

**GROUP MEDICAL**

**THE SCHEDULE**

POLICYHOLDER : SPRING COLLEGE INTERNATIONAL PTE. LTD.  
PERIOD OF INSURANCE : 29 Mar 2024 to 28 Mar 2025 (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 Surgical Expenses Daily In-Hospital Physician's Consultation (max 120 days) Pre-Hospitalisation Specialist Consultation (within 90 days) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees (within 90 days) Post-Hospitalisation Treatment (within 90 days) Emergency Accidental Out-patient Treatment Outpatient Dental Treatment (Accidental) Miscarriage Benefit Ambulance Fees 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