Policy Terms and Conditions

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Liberty Insurance

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INSURANCE MADE EASY

1. *OUR* CONTRACT WITH *YOU*

1.1. These terms and conditions need to be read together with the policy cover page, the *namelist*, the *benefits schedule*, and any endorsement(s). All of these documents, together with the statements made in *your* application and any documents or statements submitted in connection with or referred to in *your* application; make up the entire policy.

1.2. No change to the policy will be effective unless contained in a written endorsement signed by *us*.

1.3. This policy uses defined terms which appear in italics. Defined terms have the same meaning wherever they appear. The meaning given to a defined term can be found in the definitions section at the end of these terms and conditions.

2. FREE LOOK PERIOD

2.1. Please examine the policy carefully to make sure *you* have the cover *you* want. If *you* have any questions about the policy, please contact *us* or the person who arranged this policy for *you*. Within 30 days after delivery of this policy to *you*, *you* may return it to *us* for a full refund of any premium paid, provided that no claim has been made during this period. The policy will be deemed void from the *effective date*.

3. WHO IS COVERED?

3.1. *You* and *your dependants* whose names appear on the *namelist*.

3.2. The maximum permitted age at the date of joining this policy is 65 years old.

4. CO-INSURANCE AND *DEDUCTIBLES*

4.1. All *expenses* will be paid in excess of any *deductible* that applies and after *we* have applied any *co-insurance percentage*, also known as co-payment percentage.

5. WHERE ARE YOU COVERED?

5.1. This policy covers services rendered within the area of cover stated in the *benefits schedule*.

5.2. Services rendered outside the area of cover will, subject to the limit for Out of Area Cover shown on the *benefits schedule*, be covered only if they are directly caused by *sudden illness* or *injury* occurring during the first 30 *travel days* of any trip outside the area of cover. This section does not apply to any trip:

5.2.1. commenced or continued against the orders or advice of any *physician*; or

5.2.2. undertaken in whole or in part for the purpose of obtaining medical care.

5.3. In the event *you* are hospitalised outside the area of cover on the 30th travel day for a covered *sudden illness* or *injury*, provided notice of such hospitalisation has been given to *us* prior to that date, and subject otherwise to the terms and conditions of this policy governing termination of benefits, coverage under article 5.2 shall be extended until such time that *you* no longer require hospitalisation for the *disability*.

6. *PERIOD OF COVER*

6.1. The minimum initial *period of insurance* is 12 months.

7. RENEWAL OF *YOUR* POLICY

7.1. Unless *you* have notified *us* in writing on or before the last day of the *period of insurance* that *you* do not wish to renew the policy, this policy will be automatically renewed by sending *you* a renewal policy prior to the last day of the *period of insurance* of *your* existing policy. The premium for *your* renewal policy will reflect the age of *insured persons* on the first day of the renewal *period of insurance* and other factors affecting the cost of insurance. No free look period will apply to a renewal policy.

7.2. *We* reserve *our* rights to also change upon renewal either:

7.2.1 The terms, conditions, and benefits by giving *you* written notice of such changes not less than 30 days prior to the end of a *period of insurance*, provided that such change will apply to all policies of the same plan type; or

7.2.2 the premiums for *you* to reflect the risk associated with insuring *you* based on *your* country of residence, by sending *you* a written notice of such changes prior to the end of a *period of insurance*.

7.3. If after receiving notice under section 7.2 *you* do not wish to renew *your* policy, *you* must notify *us* prior to the last day of the *period of insurance* otherwise *your* policy will be renewed on the new terms and conditions.

7.4. This clause shall not affect any rights *we* may have to cancel the policy or not offer renewal including, but not limited to, those provided for in the Material Changes clause.

8. WAITING PERIODS

8.1. Cover for the following benefits and disabilities will commence after an *insured person* has been continuously covered under the policy and any renewal thereof for the following time periods in respect of an *insured person*:

8.1.1. Maternity Benefits: 366 days prior to the date of service;

8.1.2. *Major dental treatment*: 300 days prior to the date of service; and

8.1.3. *HIV/AIDS*: coverage will apply only if signs or symptoms are present for the first time after three years continuous coverage under the policy and any renewal thereof.

8.2. If *you* have changed the cover for an *insured person* after the start of the first *period of insurance*, the benefits for any *disability* or service subject to a *waiting period* will be those shown on the *benefits schedule* for that *disability* or service on the first day of the *waiting period*, or those shown on the current *benefits schedule*, whichever is less.

9. NEWBORN ADDITIONS

9.1. A *newborn infant* born to a parent who has been covered under the policy for more than 366 days may be added to the policy from birth without medical underwriting provided that the *newborn infant* was not born following *assisted conception*.

9.1.1. *You* must notify *us* by submitting the Newborn Additions Form within 28 days of birth of the *newborn infant* so that *we* can add the child to the policy. The premium for the *newborn infant* must be paid according to article 11.

9.1.2. *Your* child's cover will match the cover provided to the parent of the child on the first day of the twelve-month period preceding the child's birth, excluding any optional cover chosen for Maternity Benefits or Dental and/or Optical Benefits. Cover for *neonatal disabilities* will be limited to the *neonatal disabilities* limit shown on the *benefits schedule*.

9.2. A child not meeting the criteria under 9.1 must be added by Medical Questionnaire, including any child:

9.2.1. whose parent has not been covered under the policy for 366 consecutive days;

9.2.2. for whom a Newborn Additions Form was not received by *us* within 28 days following birth;

9.2.3. who was adopted or was carried by a surrogate; or

9.2.4. who was born through *assisted conception*.

9.3. *Our* underwriting process will apply to an addition under article 9.2, and *we* may decline to provide cover or may offer cover at terms *we* require. The cover must be equal to the cover provided to the parent excluding any optional Maternity Benefits, Dental or Optical Benefits. The start date of coverage for the child will be the date on which the underwriting results are finalised.

10. CANCELLATION

10.1. The minimum *period of insurance* is 12 months. If this policy is cancelled mid-term no refund will be made except as stated under clause 2.1.

11. PREMIUM PAYMENT

11.1. Annual payments – payment before cover warranty

11.1.1 Notwithstanding anything herein contained but subject to clauses 11.1.2 hereof, it is hereby agreed and declared that the total premium must be paid and actually received in full by *us* or the intermediary through whom this policy was effected on or before the inception date of the coverage under the policy, renewal certificate, cover note or endorsement.

11.1.2 In the event that the total premium due is not paid and actually received in full by *us* or the intermediary through whom this policy was effected on or before the inception date referred to above, then the policy, renewal certificate, cover note and endorsement shall not be effective and no benefits whatsoever shall be payable by the insurer. Any payment received thereafter shall be of no effect whatsoever as cover was never attached on the policy, renewal certificate, cover note and endorsement.

11.2. *Premium Payment Warranty (Installment)*

11.2.1 Notwithstanding anything herein contained but subject to clauses 11.2.2 hereof, it is hereby agreed and declared that the installment premium due must be paid and actually received in full by *us* or the intermediary through whom this policy was effected on or before the due date indicated in the policy, renewal certificate, cover note or endorsement. In order for the policy to be effective, the first quarterly or semi-annual instalment must be paid and actually received in full by *us* or the intermediary through whom this Policy was effected.

11.2.2 In the event that any of the installment premium due is not paid and actually received in full by the *us* or the intermediary through whom this policy was effected on or before the inception date or due date referred to above, then the policy, renewal certificate, cover note and endorsement shall not be effective and no benefits whatsoever shall be payable by the company. Any payment received thereafter shall be of no effect whatsoever as cover was never attached on the policy, renewal certificate, cover note and endorsement.

11.2.3 If any of the installments are not paid, *we* reserve the rights to recover any claims already paid as per section 19.

11.3. Breach of premium warranty is a condition precedent that this insurance policy is issued on the basis that the named insured has never had any insurance (for the risk insured) cancelled due solely or in part to a breach of premium payment warranty as per section 11 in the last twelve (12) months.

12. OWNERSHIP AND SUCCESSOR INSURED

12.1. *Expenses* will be paid to *you* or *your* legal representatives, whose receipt will discharge *our* liability for those *expenses*. *We* may, in *our* absolute discretion, pay *expenses* to a provider of services, unless *you* or *your* legal representative have instructed *us* in writing not to and *we* have not agreed to pay *expenses* to the provider prior to receiving such instruction.

12.2. If the *policyholder* should die during the *period of insurance,* then (in the following order of priority), *your* surviving spouse or, if *you* leave no surviving spouse, the eldest *insured person* then covered by the policy (or their legal guardian, if a minor) will automatically become the *policyholder*.

12.3. Unless an endorsement states otherwise, *we* shall treat the *policyholder* as the absolute owner of this policy and *we* are not bound to recognise any other claim to, or interest in, this policy.

13. IN THE EVENT OF FRAUD OR *NONDISCLOSURE*

13.1. *We* may cancel *your* policy from its inception and retain the premium, if:

13.1.1. *you* or an *insured person* or anyone acting on *your* or an *insured person*'s behalf provided false information to *us*, or failed to disclose information to *us*, in connection with *your* application or any application for addition of an *insured person*, upgrade, or reinstatement, and the misrepresentation or nondisclosure was fraudulent; or

13.1.2. any claim is in any respect fraudulent or if fraudulent means or devices are used by *you* or an *insured person* or anyone acting on *your* or an *insured person*'s behalf to obtain benefits under this policy.

13.2. *We* reserve the right to re-underwrite *your* application if any claim is related to *pre-existing conditions* which were not stated in the application form.

13.3. If this policy is cancelled due to the event of fraud or nondisclosure after claims have been paid, or after *we* have provided a guarantee of payment to a provider of services, *we* reserve the right to cancel any amounts paid or guaranteed or claim the payment back from *you* according to section 19.

14. MATERIAL CHANGES

14.1. As a condition precedent to liability, *you* must inform *us* as soon as reasonably practicable of any change in *your* name, the country(ies) of which *you* hold a passport or citizenship, or *your country of residence*. If such notice is not given, *we* will have no liability under this policy for *expenses* occurring after the date of such change.

14.2. *You* must inform *us* as soon as reasonably practicable of any change to *your* residential address or correspondence address. Until such notice is given, *we* may continue to send correspondence to the last address given to *us* by *you*, and shall not bear any consequences if such correspondence is not received by *you*.

14.3. If *your country of residence* changes to the *USA*, *we* reserve the right to cancel *your* policy without any refund.

15. PROOF OF CLAIM AND COOPERATION

15.1. As a condition precedent to liability, all claims for reimbursement of *expenses* must include the following (the "required claim documents"):

15.1.1. bills and supporting documents showing the breakdown of *expenses* and the diagnosis of the condition treated;

15.1.2. evidence of payment made by *you*, and

15.2. All required claim documents must be received by *us* within 365 days from the date service was rendered or 45 days from the date coverage under this policy is terminated. Where it is not reasonably possible to present the required claim documents to *us* within this period, they must be received by *us* within 365 days from the date *you* incurred the *expense*.

15.3. Claims can be submitted to *us*:

15.3.1. via the April Easy Claim smartphone app;

15.3.2. by email to claims.sg@april.com including copies of supporting documents; or

15.3.3. by mail to *our* address, attaching original documents.

15.4. If *you* submit claims by email or via the April Easy Claim smartphone app, *you* must retain a copy of the original documents for a minimum period of 1 year from when *you* submit the claim and must send the original documents to *us* upon request or when required by *our* claim instructions.

15.5. *You* must fully cooperate with *us* and *our* appointed agents in connection with any claim. *Your* cooperation may include, but is not limited to, providing original documents upon request, or providing any consent *we* reasonably need to obtain information relevant to *your* claim from any source, including a *physician* or other medical provider, *hospital*, or an insurance company.

15.6. If *we* ask for cooperation, documents, information, or consent to obtain documents or information, it shall be a condition precedent to liability that *you* provide the requested cooperation, document, information, or consent in a timely manner.

16. PROCESS TO OBTAIN PRE-AUTHORISATION

16.1. As indicated in the *benefits schedule,* some services require *pre-authorisation*, such as but not limited to:
- *hospital* benefits
- *cancer treatment*
- *surgery* performed while a day-patient in a clinic or in a *physician's* office
- *stem cell treatment*
- *rehabilitation treatment*

16.2. Co-payment for *pre-authorisation* outside the *USA*:
- 20% co-payment for services not pre-authorised by *us.*

The co-payment for services that are not pre-authorised will not apply where *you* can show the services were *medically necessary* due to an *emergency* and *you* or the *hospital* contacted *us* within 24 hours after admission or as soon as reasonably possible.

16.3. Co-payment for planned hospitalisation or surgeries in the *USA*:
- 40% co-payment for services rendered outside *our* preferred *USA* network.
  The co-payment for services that are rendered outside *our* preferred *USA* network will not apply where *you* can show the services were *medically necessary* due to an *emergency* and *you* or *hospital* contacted *us* within 24 hours after admission or as soon as reasonably possible.

16.4. To obtain *pre-authorisation*, *you* must submit *your* request at least 5 working days in advance before admission or treatment.

16.5. Upon receiving *your* request, *we* will review the *medical necessity* and appropriateness of the requested service and within five working days will notify *you* of *our* decision to:
- grant pre-approval
- deny pre-approval / Request further information

16.6. Pre-approval may be partly given and partly denied. If within the five days *pre-authorisation* is not given or denied, or additional information is requested, then such service will not be subject to the co-payment applicable to services for which *pre-authorisation* was not maintained.

16.7. If *we* request further information *you* are required to provide any additional information *we* may require. Articles 15.5 and 15.6 of this policy apply.

16.8. *Pre-authorisation* is not a guarantee of benefits or eligibility, and all services are subject to benefit limitations and other policy terms. *Pre- authorisation* may be revised or withdrawn if *we* determine later that the service is not covered or is not *medically necessary*. If *pre-authorisation* is given for a particular service, that *pre-authorisation* applies only to that service and further *pre-authorisation* must be obtained for other services even if related to the same *disability*.

16.9. If an extension of the length of stay is necessary, *you* must contact *us* before the pre-approved length of stay finishes. If *you* fail to do so any services rendered after the end of the planned admission period will be subject to the co-payment for services for which *pre-authorisation* was not obtained.

16.10. If *pre-authorisation* is denied *you* may appeal the decision, and *we* will make a further determination or request additional information within 5 days of receiving *your* appeal. Only one appeal is permitted per service.

17. RIGHT TO EXAMINE AN INSURED PERSON

17.1. *We* are entitled to require an *insured person* to undergo a medical examination at *our expense* by a *physician* of *our* choosing. If an *insured person* dies, *we* are entitled to require a post-mortem examination at *our expense* unless forbidden by law.

18. CLAIMS AGAINST THIRD PARTIES OR OTHER INSURANCE

18.1. If another medical or *accident* insurance covers *you* for *expenses* relating to a *disability* also covered by this policy, *you* should claim from such source or insurance first and *we* will only be liable for the excess of the amount recoverable from such other source or insurance. Amounts paid by another source or insurance are applicable to *your* policy *deductible* should *you* have any, and provided that a proof of payment is submitted to *us*.

18.2. If another person or entity may have liability for *your expenses*, including but not limited to a third party who is responsible for an *injury*, *you* must take all steps necessary to secure reimbursement from that other person or entity.

18.3. *You* must not negotiate, settle, compromise, release or otherwise discharge any claim *you* may have against any third party who may have liability relating to *your expenses* without *our* prior written agreement. Failure to obtain *our* prior written agreement will result in *us* having no liability under this policy for *expenses* which might have been recoverable from that third party.

18.4. In the event of any payment under this policy, *we* shall be subrogated to *your* or any *insured person*'s rights of recovery against any other person or entity. *We* may take proceedings in *your* name, but at *our expense*, to recover any amount *we* pay under this policy. Neither *you* nor any *insured person* shall do anything likely to prejudice such recovery, and instead shall take all reasonable steps to assist *us* in obtaining such recovery.

19. RIGHT OF RECOVERY

19.1. If *we* pay, guarantee, or authorise payment of, *expenses*, or if *you* obtain treatment through *our* direct billing network, and *we* later determine that *you* were not entitled to that payment for any reason, *we* reserve the right to claim the payment back from *you*.

19.2. If *you* have not paid the premiums as per article 11, *we* may deduct amounts from any claims or any sum then due or which at any time thereafter may become due to *you* under this policy, until the said outstanding have been fully satisfied. Exercise by *us* of *our* rights here shall be without prejudice to any other rights or remedies available to *us* under this policy, or otherwise howsoever, at law or in equity.

20. GOVERNING LAW AND JURISDICTION

20.1. This policy is governed by, and is to be interpreted according to, the laws of Singapore and subject to the exclusive jurisdiction of the Singapore courts.

20.2. It is agreed that a person who is not a party to this contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

21. SANCTIONS AND COMPLIANCE WITH LAWS

21.1. *We* reserve the right not to accept applications for cover or to cease providing cover if, in *our* opinion, doing so would expose *us* to the risk of breaching any applicable laws or regulations, including international economic sanctions, laws, or regulations.

21.2. For the avoidance of doubt, *we* shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose *us* to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union ("EU"), United Kingdom ("UK"), United States of America ("*USA*"), France ("FR"), or any jurisdiction applicable to *us*.

22. ARBITRATION AND TIME LIMITS

22.1. This policy is governed by the laws of Singapore.

22.2. Any dispute, controversy, difference, or claim arising out of or relating to this policy, or the breach, termination or invalidity thereof, may be submitted to the Financial Industry Disputes Resolution Centre Ltd (FIDReC) for settlement by mediation in accordance with the mediation procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation in good faith and undertake to honour the terms of any settlement reached.

22.3. If any dispute is not referred to mediation or mediation fails, the dispute has to be referred to arbitration seated in Singapore venued at the Singapore International Arbitration Centre. Any dispute arising out of or in connection with this contract, including any question regarding its existence, validity or termination, shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The Tribunal shall consist of 1 arbitrator. The language of the arbitration shall be English.

23. EXCLUSIONS

This policy does not cover the following treatments, medical conditions, services or procedures. Any adverse consequences or complications thereof, are not covered, unless otherwise indicated in the *benefits schedule*:

23.1. *Pre-existing conditions* and any related, associated or consequential *disabilities* which were not disclosed to *us* before the *period of insurance* and which *we* have not agreed in writing to cover under this policy. This exclusion applies only to fully underwritten policies

23.2. Any pre-existing or related medical condition which occurred or was treated within a 24-month period prior to *your effective date* or has one of the following characteristics will be excluded from cover:

- was foreseeable
- clearly showed itself
- *you* have had signs or symptoms, or *you* were aware of the condition
- *you* have received treatment for or sought medical advice on the condition or a related condition (including *medical check-ups*)
- to the best of *your* knowledge *you* were aware *you* had
- requires monitoring according to generally accepted medical advice or opinion

Any pre-existing medical condition or related medical condition may be covered after *you* have had 24 months of continuous cover under the policy and within that time *you* have not experienced signs or symptoms; asked for advice (including *medical checkups*); or needed or received treatment, medication, monitoring, or a special diet.

If within a 24-month period following *your effective date*, in relation to a *pre-existing condition you* have experienced signs or symptoms; asked for advice (*including medical checkups*); or needed or received treatment, medication, monitoring or a special diet; then *you* will have to wait until *you* have completed a continuous 24-month period when none of these apply to *you*. Such pre-existing medical conditions or related medical conditions may then be covered.

This exclusion applies only to *moratorium* policies.

23.3. Treatment, care or a test which is not *medically necessary*.

23.4. Services which have not been prescribed by *your* attending *physician* unless otherwise stated on the *benefits schedule*.

23.5. Treatment which is covered by insurance or a source of indemnity other than this policy.

23.6. Services by a *dentist*, other than services claimed under Dental Benefits where specifically provided on the *benefits schedule*.

23.7. *Emergency Dental Treatment* related directly or indirectly to biting, chewing or teeth grinding.

23.8. *Reconstructive surgery* except when required as a direct result of a *disability* covered under this policy.

23.9. *External prosthesis* except when required as a direct result of a *disability* first occurring during a *period of insurance*.

23.10. Treatment, care or tests directly or indirectly related to:

23.10.1. *Assisted conception*, contraception, sterilisation, fertility or infertility, prior history of miscarriages, hypogonadism or testosterone deficiency, sexual dysfunction, or abortion other than for therapeutic reasons;

23.10.2. *complications of pregnancy* following *assisted conception*, other than services claimed under Maternity Benefits or Routine Outpatient Maternity where specifically provided on the *benefits schedule*.

23.10.3. pregnancy or childbirth other than services claimed under Complications of Pregnancy, Routine Outpatient Maternity or Maternity Benefits where specifically provided on the *benefits schedule*. For the purposes of this exclusion, the post-partum period is deemed complete 45 days after delivery of the baby

23.10.4. elective caesarian section prior to the 38th week of term;

23.10.5. *sexually transmitted disease*;

23.10.6. *congenital* and *hereditary conditions* other than services claimed under the *Congenital* and *Hereditary Conditions* benefit where specifically provided on the *benefits schedule*;

23.10.7. *cosmetic treatment, surgery or any direct or indirect complications or consequences related to cosmetic procedures*;

23.10.8. preventive treatment except to the extent specifically stated in the *benefits schedule;*

23.10.9. dandruff and complications related to hair loss;

23.10.10. *experimental treatment;*

23.10.11. non-western or non-allopathic treatment except to the extent specifically stated in the *Complementary Medicine* and Traditional Chinese Medicine section of the *benefits schedule*;

23.10.12. treatment involving transplant or harvesting of stem cells other than where specifically provided on the *benefits schedule* under the *Stem Cell Treatment* benefit;

23.10.13. gender reassignment therapy and *surgery*;

23.10.14. contact lenses, spectacle lenses, spectacle frames, sunglasses, eyesight tests for long or short sightedness and treatment related to refractive error other than services claimed under Optical Benefits where specifically provided for on the *benefits schedule*;

23.10.15. LASIK *surgery*;

23.10.16. lenses other than monofocal lens following a cataract *surgery*;

23.10.17. *terminal illness*, other than as provided by the *hospice* or *palliative treatment* benefit as shown on *your benefits schedule*;

23.10.18. any treatment for weight loss or weight problems, other than the consultations and medicines provided by a dietician claimed under the *Complementary Medicine Benefit* (among others, claim related to bariatric procedures, diet pills or supplements, health club memberships, diet programs and residential eating disorder programs will not be covered);

23.10.19. self-inflicted *injury*, suicide or attempted suicide;

23.10.20. abuse of alcohol, illegal drugs, or medicines not prescribed to the *insured person* by a *physician* or taken in excess of prescribed quantities*;*

23.10.21. drug addiction, smoking, alcoholism, or use of any psychoactive substances;

23.10.22. smoking cessation, including but not limited to consultations, treatments, products, therapies, medications, and any other services or interventions aimed at quitting smoking;

23.10.23. sleep disorders; or *behavioural* or *developmental disorders* other than where specifically provided on the *benefits schedule* under the Outpatient *Behavioural* and *Developmental Disorders* benefit;

23.10.24. *injury* related to participation in professional sports on a full time or part time basis; *disability* as a result of participation in mountaineering or trekking above 3,000 metres; caving or potholing; downhill off-piste skiing and snowboarding; riding on a snowmobile; motor sports on land; boating in vessels designed to travel at 30 knots or more; diving in excess of 12 metres below the surface of the water; rock climbing involving ropes or pitons; hunting; ice hockey; parachute jumping; wrestling; polo; water skiing or wake-boarding; boating activities beyond 5 kilometres

from a coastline; aviation activities other than as a fee-paying passenger on a regular scheduled airline or licensed chartered aircraft; or deliberate exposure to exceptional danger except in an effort to save human life;

23.10.25. any loss or *injuries* arising whilst driving under the influence of alcohol or driving without a legal or valid driving license in accordance with local regulations;

23.10.26. any loss or *injuries* arising whilst driving a motorcycle without wearing a helmet or without a legal or valid motorcycle driver's license in accordance with local regulations.

23.11. Purchase or rental of any devices including but not limited to prostheses, corrective devices, or durable medical equipment other than *surgical implants*, *external prosthesis* or *medical appliances* shown on the *benefits schedule* as covered by this policy.

23.12. The cost of purchasing an organ for transplantation.

23.13. The following services, whether or not recommended or prescribed by a *physician*:

23.13.1. harvesting of stem cells for future, unplanned or unknown treatments

23.13.2. any service rendered while an *insured person* is an inmate of a prison, jail or any correctional facility including halfway houses or similar facilities, or while a patient of any mental institution;

23.13.3. house calls, delivery of medicine or other items, or any service rendered at a person's home, office, hotel room, or similar place other than services claimed under Maternity Benefits where specifically provided for on the *benefits schedule*; Telehealth services are not part of this exclusion and will be covered provided that they are *reasonable and customary* and *medically necessary*.

23.13.4. services or treatment while a bed patient at any facility that is not a *hospital*, including an institution such as an *intermediate care facility* or *nursing home*;

23.13.5. Vitamins, nutritional supplements, sleep medication, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy;

23.13.6. *custodial* or *maintenance care* or rest cures;

23.13.7. *hospital* inpatient treatment for convalescence, rehabilitation, supervision or which in the opinion of *our* medical advisor, could be properly treated as an outpatient;

23.13.8. outpatient treatment of *mental and nervous conditions* other than services claimed under the Outpatient *Mental and Nervous Conditions* benefit where specifically provided on the *benefits schedule*;

23.13.9. dental treatment utilising precious stones and orthodontic treatment that is commenced from the age of 16 (applicable only when Dental benefits are covered under the policy);

23.13.10. the usage of non-*medically necessary* ultrasound scans, other than 2D ultrasounds (applicable when Maternity benefits are purchased in the *benefits schedule*);

23.13.11. services by a *psychologist* or counsellor other than where specifically provided on the *benefits schedule* under the *Mental and Nervous Conditions Benefit.*

23.14. *Disability* suffered while serving as a member of a police force or military unit of any country or international authority, or due to participation in *war* (whether declared or undeclared), civil *war*, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or any known or suspected *terrorist act*, utilization of nuclear weapons, chemical or biological weapons of mass destruction.

23.15. Participation in any illegal or criminal act or contravening clear and absolute government advisories to avoidance of *disability*.

23.16. *Disability* as a result of exposure:
- to ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
- any weapon of *war* employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.

23.17. Travel *expenses* incurred to obtain medical treatment other than in the course of an *emergency* medical evacuation *we* have approved in advance, or which has been approved by the *emergency assistance provider*.

23.18. For the usage of non-*medically necessary* robotic *surgery* which can be replaced by a conventional *surgery*, *we* will only cover up to the *reasonable and customary* cost of a conventional treatment.

23.19. Treatment outside *your* area of cover as stated on *your benefits schedule* except to the extent Out of Area Cover is provided for in *your benefits schedule.*

23.20. All *expenses*:

23.20.1. which are not *reasonable and customary*;

23.20.2. incurred in Iran or Cuba;

23.20.3. for medical certificates or administrative fees such as a charge for providing a claim form or medical records;

23.20.4. incurred outside the *period of insurance* or in any period for which the appropriate premium has not been paid;

23.20.5. incurred during the *period of insurance* for drugs and/or medical services consumed or provided once the *period of insurance* has ended; or

23.20.6. for services performed or items sold by *you*, *your* parents, *your* children, or any entity in which *you*, *your* parents, or *your* children either are an employee or director or have a greater than 1% ownership interest.

DEFINITIONS

A. ***ACCIDENT OR ACCIDENTAL:*** A sudden, unexpected and specific event, external to the body, beyond one's control, and directly leading to physical *injury*, which occurs at an identifiable time and place.

A. ***ACTIVE CANCER TREATMENT:*** A course of treatment intended to affect the growth of the cancer by shrinking the cancer, stabilising it or slowing the spread of disease, and not given solely to relieve symptoms or to prevent a recurrence. It also includes the first consultation with the oncologist after the last treatment in the last planned course of *active cancer treatment*, and any associated *diagnostic scans and tests*.

A. ***ASSISTED CONCEPTION***: The use of medical technology to increase the number of eggs during ovulation or to bring a human sperm and an egg, or eggs, close together, thereby increasing the chance of conception. This includes but is not limited to Intra-uterine insemination (IUI), In vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) or the use of any form of treatment to induce or increase ovulation.

B. ***BEHAVIOURAL OR DEVELOPMENTAL DISORDER:*** A *disability* classified in categories F53 to F54 and F59 to F98 of the International Classification of Diseases 10th Revision (2010 version).

B. ***BENEFITS SCHEDULE:*** The schedule(s) showing each of the benefits available under this policy and the limit available for those benefits.

C. ***CHRONIC CONDITION:*** A disease, *illness* or *injury* that has one or more of the following characteristics:

a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests; or
b. it needs ongoing or long-term control or relief of symptoms; or
c. *you* need to be rehabilitated or specially trained to cope with it; or
d. it continues indefinitely; or
e. it has no known cure; or
f. it comes back or is likely to come back.

C. ***CO-INSURANCE PERCENTAGE:*** The share of *expenses* for which *you* are liable, shown on the *benefits schedule*.

C. ***COMPLICATIONS OF CHILDBIRTH:*** It covers any complications that arise during the delivery stage including emergency C-section. The coverage of the complication of childbirth is applicable to the mother and child.

C. ***COMPLICATIONS OF PREGNANCY:*** Only the complications that arise during the antenatal stage of pregnancy are covered. Any claims related to wholly or partially or arising directly or indirectly during the delivery stage, including complications arising from the delivery stage, shall not be covered. The coverage of the complication of pregnancy is applicable to the mother only.

C. ***COMPLEMENTARY MEDICINE :*** Therapeutic services rendered by one of the types of practitioner listed in the *Complementary Medicine* and Traditional Chinese Medicine section of the *benefits schedule*, other than yourself or someone related to *you* by blood, marriage or adoption, who is qualified by education and training and, if required or permitted to be licensed or registered by the laws of the place where service took place, is licensed or registered in that place, and who in performing such services is acting within the scope and training of that discipline.

C. ***CONFINEMENT:*** A *medically necessary* overnight stay as a registered bed patient in a *hospital*.

C. ***CONGENITAL CONDITION:*** Any condition classified as a congenital anomaly in the International Classification of Diseases 10th Revision (2010 version).

C. ***CONTINUOUS PERSONAL MEDICAL EXCLUSIONS:*** Means that *we* apply the special underwriting terms of a *preceding policy*. Any *pre-existing condition* which would have been covered by the *preceding policy* shall continue to be covered under this Policy, but not to exceed the limits which would have been obtainable under the provisions of the *Preceding Policy* or the provisions of this Policy, whichever is lower.

C. ***COSMETIC TREATMENT:*** *Surgery*, chemical treatment, or other procedures performed to reshape or modify structures of the body or physical appearance, including treatment of any medical condition which arises in any way from cosmetic procedures.

C. ***COUNTRY OF RESIDENCE:*** The geographical country in which the *policyholder or insured person*, as the case may be, spends the greatest amount of time during the *period of insurance*.

C. ***CUSTODIAL OR MAINTENANCE CARE:*** Care provided mainly:

a. for personal needs, comfort or convenience for which specialised medical training or skills are not necessary; or
b. to maintain, rather than improve, a physical or mental function, or to provide a protected environment, including *physician*-prescribed bed rest.

D. ***DEDUCTIBLE:*** An amount shown on the *benefits schedule* corresponding to a benefit available under this policy. *We* are entitled to deduct this amount from any payment of *expenses*.

D. ***DENTAL TREATMENT:*** Evaluation, diagnosis, prevention, and surgical or non-surgical treatment of diseases, disorders and conditions of the oral cavity, maxillofacial area and the adjacent and associated structures.

D. ***DENTIST:*** A properly qualified practitioner other than yourself or someone related to *you* by blood, marriage or adoption, who is licensed by the competent authorities of the country in which treatment is provided to render *dental treatment*, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

D. ***DEPENDANT:*** *Your* spouse under the law of *your country of residence* or *your* de facto partner. Each of *your* unmarried children, stepchildren or adopted children who are under twenty-three (23) years of age for all or part of the *period of insurance*.

D. ***DIAGNOSTIC SCANS AND TESTS:*** *Medically necessary* tests and procedures prescribed by an attending *physician* to investigate the cause and nature of symptoms of a *disability*. Limited to the following tests and scans unless otherwise stated on the *benefits schedule*: laboratory tests and pathology, CT scan, PET Scan, MRI, ultrasound, ECG, endoscopic exams (not including *invasive endoscopic examinations*), and x-ray.

D. ***DISABILITY:*** An *illness* or *injury*, and any symptoms, sequelae, or complications thereof. In the case of *injury*, it means all *injuries* arising from the same event or series of contiguous events.

E. ***EFFECTIVE DATE:*** The date specified on the *namelist* as the date on which the *period of insurance* in respect of any *insured person* commences under this policy.

E. ***EMERGENCY:*** A sudden change in *your* health as a result of an *accident* or acute exacerbation of a *disability* which requires immediate medical or surgical intervention within 24 hours to avoid permanent damage to *your* life or health.

E. ***EMERGENCY ASSISTANCE PROVIDER:*** April Assistance.

E. ***EXPENSES:*** Amounts *you* incur during the *period of insurance* for a *medically necessary* service, and which fall within the categories of benefits shown on the *benefits schedule.*

E. ***EXPERIMENTAL TREATMENT:*** Treatment and drugs are deemed experimental if they have not been approved by the European Medicines Agency (EMA), and the Food and Drug Administration (FDA) despite the treatment is approved by the local governance. Approved treatment and drugs should be used within the terms of that license. Should these agencies have conflicting views or provide no guidance, *we* will make a decision based on published medical articles which are using a rigorous scientific method (including randomised controlled trial) to prove the safety and efficacy of the treatment and drug.

E. ***EXTERNAL PROSTHESIS:*** An artificial body part prescribed by an attending *physician* as part of treatment relating to a *disability* covered by this policy.

F. ***FULL MEDICAL UNDERWRITING:*** means that *you* provide *us* with a detailed medical history on the *Full Medical Underwriting* Application Form to enable *us* to decide whether to accept or decline *your* application and whether *we* need to apply any specific exclusions or loadings to *your* policy.

H. ***HEREDITARY CONDITIONS:*** An *illness* caused by a genetic abnormality passed down from the parents' genes. Cancers that are present in combination with other symptoms of the *hereditary condition* are included in this definition.

H. ***HIV/AIDS:*** Infection with the Human Immunodeficiency Virus and any mutation thereof and/or Acquired Immune Deficiency Syndrome ("AIDS") and any symptoms relating thereto or *illnesses* arising therefrom. AIDS includes any cancer or infection in an HIV-infected person who, on or at any time before the date of service, had a CD4 T-cell count below 200 cells per microliter. *HIV/AIDS* costs may only be claimed under the *HIV/AIDS* section of the *benefits schedule*, and no other type of benefit under this policy provides coverage in connection with *HIV/AIDS*.

H. ***HOME COUNTRY:*** The country of the passport or identity document of *insured persons* listed on the application or notified to *us* under the terms governing material changes. For any *dependant* who does not hold a passport, it will be the *home country* of their *policyholder*.

H. ***HOSPICE OR PALLIATIVE TREATMENT:*** A program of medical, psychological, social, and spiritual care provided to persons who have been diagnosed as suffering from a *terminal illness*. Treatment must be prescribed by a *physician* and provided by a *hospital* or institution licensed by the competent medical authorities of the country in which care is provided and which, in providing care, is practicing within the scope of its license.

H. ***HOSPITAL:*** An institution licensed by the competent medical authorities of the country in which it is located to provide care and treatment of sick and injured persons as bed patients and which:

a. has full diagnostic, therapeutic and surgical procedures; and

b. provides 24 hour a day nursing services by registered graduate nurses; and is supervised by a staff of *physicians*; and

c. Is not primarily a clinic, an *intermediate care facility or nursing home*, a mental institution, a home for the aged, or a place for alcoholics or drug addicts.

H. ***HOSPITAL ROOM AND BOARD:*** Room and board and general nursing care, subject to the following accommodation levels as stated on the *benefits schedule*.
SINGLE OCCUPANCY ROOM – The base class of rooms having one (1) patient bed per room with an en-suite bath or shower room. Single occupancy room does not include higher-tier accommodations and luxury rooms such as suites, VIP rooms, or deluxe rooms.
DOUBLE OCCUPANCY ROOM – A class of room having two (2) patient beds per room and shared bath or shower room, whether both beds are occupied or not.
WARD – A class of room having three (3) or more patient beds per room, whether all beds are occupied or not.
Room Category Coverage and Penalties: If a member is admitted to a higher category room than entitled to, a 50% co-payment penalty will be applied.

- In Hong Kong and Singapore, this penalty will be applied to the entire hospital bill.
- In other countries, the 50% penalty will be applied to all items impacted by the room type selected. This approach accounts for regional variations in healthcare practices and costs.

H. ***HYPNOSIS:*** also referred to as guided hypnosis, is a form of psychotherapy that uses relaxation, extreme concentration, and intense attention to achieve a heightened state of consciousness or mindfulness.

H. ***HYPNOTHERAPIST:*** Qualified Hypnotherapists and Psychologists can administer *hypnosis* to individuals.

I. ***ILLNESS:*** A physical condition, including symptoms, sequelae, or complications, marked by a pathological deviation from the normal healthy state during the *period of insurance*.

I. ***INJURY:*** Identifiable physical damage to *your* body which is caused by an *accident* solely and independently of any other causes, is not intentionally self-inflicted, and does not result from *illness*.

I. ***INTENSIVE CARE UNIT:*** A class of room dedicated to the constant, close monitoring of the vital body functions of critically ill patients, which provides a high ratio of nursing staff to patients, and which has full facilities for the resuscitation of patients. This definition also includes a coronary care unit which has facilities not less comprehensive than those described above.

I. ***INTERMEDIARY:*** The authorised agent, broker or financial advisor who arranged this cover.

I. ***INTERMEDIATE CARE FACILITY OR NURSING HOME*:** A place devoted to providing support services for individuals requiring medical, nursing, or *custodial or maintenance care* in a residential setting.

I. ***INSURED PERSON*:** The person/persons identified on the *namelist*.

I. ***INVASIVE ENDOSCOPIC EXAMINATION*:** The following endoscopies: arthroscopy, colonoscopy, cystoscopy, enteroscopy, laparoscopy, mediastinoscopy, sigmoidoscopy, thoracoscopy/pleuroscopy, upper gastrointestinal endoscopy, ureteroscopy.

K. ***KIDNEY DIALYSIS*:** Hemodialysis and peritoneal dialysis. *Kidney dialysis expenses* may only be claimed under the *kidney dialysis* section of the *benefits schedule*, and no other type of benefit under this policy provides coverage in connection with *kidney dialysis*.

M. ***MAJOR DENTAL TREATMENT*:** Surgical removal of impacted, buried, or unerupted teeth/roots or odontomes; treatment of disorders of the temporomandibular joint (TMJ); orthodontics treatment commenced below the age of 16; dental implants; root canal therapy or apicoectomy; dentures (new/repair of old); gold, amalgam, composite or porcelain crowns and bridges; treatment by a dentist of illnesses of the oral mucosa and directly related laboratory tests or pathology services; antibiotics or medicines for pain management for which a prescription is required for purchase and which have been prescribed by a dentist; periodontics, deep oral prophylaxis or root planing.

M. ***MEDICAL APPLIANCES*:** The following items and their accessories if prescribed by a *physician* or a *complementary medicine* practitioner for a *disability*: cranial helmets, nebulisers, oxygen pumps and masks, hearing aids, corrective splints, insulin pumps, infusion pumps, glucose monitors and lancets, orthotics/orthopaedic braces, supports (addition) and boots; tracheo-esophageal voice prosthesis, compression stockings, arch support, and consumable diabetes or ostomy supplies.

M. ***MEDICAL CHECK-UP*:** Consultations and tests that are undertaken without any clinical signs or symptoms being present.

M. ***MEDICALLY NECESSARY*:** Possessing an identifiable relationship to either a covered *disability* or symptom(s) of a *disability* which if existing would be covered under the policy. It refers to necessary and appropriate medical treatment, services or supplies, i.e.:

a. a therapeutic service required to treat or prevent damage to life or health where *you* have an *illness* or *injury*;

b. a diagnostic service to determine whether therapeutic services are necessary, where *you* have active symptoms, the cause of which are unknown, but which are suggestive of an *illness* or *injury*, or

c. A treatment or service required for reasons other than the comfort or convenience of *you* or *physicians*.

The term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. It also includes the appropriateness of the type of service (outpatient/daypatient/inpatient) based on the medical standard. When specifically applied to inpatient request, *we* reserve the right to decline an inpatient stay for a procedure or treatment that is commonly prescribed as outpatient/daypatient.

M. ***MEDICINES AND DRUGS*:** *Medicines* and *drugs* for which a *physician*'s prescription is required for purchase, and which have been dispensed by a *physician*'s office or by a licensed pharmacist after having been prescribed by a *physician*.

M. ***MENTAL AND NERVOUS CONDITION*:** Any condition classified as a mental, *behavioural* and neurodevelopmental disorders and nervous disorder (F01 – F99, G00 – G99) in the International Classification of Disease 10th Revision (2010 version) (ICD10), except for *Behavioural or developmental disorder* and F50 to F52 and F55 in the ICD 10 codes.

M. ***MINOR DENTAL TREATMENT*:** Dental *check-up*, x-ray, gold or amalgam or composite or porcelain inlays/onlays/fillings; routine tooth cleaning, scaling, and prophylaxis (including when done by an *oral hygienist*); simple extractions; mouth guard; and application of sealants.

M. ***MOBILITY AIDS*:** Crutches, canes, walkers, manual wheelchairs and non-motorised knee scooters.

M. ***MORATORIUM*:** Under *moratorium* policies, any pre-existing or related medical condition which occurred or was treated within a 24-month period prior to *your effective date* or has one of the following characteristics will be excluded from cover:

- was foreseeable
- clearly showed itself
- *you* have had signs or symptoms, or *you* were aware of the condition
- *you* have received treatment for or sought medical advice on the condition or a related condition (including *medical checkups*)
- to the best of *your* knowledge *you* were aware *you* had
- requires monitoring according to generally accepted medical advice or opinion

These conditions may be covered after *you* have had continuous cover with *us* for 24 months during which *you* have not had any symptoms, sought advice, needed or received any medication, treatment for the *pre-existing condition* or any related condition. If the *pre-existing condition* recurs, then once *you* have completed a 24-month period where none of these apply, the medical condition may then be covered.

Certain *pre-existing conditions* may never be covered under a *moratorium* policy. These include *disabilities* and chronic and incurable conditions; for example diabetes, chronic hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol levels), ischemic heart disease, cancer, thyroid disease, and auto-immune disorders. If *you* have suffered from any of these conditions, or any other condition for which it is generally accepted medical advice that it be monitored, then that condition may never be covered. Any condition related to an excluded condition will also be excluded from cover. Maximum entry age is 45 under *Moratorium* policies.

N. ***NAMELIST*:** A section of the policy identifying the *insured persons* covered under this policy.

N. ***NEONATAL DISABILITY*:** A *disability* which existed during the *neonatal period*, and any *disabilities* directly or indirectly arising therefrom or relating thereto. It includes *pre-term birth* and any *congenital conditions* which are diagnosed or present symptoms of which medical professionals or parents are aware or reasonably should be aware of during the *neonatal period*.

N. ***NEONATAL PERIOD*:** The period between birth and either the 28th day of life or the 15th day after discharge from *hospital* (dates inclusive), whichever is later.

N. ***NEWBORN INFANT*:** A child under 28 days of age.

N. ***NURSERY CARE*:** includes (i) accommodation for the child, (ii) customary examinations required to assess the integrity and basic function of the child's organs and skeletal structures (these essential examinations are carried out immediately following birth) and, (iii) further preventive diagnostic procedures, such as routine swabs, blood typing , and hearing tests, if they occur before the child's s discharge and if they are performed within 7 days from the childbirth.

O. ***ORAL HYGIENIST*:** A properly qualified employee of a *dentist* who is licensed, if required, by the competent medical authorities of the country in which treatment is provided to render services such as cleaning and anesthesia, and who is rendering such treatment at the direction of, and under the direct supervision of a *dentist*.

O. ***ORGAN TRANSPLANTATION*:** Transplantation of a cornea, kidney, heart, liver, lung or bone marrow from one human to another.

P. ***PANEL NETWORK*:** Medical providers in *our* network who are indicated as *panel network* providers in *our* current Outpatient Direct Billing network list.

P. ***PARENTAL ACCOMMODATION*:** A fee for an additional bed in the same room for a parent or legal guardian staying with a *dependant* child below age 23 covered under this policy who is admitted as an inpatient in a *hospital* for the treatment of a covered *disability*.

P. ***PERIOD OF INSURANCE*:** The period starting at 00:00 a.m. Singapore time on the first day shown on the policy cover page and ending at 11:59pm Singapore time on the last day shown on the policy cover page. If an *insured person* has been added to the policy mid-year, it means the period shown on the namelist in respect of that *insured person*. If this policy is renewed, the effective date shown on the renewal endorsement will be first day of the new *period of insurance*.

P. ***PHYSICIAN*:** A doctor of western medicine other than yourself or someone related to *you* by blood, marriage or adoption, who is licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

P. ***PHYSIOTHERAPY*:** Treatment of a *disability* by physical methods such as manipulation and mobilisation, Transcutaneous Electrical Neural Stimulation, heat treatment, and exercise rather than by drugs or *surgery*. Treatment must be performed by a physiotherapist, other than yourself or someone related to *you* by blood, marriage or adoption, acting within the scope and training of the *physiotherapy* discipline and who, if required or permitted to be licensed or registered by the laws of the place where service took place, is licensed or registered in that place.

P. ***POLICYHOLDER*:** An individual or organization that enters into an insurance contract with the insurer and pays the insurance premium. The *policyholder* has an insurable interest in the *insured person*. The *policyholder* may also be the *insured person* or the beneficiary.

P. ***POST-HOSPITALISATION BENEFITS*:** *Physician* consultation fees, *diagnostic scans and tests, medicines and drugs, physiotherapy,* rental of *mobility aids* ordered/prescribed by a *physician* following *confinement* and used as a direct consequence of the *disability* which led to *confinement*.

P. ***PRE-AUTHORISATION*:** Means the determination by *us* that a service is *medically necessary* and appropriate, including consideration of the need for the proposed level of care and the availability of alternatives.

P. ***PRECEDING POLICY*:** Means a long-term international health insurance policy covering *illness* and *bodily injury* which terminates no earlier than the day prior to the *effective date* in respect of an *insured person*, and a copy of which has been provided to *us* upon application. It must be of an equivalent class of cover as that being applied for and meet the acceptability criteria defined by *us* at the time of application.

P. ***PRE-EXISTING CONDITION*:** Any *disability*:

a. which existed before the *period of insurance*, and which presented signs or symptoms of which *you* were aware or should reasonably have been aware of; or
b. for which *you* have sought or received treatment, medication, advice or diagnosis in the two (2) years before the *period of insurance*; or
c. which *you* knew to exist before the *period of insurance* and whether or not *you* sought or received treatment, medication, advice, or diagnosis for it.

P. ***PRE-HOSPITALISATION BENEFITS*:** *Physician* consultation fees, *diagnostic scans and tests*, *medicines and drugs* used as a direct consequence of the *disability* which led to *confinement*.

P. ***PRE-TERM BIRTH*:** Birth of a living child before 37 weeks of pregnancy are completed.

P. ***PREVENTIVE (PROPHYLACTIC) SURGERY*:** refers to surgical procedures performed to remove tissues, organs, or glands that have a high probability of becoming cancerous in the future, aimed at reducing the risk of future health issues. This includes, but is not limited to, procedures such as mastectomy or prophylactic oophorectomy when a parent, grandparent, sibling, or child has been diagnosed with a disease that is part of a hereditary cancer syndrome (such as breast cancer or ovarian cancer) confirmed by a genetic test. The *surgery* should be prescribed by a qualified medical professional and approved as *medically necessary* by *our* Medical Team or a qualified *physician* approved by *us*.

P. ***PREVENTIVE TREATMENT*:** Treatments that prevent occurrence or recurrence of a *disability*, *injury* or *illness*, rather than treating a *disability*.

P. ***PROFESSIONAL FEES*:** Surgeon's fees, anaesthetist fees, dietician fees, general nursing fees, physiotherapist fees, speech therapist fees and attending *physician* fees.

P. ***PSYCHOLOGIST OR PSYCHOTHERAPIST***: A psychologist / psychotherapist other than yourself or someone related to *you* by blood, marriage or adoption, who is licensed by the competent medical authorities of the country in which treatment is provided or in which the psychologist / psychotherapist finished the study, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

R. ***REASONABLE AND CUSTOMARY*:** An amount comparable to that charged by others of similar professional standing in the same locality, for the same class of *hospital* room, for a person of similar sex and age, for a similar *disability*, without regard to ability to pay or the availability or adequacy of insurance. Where an *insured person* stays in a *hospital* room above the *hospital room and board* level shown on the *benefits schedule*, *reasonable and customary* charges will be limited to comparable charges for the highest class of room for which the *insured person* is covered.

R. ***RECONSTRUCTIVE SURGERY*:** *Surgery* performed to improve the function or appearance of abnormal structures of the body caused by a *disability*.

R. ***REFERRAL:*** A dated, written letter or note from an attending *physician* prior to commencement of treatment identifying *you*, the *disability* to be treated and the reasons for treatment.

R. ***REHABILITATION CENTRE:*** A facility specifically licensed to care for people who have suffered neurological, musculoskeletal, orthopaedic and other serious medical conditions and are not yet able to care for themselves at home. It must be:

- a unit within a *hospital* or a separate facility having accommodation for bed patients;
- organised to provide an intensive rehabilitation program to inpatients;
- under supervision of a *physician*; and
- staffed full-time by nurses working under the supervision of a registered nurse.

R. ***REHABILITATION TREATMENT:*** Treatment following a *disability* upon *referral* by an attending specialist to restore normal form/near to normal form or function to the body. In addition to room and board and general nursing fees, the following additional costs incurred while admitted to the *rehabilitation centre* will be covered under this benefit:

- occupational therapy fees
- special treatment room fees
- speech therapy fees

Rehabilitation centre services must be certified by a specialist as *medically necessary*. The factors to be considered in making such certification must include, but are not necessarily limited to,

- the type and severity of the *illness* or *injury*, and the *insured person*'s overall state of health and prior treatment history;
- the amount of therapy expected to be performed every day;
- the risk of deterioration or non-recovery of function if therapy is not completed; and
- the extent to which the *insured person* will be able to perform activities of daily living during the rehabilitation period.

In all cases *we* reserve the right to require re-authorisation of *rehabilitation* centre services at any time upon notice to the insured.

S. ***SEXUALLY TRANSMITTED DISEASE:*** *Illness* classified as an infection with a predominantly sexual mode of transmission in the International Classification of Diseases 10th Revision (2010 version).

S. ***SPECIFIED INPATIENT PROVIDERS:*** Medical providers in *our* network who are indicated as specified inpatient providers in the current Specified Inpatient Providers list.

S. ***STEM CELL TREATMENT:*** Treatment for a *disability* where an immediate advantage compared to other forms of treatment can be identified and verified by *us*. It does not include *preventive treatment*.

S. ***SUDDEN ILLNESS OR INJURY:*** Either

- a *disability* occurring wholly and exclusively during the first 30 *travel days* of any trip outside *your* area of cover; or
- a *disability* existing prior to a trip outside *your* area of cover which had not required any advice (other than routine follow-up), treatment or
- any new/changed medication in the 30 days prior to the time *you* commenced *your* journey.

In the case of an *injury*, the *accident* must occur during the trip in which treatment is obtained. *Sudden illness* or *injury* does not include any *disability* of which symptoms existed prior to the start of the trip and which would have caused a reasonable person to seek medical care, and it does not include pregnancy or *complications of pregnancy*.

S. ***SURGERY:*** Cutting or destruction of tissue performed by a *physician* involving the use of surgical instruments, ultrasound, heat, cold, or radiation. It also includes reduction of broken bones or manipulation of a joint under anaesthesia, when performed by a *physician*.

S. ***SURGICAL IMPLANTS:*** A device or devices which are surgically implanted to form a permanent or long-term part of the body but does not include *external prosthesis*.

T. ***TERMINAL ILLNESS:*** An *illness* that is approaching its final stages, for which treatment can no longer be expected to cure and will lead to death (life expectancy being a matter of months). In all circumstances, treatments for Terminal illnesses must be pre-approved by *us*. *We* reserve the right to consider any treatment for a Terminal Illness as Palliative and to apply the corresponding limits of *your benefits schedule*.

T. ***TERRORIST ACT:*** An act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. *Terrorist act* can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of a *terrorist act* can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).

T. ***THERAPEUTIC ABORTION:*** The termination of a pregnancy that is deemed *medically necessary* if there is an underlying or life-threatening condition which will endanger the mother's physical health or if there is a fetal abnormality.

T. ***TRAVEL DAYS:*** Successive 24-hour periods between the time *you* first arrive at an international border of a country outside *your country of residence*, and the time *you* next arrive at an international border of a country within *your* area of cover.

U. ***UNITED STATES OF AMERICA (USA):*** The *United States of America* (including its territories and possessions).

W. ***WAITING PERIOD:*** A period during which related insurance benefits shall not be covered, including benefits for claims filed after the *waiting period* but medical *expenses* or consequences of medical treatment have been incurring during the *waiting period*.

W. ***WAR:*** *War,* whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

W. ***WE, US, OUR:*** Liberty Insurance Pte Ltd.

Y. ***YOU, YOUR:*** The *policyholder* and/or *insured person* and/or his or her *dependants* named on the *namelist*.

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 Liberty Insurance or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).
This policy is not a Medisave-approved policy and ***you*** may not use Medisave to pay the premium for this policy.
This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving ***you*** 30 days' notice in writing.

MH SG 2024/12

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