



EZCare

The employee benefits starter kit for SMEs



A better health insurance experience for SMEs

From headcounts as low as two employees, enjoy EZCare's hassle-free plans, which provide access to the best health care services for your employees. Our plans are easy to understand and administer, making the process a breeze for both you and your employees. Its modular structure covers most employees' basic medical needs and offers flexibility to provide the most comprehensive cover needed.

Benefits at a glance



Get an Instant Quote



Maximum Convenience



Mobile Claims



No Surgical Sub-limits
or Tables



Concierge Services

Summary of Benefits

Description of Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Hospitalisation and Surgery				
1. Annual Overall Limit (Maximum amount per person per policy year)	S\$300,000	Not applicable	Not applicable	Not applicable
2. Room & Board Eligibility	Standard 1 Bed Private Hospital	1 Bed Restructured Hospital	Shared Room Private Hospital	Shared Room Restructured Hospital
3. Room & Board Charges <ul style="list-style-type: none"> Intensive Care Unit In Hospital Physician's Visit Fee Day Surgery (include minor surgical procedure in a clinic) Surgeon's Fee Theatre Fee Anaesthetist's Fee Hospital Miscellaneous Services Local Ambulance Services Medical Report Fee (only if claim is eligible for cover) 	As charged	S\$25,000 per disability	S\$20,000 per disability	S\$15,000 per disability
4. Pre-Hospitalisation Consultation (Within 90 days preceding hospital admission)	As charged	S\$2,000 per disability	S\$1,500 per disability	S\$1,000 per disability
Pre-Hospitalisation Diagnosis Services (Within 90 days preceding hospital admission)				
Post-Hospitalisation Consultation and Treatment (Within 180 days following discharge from hospital)				
5. Emergency Outpatient Accidental Treatment (Within 24 hours of accident)	As charged	S\$2,000 per disability	S\$1,500 per disability	S\$1,000 per disability
6. Emergency Dental Treatment (Within 24 hours of accident)	As charged	S\$2,000 per disability	S\$1,500 per disability	S\$1,000 per disability
7. Surgical Implants	S\$5,000 per disability	S\$2,000 per disability	S\$1,500 per disability	S\$1,000 per disability
8. Nursing at home	As charged (Maximum 26 consecutive weeks per policy year)	Not covered	Not covered	Not covered

Schedule of Benefits

Description of Benefits	Plan 1	Plan 2	Plan 3	Plan 4
9. Lodger Benefit (For Insured Child below age 12)	Covered (Maximum amount S\$100 per day)	Not covered	Not covered	Not covered
10. Emergency Medical Evacuation	Covered	S\$30,000 per policy year	S\$20,000 per policy year	S\$10,000 per policy year
11. Repatriation/Local Burial (Cover for death in home country is excluded)	Covered	S\$5,000 per policy year	S\$5,000 per policy year	S\$5,000 per policy year
12. Special Grant	S\$10,000	S\$7,500	S\$5,000	S\$5,000
13. Hospital Cash Benefit (per day) Confinement in Government/ Restructured Hospital				
• B1 Ward	S\$200	S\$100	S\$100	Not applicable
• B2/B2+ Ward	S\$250	S\$200	S\$200	S\$150
• C Ward	S\$300	S\$300	S\$300	S\$200
14. Accidental Miscarriage	As charged	As per disability limit	As per disability limit	As per disability limit
15. Outpatient Kidney Treatment	S\$75,000 per policy year	S\$20,000 per policy year	S\$15,000 per policy year	S\$10,000 per policy year
16. Outpatient Cancer Treatment	S\$75,000 per policy year	S\$20,000 per policy year	S\$15,000 per policy year	S\$10,000 per policy year
17. Inpatient Psychiatric Treatment	S\$2,000 per policy year	S\$1,500 per policy year	S\$1,000 per policy year	S\$500 per policy year

General Conditions

1. A Letter of Guarantee will be provided if the medical procedure is pre-authorized. 20% co-insurance applies if the medical procedure is not pre-authorized (except for emergency admissions and admissions to B1 to C class wards in Restructured Hospitals).
2. If the Insured is admitted to a ward or Hospital higher than what he is entitled to under the policy, we will pay 60% of eligible medical expenses subject to the maximum limit stated in the policy schedule.
3. Geographic Cover: Worldwide cover limited to a maximum of 60 consecutive days outside Singapore.

Emergency Treatments:

- Full cover

Non-emergency Treatments:

- USA, Canada and Japan: 50% co-insurance
- Other countries: 30% co-insurance
- Malaysia: No co-insurance

Optional Riders

Description of Optional Riders	Plan 1	Plan 2
Outpatient General Practitioner (GP) rider		
Outpatient panel GP	Cashless, no co-insurance	Cashless, co-insurance of S\$10
Outpatient non-panel GP	Maximum S\$35 per visit	Not covered
Overseas Outpatient Treatment	Maximum S\$35 per visit	Maximum S\$35 per visit
Singapore Polyclinics	As charged	As charged
Panel of Traditional Chinese Medicine (TCM) - Maximum 3 visits per policy year	Maximum S\$35 per visit	Not covered
A&E Department at Restructured Hospital - Maximum 2 visits per policy year	As charged	As charged
Outpatient X-Ray and Lab Test (For diagnosis purposes only) referred by panel GP or Singapore Polyclinics	As charged	As charged
Routine Medical Check-up and Vaccinations	S\$50 per policy year	Not covered
Exclusions	<ol style="list-style-type: none"> 1. Routine physical examinations and health check-ups (Except as covered under Medical Check-up and Vaccinations benefit) 2. Pregnancy or childbirth 3. Treatment performed by a Specialist 4. Special investigations (e.g. MRI, CTscan, PET scan, Barium Test, etc.) 	
Special Features	<ol style="list-style-type: none"> 1. Cashless transactions at over 500 panel network GP clinics in Singapore and Malaysia and more than 25 panel network TCM clinics 2. Insureds will be able to submit their non-panel medical claims online through a mobile application and web portal 	
General Information	<ol style="list-style-type: none"> 1. Pediatric visits are not covered under Outpatient GP services 2. The Overseas Outpatient cover is applicable only for the first 60 days of the Insured Person's living/travelling overseas 	

Optional Riders

Description of Optional Riders	Plan 1	Plan 2
Outpatient Specialist rider		
Outpatient panel Specialist Consultation ¹	Maximum S\$2,500 per policy year	Maximum S\$1,500 per policy year
Outpatient Diagnostic Services	Maximum S\$1,500 per policy year	Maximum S\$1,000 per policy year
Outpatient Physiotherapy	Maximum S\$750 per policy year	Maximum S\$500 per policy year
Exclusions	<ol style="list-style-type: none"> 1. Routine physical examinations and health check-ups 2. Pregnancy or childbirth 	
Special Features	<ol style="list-style-type: none"> 1. Cashless transactions at over 150 panel network Specialist clinics 2. Insureds will get to enjoy a concierge referral service to panel network Specialist clinics 3. Insureds will be able to submit their non-panel medical claims online through a mobile application and web portal 	
General Information	<ol style="list-style-type: none"> 1. A referral letter is required for Specialist consultation and Diagnostic services 2. A referral from the Specialist is required for Outpatient Physiotherapy 3. There is no Outpatient Specialist cover overseas 	
Outpatient Dental rider		
Panel Dentist Benefit	Maximum S\$1,200 per policy year	Maximum S\$800 per policy year
Co-payment	20%	20%
Non-panel Dentist Benefit	Not covered	Not covered
<ul style="list-style-type: none"> • Emergency or Accident related Dental Treatment (including Crowning and Bridging) • Routine Dental Visit (including Scaling, Polishing and Fluoride application) • Consultation 	As charged up to annual limit	As charged up to annual limit

¹ Non-panel Specialist visits are covered only under Plan 1 and are subject to 20% co-insurance

Optional Riders

Description of Optional Riders	Plan 1	Plan 2
Outpatient Dental rider		
<ul style="list-style-type: none"> • Medication • X-rays • Amalgam Restorations (Fillings) • Extractions • Oral Surgery (including LA) • Root Canal Treatment • Periodontal Treatment 	As charged up to annual limit	As charged up to annual limit
Exclusions	<ol style="list-style-type: none"> 1. Dental Implants 2. Procedures for cosmetic purposes 3. Dentures, retainers, braces, orthodontic treatment 	
Special Features	<ol style="list-style-type: none"> 1. Cashless transaction at more than 160 panel network Dental clinics 	
General Information	<ol style="list-style-type: none"> 1. There is no Outpatient Dental cover overseas 	



Group Personal Accident - optional

Personal Accident (PA)	Plan 1	Plan 2	Plan 3	Plan 4
Sum Insured • Cover only for Death and Permanent Disablement (Scale II) ²	S\$500,000	S\$300,000	S\$200,000	S\$100,000

² As per Table of Benefits in the actual Personal Accident policy wordings

Classification of Occupations

Description	
Class 1	Indoor and non-manual work
Class 2	Work of an outdoor or supervisory nature (e.g. property agent, outdoor sales)
Class 3	Manual, non-hazardous work (e.g. baker, driver)

Notes

- There is a loading of 35% for extension of motor cycling
- The premium payable may be revised at policy renewal at the full discretion of the Company

Major Exclusions

The PA rider does not provide compensation for death or disablement arising from:

- Sickness or diseases
- AIDS and diseases associated with HIV
- Pre-existing physical defect or infirmity
- Suicide or self-inflicted injury
- War and nuclear related events
- Pregnancy, childbirth or its complications

Annual Premium - Hospitalisation and Surgery (Standard Lives Only)

Age Next Birthday	Plan 1	Plan 2	Plan 3	Plan 4
Below 18	S\$903	S\$450	S\$438	S\$212
18 to 24	S\$903	S\$450	S\$438	S\$212
25 to 29	S\$903	S\$450	S\$438	S\$212
30 to 39	S\$1,114	S\$502	S\$485	S\$239
40 to 44	S\$1,249	S\$562	S\$544	S\$266
45 to 49	S\$1,637	S\$679	S\$658	S\$335
50 to 54	S\$2,088	S\$849	S\$824	S\$406
55 to 59	S\$2,701	S\$1,142	S\$1,105	S\$525
60 to 64	S\$3,682	S\$1,506	S\$1,459	S\$716
65 to 69 (Renewal Only)	S\$5,523	S\$2,250	S\$2,178	S\$1,073
70 to 75 (Renewal Only)	S\$6,749	S\$2,749	S\$2,662	S\$1,311
76 to 80 (Renewal Only)	S\$8,838	S\$3,599	S\$3,484	S\$1,716

Premiums shown include prevailing GST

Notes

- Minimum group size is 2 employees subject to fulfillment of a minimum premium (includes prevailing GST):
 - Plan 1 : S\$2,808.00
 - Plan 2 : S\$1,296.00
 - Plan 3 : S\$1,296.00
 - Plan 4 : S\$648.00

Group Discounts - applicable to basic and all riders

Number of Employee Headcount	Discount (%)
5 to 9	5%
10 or more	10%

Annual Premium - Optional Riders (per Employee/Dependent)

Rider	Plan 1	Plan 2
Outpatient General Practitioner Rider	S\$360	S\$304
Outpatient Specialist Rider	S\$337	S\$220
Outpatient Dental Rider	S\$258	S\$214

Annual Premium - Group Personal Accident (optional)

Personal Accident (PA)	Plan 1	Plan 2	Plan 3	Plan 4
Class 1 - Indoor and non-manual work	S\$215	S\$129	S\$86	S\$43
Class 2 - Work of an outdoor or supervisory nature (e.g. property agent, outdoor sales)	S\$267	S\$160	S\$107	S\$53

Annual Premium - Group Personal Accident (optional)

Personal Accident (PA)	Plan 1	Plan 2	Plan 3	Plan 4	Premiums shown include prevailing GST
Class 3 - Manual, non-hazardous work (e.g. baker, driver)	S\$458	S\$276	S\$184	S\$92	

Notes

Persons eligible to apply:

- Employees actively at work
- Employees and spouses between 18 to 80 years of age and not more than 65 years of age at the Policy Commencement Date of the first Period of Insurance
- Children from 15 days old to 18 years old (dependent children can be covered up to age 25 if he/she is enrolled in an educational institution on full-time higher education and is not in full-time national service)
- Domiciled (residing) in Singapore, meaning Singapore Citizens, Singapore Permanent Residents (holders of re-entry permits), holders of Employment Passes, S Passes, Personalised Employment Passes, EntrePasses, Work Permits, Student P Dependant Passes

Declined Risks

Air and ship crew, professional divers, professional sports persons; occupations involving diving, working on oil rigs, on board vessels or offshore, firefighting, police or military personnel or occupations of a hazardous nature, i.e. involving height, depth or heat.

Major Exclusions

There are some costs which are not covered under the Policy, the following are some Major Exclusions for this Policy. You are advised to read the policy wordings for the full list of exclusions.

1. Treatment relating to birth defects, congenital abnormalities and hereditary conditions.
2. Routine medical examinations (including confinement in hospital to facilitate the conduct of test) and vaccinations.
3. Cosmetic related treatments.
4. Pre-existing conditions are excluded for the first year of cover for each insured. The following specified pre-existing illnesses are permanently excluded:
 - Heart Disease, Diabetes, Cancer and Renal Failure for employee sizes less than 10
 - Cancer and Renal Failure for employee group sizes 10 and above

Key Product Provisions

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

Cancellation Clause

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer reserves the right to terminate this policy at any time by 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 actual policy wordings). 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.

Key Product Provisions

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

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 Liberty Insurance Pte Ltd.
Change in Circumstances	In the event of a change in occupation/designation of an employee of the Insured, the Insured shall notify the Company in writing of the new occupation/designation. The Company will proceed to reclassify the employee to the applicable benefits plan based on employee group. The Insured shall also notify the Company in writing in the event of an employee's change in the country of residence. (Note: Only Employees and Dependents residing in Singapore are eligible for cover)
Reasonable & Customary Charges	Benefits payable are limited to Reasonable and Customary charges for the treatments provided and to the limits of the Plan chosen.
Policy Period	Insurance will only commence when the proposal is accepted, the premium paid and accepted by Liberty Insurance Pte Ltd.
Free Look Period	In the event that the Insured is not satisfied with the policy for any reason, it may be returned to the Company for cancellation within fourteen days from the date of receipt and any premium paid or billed will be refunded in full.
Claims Submission	All claims on reimbursement basis should be submitted within 30 days starting from the first date of the treatment.
Switching of medical policies may result in having to pay a different premium amount and different policy terms and conditions.	
This is not a Medisave-approved policy and you may not use Medisave to pay premium for this Policy.	
The Total Distribution Cost of this product is between 15% to 20% of the premium. Such costs include cash payments in the form of commission, costs of benefits, and services paid to the distribution channel. We assure you that the Total Distribution Cost is not an additional cost to you, as it was already accounted in the calculation of your premium.	

The information provided here is a summary. Please refer to the actual policy wordings for the terms and conditions.

More information about EZCare is available on our website www.libertyinsurance.com.sg.

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 us (servicecenter@libertyinsurance.com.sg) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Underwritten by **Liberty Insurance Pte Ltd** (Registration No. 199002791D)
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