 1 applies
- All other persons who are permanently residing in counties other than in Singapore - Premium Table 2 applies.

2. Persons who are permanently residing (more than ninety days) in USA/Canada/Japan are not eligible.

3. Proposal for children must include at least one parent.

Remarks: Employment Pass Holders, Student Pass Holders, Dependant Pass Holders and Work Permit Holders must supply a copy of their respective pass or work permit and a bona fide residential address in Singapore.

**MONEY BACK GUARANTEE**

You will have 14 days to review your policy. If you are not satisfied, simply return the policy to us for a full premium refund.

## DESCRIPTION OF BENEFITS

### A) Annual Overall Limit

The total aggregate benefits that may be claimed in any one Policy Year by an Insured Person as listed in the Schedule of Benefits.

### B) Hospital Benefits

**1. All Hospital Services.** Services or materials supplied by the Hospital to the Insured Person during a Hospital confinement and provided they are medically necessary and rendered or supplied at Reasonable and Customary Charges. These include operating theatre charges; anaesthetist fees; oxygen and their administration; drugs, dressings or medicines prescribed by the attending Physician for in-hospital use; diagnostic procedures and laboratory tests, theatre consumables and other ancillary charges. The costs of non-medically necessary goods or services including items such as telephone, television and newspapers are not covered.

**2. Daily Hospital Room and Board.** Charges for room accommodation, meals and general nursing services.

**3. Intensive Care Unit.** Charges incurred during confinement as an Inpatient in the Intensive Care Unit of the Hospital.

**4. Surgeon's Fee.** Fees for surgery by a Surgeon, including the Surgeon's visits while in Hospital. Charges for Day Surgery are also payable.

**5. Day Surgery (include minor surgical procedure in a clinic)** A surgery carried out by a Surgeon on an out-of-hospital basis. Surgical procedure performed in a clinic is subject to the same interpretation.

**6. Daily In-Hospital Doctor's Visit.** Fees charged by the attending Physician for daily bedside visits and limited to one (1) visit per day.

**7. Pre-Hospitalisation / Surgery Diagnostic Services.** Charges for diagnostic procedures and laboratory examinations, which are recommended in writing by a Physician, which are incurred within thirty (30) days prior to an Inpatient treatment or Day Surgery.

**8. Pre-Hospitalisation / Surgery Specialist's Consultation.** Charges for consultation with a General Practitioner, and a Specialist, if recommended in writing by a General Practitioner, within thirty (30) days prior to an Inpatient treatment or Day Surgery.

**9. Post-Hospitalisation Treatment.** Expenses for follow-up treatment by the same Physician up to a period of 90 days immediately following discharged from Hospital or Day Surgery. Cover is restricted to follow-up treatments of the specific medical condition for which the Insured Person received in-patient treatment or Day Surgery covered by the Policy.

**10. Lodger Benefit.** Accommodation charges incurred by one (1) parent of an Insured Person under 12 years old, whom is treated for illness or injury at a Hospital in excess of three (3) days, and the treating Physician has advised in writing that a parent should remain with the Insured Person.

**11. Local Ambulance Services.** The medically necessary road transportation provided by a recognized ambulance service provider to a local Hospital.

**12. Home Nursing.** If this benefit is specifically stated and covered under the Schedule of Benefits, we will pay for the charges incurred for the cost 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 hospitalized and only when such services are essential for medical as distinct from domestic reasons. Cover will be limited to a maximum of 26 weeks per Policy Year.

### C) Outpatient Treatments

**1. Outpatient Kidney Dialysis Treatment.** Charges for treatment of an Insured Person requiring kidney dialysis performed at a legally registered dialysis centre or unit.

**2. Outpatient Cancer Treatment.** Charges for treatment of an Insured Person for cancer at a legally cancer treatment centre including examinations and tests ordered by a Physician.

**3. Emergency Outpatient Accidental Treatment.** Charges for services and medical supplies provided by the hospital or clinic or Chinese Physician for emergency treatment of any 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 conditions by the same Physician or Chinese Physician will be reimbursed up to 31 days from the date of Accident, provided that where treatment is received by Chinese Physician the total aggregate liability under this Section shall not exceed S\$300/- per event/occurrence.

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

### D) Organ Transplantation

The medical treatment costs, incurred in respect of bone marrow, heart, kidney, liver and lung transplants (excluding the cost of acquisition of the organ and all costs incurred by the donor). Transplantation costs may only be claimed under this section of the Policy when the Benefit is indicated on the Policy Schedule. No other type of benefits in this Policy provides cover in connection with Organ Transplantation benefit.

### E) Prosthetic Treatment

The costs of prosthetic treatment incurred if the prosthetic is surgically implanted.

### F) Maternity Benefit

**1. Miscarriage due to Accident.** Charges incurred for necessary emergency treatment by a Physician for miscarriage suffered by an Insured Person as a result of an Accident.

**2. Maternity Care.** If this benefit is specifically stated and covered under the Schedule of Benefits, we will pay for the charges incurred for pre-natal childbirth and post-natal treatment with respect to:

- (a) miscarriage or abortion due to medical reasons;
- (b) normal or complicated delivery-

It will apply to pregnancies whose actual date of birth is at least twelve (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 under the same Plan in the Policy.

### G) Daily Hospital Cash Allowance

If an Insured Person is admitted to a Singapore Restructured Hospital and if this hospitalization claim is payable under this Policy, We will pay You a daily hospital cash benefit up to the sub-limits stated in the Policy Schedule and for a maximum of thirty (30) days per disability. However, no benefit will be payable if the Hospital admission is for a Day Surgery.

### H) Dread Disease Recuperation Benefit

(Coronary Artery By-Pass, Heart Attack, Cancer, Stroke)

This benefit applies to an Insured Person who contracts Cancer, or sustains a Heart Attack or a Stroke or undergoes Coronary Artery By-pass surgery.

This benefit is not payable in respect of Cancer, Coronary Artery By-pass Surgery or Heart Attack which takes place within ninety (90) days of the date on which an Insured Person is first covered under this Policy.

• **Coronary Artery By-Pass Surgery.** The actual undergoing of open-chest surgery to correct the narrowing or blockage of one or more coronary arteries with by-pass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

• **Heart Attack.** Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This diagnosis must be supported by three or more of the following criteria which are consistent with a new heart attack:

- ▶ History of typical chest pain;
- ▶ New electrocardiogram (ECG) changes proving infarction;
- ▶ Diagnostic elevation of cardiac enzyme CK-MB;
- ▶ Diagnostic elevation of Troponin (T or I)
- ▶ Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

• **Cancer.** A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

- i) Tumors showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- ii) Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- iii) Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1cm in diameter, Papillary micro-carcinoma of the Bladder, and
- iv) All tumours in the presence of HIV infection.

• **Stroke.** A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. This diagnosis must be supported by all of the following conditions:

- ▶ Evidence of permanent neurological damage confirmed by a neurologist at least 6 weeks after the event; and
- ▶ Findings on Magnetic Resonance Imaging Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis or a new stroke.

The following are excluded:

- i) Transient Ischemic Attacks;
- ii) Brain damage due to an Accident or Injury, infection, vasculitis and inflammatory disease;
- iii) Vascular disease affecting the eye or optic nerve; and
- iv) Ischemic disorders of the vestibular system.

#### I) Special Grant

Payable if an Insured Person dies from :

- (a) an Injury;
- (b) an Illness during or after treatment for such illnesses, at a Hospital or in Day Surgery;

#### J) Permanent Total Disability

The Permanent Total Disability of an Insured Person, as a consequence of bodily Injury arising from Accident or Illness which prevents the performance and exercises of the usual profession or occupation, or any occupation which by education and training the Insured Person may be qualified to perform and can reasonably be expected to do so.

This benefit applies to the International Plan only. Cover for the Permanent Total Disability benefit will take effect when shown in the Policy.

• **Insured Person.** An employee or a self-employed person who has completed or whose name is included on a proposal form for the Plan, and for whom Policy Inception Date has been confirmed by the Insurer. All Dependents and housewives are excluded from cover under the benefit.

• **Manual Worker.** An employee whose occupation involves him/her in work of a manual or physical nature sometimes known as blue collar worker.

#### K) MEDICAL EVACUATION/REPATRIATION

**1. Emergency Medical Evacuation/Repatriation.** The medically necessary expenses of emergency evacuation and medical care en route to move an Insured Person who has a Serious 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-hours 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 or Country of Residence 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 Company reserves the right to decide the place to which the Insured Person shall be transported. The Company 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. Subject to International SOS Terms & Conditions.

**2. Repatriation of Mortal Remains.** 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.

#### L) RIDER - OUTPATIENT SERVICES

If this benefit is specifically stated as covered under the Schedule of Benefits, we will pay for 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.

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

**2. 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.

**3. 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.

**4. Prescribed Drugs.** Drugs and medications the sale and use of which are legally restricted to prescription by a Physician and including items that may be purchased without a Physician's prescription.

#### POLICY EXCLUSIONS

The following treatments directly or indirectly condition 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 conditions as defined or Injuries before the Policy Inception Date of this Policy unless declared in the proposal form and specifically accepted by Us during underwriting stage and endorsed here in.
- Charges which are not for actual necessary and reasonable expenses incurred for the treatment of the Illness or Injury, examples of which are self-inflicted Injury, suicide, attempted suicide, damages to the Insured's health deliberately undertaken by the beneficiary of the Policy, alcoholism, drug addiction, or abuse and sexually transmitted diseases.
- Outpatient treatment costs not related to Inpatient 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, regular imprisonment 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 (aesthetic) or plastic surgery or any treatment which relates to or is needed because of previous cosmetic treatment, the provision of implants, medical appliances and prostheses devices 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 bone marrow, 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 Inpatient.
- Services or treatments by any institution that is mainly long term care facility like convalescent and nursing homes nature, care 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. Any disorders which by their nature have to or would have to be treated by a psychologist, psychotherapist, psychiatrist or neuropsychiatrist.
- Treatment by family members, relatives, siblings or parent.
- Illnesses or Injuries arising from racing of any kind other than on foot, professional sports, caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee jumping, ballooning, hang glides, any underwater activities involving the use of underwater breathing apparatus or martial arts.
- The use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, as drugs used in any circumstances other than in accordance with their licensed medications.
- Experimental medical treatment or is not scientifically recognized.
- Any treatment directed towards developmental delay and/or learning disabilities in children.
- Sleep Apnoea.
- Treatment of varicorele, impotence or any consequence of it.
- Treatment which arises from, or is in any way attributes to sex change.
- Flying other than as a passenger on a scheduled regular carrier.
- Permanent Total Disability resulting from participation in any illegal acts including resultant imprisonment.
- Expenses recoverable from a third party including Workmen's Compensation insurance or Social Security Organisation.
- Treatment for obesity weight reduction and weight improvement programmes.
- Thermal or mechanical effects or radiation or other processes following any form of alteration to the atomic structure of matter. Artificial acceleration of atomic particles and the results of radioisotopic radiation.
- 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.

**proMedico Plus - PREMIUM TABLE (MALE)**

Age Next Birthday	Liberty - Singapore Only				Rider
	Male				
	Essential Plus	Economy Plus	Executive Plus	International Plus	Outpatient
18 - 24	435	526	588	805	324
25 - 29	452	572	625	862	355
30 - 34	502	637	709	987	410
35 - 39	542	686	795	1105	495
40 - 44	649	859	963	1308	605
45 - 49	748	974	1112	1531	725
50 - 54	1021	1305	1471	1975	850
55 - 59	1295	1831	2222	2896	1005
60 - 64	1896	2396	2915	3732	1240
65 - 69	2362	2992	3632	4635	1560
70 - 75	2952	3740	4540	5793	1950
Child	367	481	528	759	300

**proMedico Plus - PREMIUM TABLE (FEMALE)**

Age Next Birthday	Liberty - Singapore Only				Rider
	Female				
	Essential Plus	Economy Plus	Executive Plus	International Plus	Outpatient
18 - 24	456	552	617	845	405
25 - 29	488	620	678	933	444
30 - 34	551	705	785	1086	513
35 - 39	603	771	894	1229	619
40 - 44	717	963	1080	1443	756
45 - 49	821	1090	1244	1679	906
50 - 54	1051	1355	1529	2035	1063
55 - 59	1274	1807	2195	2856	1256
60 - 64	1671	2094	2552	3314	1550
65 - 69	2027	2552	3107	4021	1950
70 - 75	2534	3190	3884	5026	2438
Child	367	481	528	759	375

These rates apply to 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 the charges for equivalent treatment in Singapore General Hospital, if these are lower than the charges originally incurred.

**Premium Table 2** - Global (except USA/Canada/Japan)  
Annual Premium (S\$)

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

**proMedico Plus - PREMIUM TABLE (MALE)**

Age Next Birthday	Liberty - GLOBAL (except USA/Canada/Japan)				Rider
	Male				
	Essential Plus	Economy Plus	Executive Plus	International Plus	Outpatient
18 - 24	761	920	1029	1409	625
25 - 29	790	1001	1094	1508	719
30 - 34	878	1114	1240	1728	813
35 - 39	948	1201	1393	1933	1050
40 - 44	1136	1504	1685	2289	1181
45 - 49	1309	1705	1945	2680	1458
50 - 54	1786	2284	2574	3456	1538
55 - 59	2266	3205	3888	5068	1950
60 - 64	3319	4194	5101	6531	2425
65 - 69	4133	5235	6356	8111	3056
70 - 75	5166	6544	7945	10139	3820
Child	643	843	924	1329	600

**proMedico Plus - PREMIUM TABLE (FEMALE)**

Age Next Birthday	Liberty - GLOBAL (except USA/Canada/Japan)				Rider
	Female				
	Essential Plus	Economy Plus	Executive Plus	International Plus	Outpatient
18 - 24	799	966	1080	1479	781
25 - 29	854	1085	1186	1633	899
30 - 34	965	1233	1374	1900	1016
35 - 39	1055	1349	1565	2151	1313
40 - 44	1255	1685	1890	2525	1476
45 - 49	1438	1906	2178	2939	1823
50 - 54	1840	2371	2676	3563	1923
55 - 59	2230	3163	3841	4999	2438
60 - 64	2925	3665	4465	5800	3031
65 - 69	3548	4466	5438	7038	3820
70 - 75	4434	5584	6796	8796	4775
Child	643	843	924	1329	750

These rates apply to 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 Plus, Executive Plus or International Plus.
3. Premiums may be loaded for more hazardous occupations e.g. work on board offshore oil rigs; and occupations involving frequent air travel.
4. Premium is based on age next birthday.
5. A 5% discount is allowed for coverage taken up by Insured and spouse and a 10% Family discount on a Family-unit basis (Insured, Spouse and Children) under one Policy. No discount if Policy is taken up by one parent and one child.
6. Premium for ages 65 to 75 are for renewal only.
7. Please include GST on premium payable.