

**GROUP MEDICAL****THE SCHEDULE**

POLICYHOLDER : SPRING COLLEGE INTERNATIONAL PTE. LTD.  
PERIOD OF INSURANCE : 29 Mar 2023 to 28 Mar 2024 (Both Date Inclusive)  
TRANSACTION TYPE : Renewal  
POLICY ADMINISTRATION : Headcount  
MIN AGE (ADULT) : 6  
MAX AGE (ADULT) : 50  
MAX RENEWAL AGE(ADULT) : 50

| BILLED PARTY                             |
|--|
| 1-SPRING COLLEGE INTERNATIONAL PTE. LTD. |

| PRODUCT                   | GST IS PAYABLE ON CLAIMS |
|---------------------------|--------------------------|
| Group Hospital & Surgical | No                       |

## GROUP HOSPITAL & SURGICAL

### PLAN 1 - BASIS OF COVERAGE

ALL STUDENTS

### PLAN 1 - INSURED RULES

| INSURED TYPE | PRE-EXISTING CONDITIONS     | UNDERWRITING |
|--------------|-----------------------------|--------------|
| Employee     | Exclude for First 12 months | No           |

### PLAN 1 - BENEFITS

| BENEFITS NAME   | LIMIT               |
|---|---------------------|
| Daily Room & Board (max 120 days, incl ICU & HDW)                         | S\$170.00           |
| Intensive Care Unit (max 30 days)   | 3x of R&B           |
| High Dependency Ward (max 30 days)  | 2x of R&B           |
| Other Hospital Services   | Up to Group Limit 1 |
| Surgical Expenses   | Up to Group Limit 1 |
| Daily In-Hospital Physician's Consultation (max 120 days)                 | Up to Group Limit 1 |
| Pre-Hospitalisation Specialist Consultation (within 90 days)              | Up to Group Limit 1 |
| Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees (within 90 days) | Up to Group Limit 1 |
| Post-Hospitalisation Treatment (within 90 days)                           | Up to Group Limit 1 |
| Emergency Accidental Out-patient Treatment                                | Up to Group Limit 1 |
| Outpatient Dental Treatment (Accidental)                                  | Up to Group Limit 1 |
| Miscarriage Benefit   | Up to Group Limit 1 |
| Ambulance Fees  | Up to Group Limit 1 |
| Claim Medical Report Fees   | Up to Group Limit 1 |
| Death Benefit   | S\$3,000.00         |

## PLAN 1 - GROUP LIMITS

| GROUP         | BENEFITS NAME   | LIMIT               |
|---------------|---|---------------------|
| Group Limit 1 | Other Hospital Services<br>Surgical Expenses<br>Daily In-Hospital Physician's Consultation (max 120 days)<br>Pre-Hospitalisation Specialist Consultation (within 90 days)<br>Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees (within 90 days)<br>Post-Hospitalisation Treatment (within 90 days)<br>Emergency Accidental Out-patient Treatment<br>Outpatient Dental Treatment (Accidental)<br>Miscarriage Benefit<br>Ambulance Fees<br>Claim Medical Report Fees | As charged \$20,000 |

## PLAN 1 - ENDORSEMENT

### Clause 1

Under policy wording, under Section "What your policy cover - 4(Other Hospital Services) is deemed to be deleted and replace as follows:

#### Other Hospital Services

We shall pay for the charges incurred when the following services are rendered:

1. Use of operating room
2. Drugs and medicines consumed in the hospital only
3. Dressings, ordinary splints and plaster casts
4. Physical Therapy
5. Anaesthesia and oxygen and their administration
6. Intravenous infusions
7. Inpatient diagnostic procedures

We shall also pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be medically necessary by a Registered Medical Practitioner and not implanted for cosmetic reasons, up to the limit for this benefit.

### Clause 2

#### Eligibility

The age eligibility to be from 6 years old (age last birthday) to 50 years old (age last birthday).