

Outpatient Medicare

MINDEF & MHA GROUP INSURANCE VOLUNTARY SCHEME (GROUP POLICY NO.: G007500)

Coverage for your family's consultation and treatment expenses.

Eligible Person

To have Outpatient Medicare, you must be:

- An Insured Person of Group Term Life (GTL) or Group Personal Accident (GPA)
- Below the age of 65 years at next birthday

Benefits

Benefits Limits Per Visit	Plan A (Superior)	Plan B (Deluxe)
	(S\$)	
Primary Care Benefit Panel General Practitioner Non-Panel General Practitioner Co-payment per visit	As charged 30 10	
Specialist Care Benefit (inclusive of diagnostic tests) Panel Specialist with referral Non-Panel Specialist with referral Co-payment per visit	As charged 100 10	
Standard Diagnostic X-ray & Laboratory Test	As charged	
Local Emergency Outpatient Treatment for Illness Co-payment per visit	100 10	
Overseas Emergency Outpatient Treatment Co-payment per visit	100 10	
Annual Limits Per Policy Year	1,000	500

Limitations

When an Insured Person is entitled to benefits payable under any employees' compensation legislation, government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of expenses not covered by benefits payable under such legislation, programme or other insurances, or that computed in accordance with the Benefit Schedule of this Policy, whichever is lesser.

Premium Rates

Age Next Birthday (ANB) as of 1 July or 1 October* each year	Annual Premium^ (S\$)	
	Plan A	Plan B
Under 12	344	240
12 to 55	296	208
56 to 70	376	260

* 1 July applies to Insured Member/Insured Affiliate Member/Insured Dependant under MHA

1 October applies to Insured Member/Insured Affiliate Member/Insured Dependant under MINDEF

^ Premium rates exclude prevailing GST. The rates are revised every policy year, as you attain the age band stated above. This is not a Medisave-approved policy and you may not use Medisave to pay the premiums for this policy.

Exclusions

No benefit shall be payable under this policy for any of the following occurrences:

- a) Intentional, self-inflicted injury sustained as a result of criminal act of the Insured Person or attempted suicide of the Insured Person whether he is sane or insane; psychological, emotional or mental problems or conditions of the Insured Person; alcoholism or drug addiction of the Insured Person;
- b) Congenital anomalies or genetic defects, including hereditary conditions of the Insured Person present at or existing from the time of his birth regardless of the time of discovery of such anomalies or defects and the time of such treatment or surgical procedure for the same;
- c) Treatment relating to birth control, infertility and impotency; treatment occasioned by or resulting from pregnancy, childbirth, miscarriage, abortion and all complications arising from any of the same;
- d) Any dental work or treatment, oral surgery. Orthodontics and orthognathic surgery; temporo-mandibular joint disorder;
- e) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses;
- f) Cosmetic treatment;
- g) Day surgery performed by specialist at outpatient clinic and hospital is not covered;
- h) Treatment of xanthelasma, syringoma, acne, alopecia, cosmetic skin surgeries, inguinal hernia, hydrocele and all complications arising from any of the same; except where the Insured Person who is under treatment for inguinal hernia and hydrocele is more than 5 years old;
- i) Services (irrespective of whether there is Hospital Confinement) for the primary purpose of diagnosis, medical check-up, genetic or health screening; outpatient treatment for physiotherapy, chemotherapy, immunotherapy, radiotherapy and renal treatment; rest cures, sanatoria care or special nursing care; treatment or services that are not medically necessary or reasonably required for the Illness or bodily injury caused by an Accident;
- j) Treatment for sleep apnea, obesity, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition otherwise admissible under this policy;

Exclusions *(continued)*

- k) Circumcision (except where it is medically necessary) or treatment relating to the same;
- l) Venereal disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immune Deficiency Virus (HIV);
- m) Disabilities resulting from direct participation in a strike, riot or civil commotion insurrection, or any act of war (whether declared or undeclared);
- n) Implants (homograft, heterograft, artificial) and prosthesis; procurement or use of wheelchair, all forms of home aids, dialysis machine and any other hospital-type equipment; or
- o) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.

Renewal and Termination

- Insurance coverage will automatically be renewed every policy year (subject to prevailing rates) until the Insured Member/Insured Affiliate Member/Insured Spouse has attained age 70 (ANB) and/or their children have attained age 25 (ANB) or get married, whichever is earlier.
- If you have attained the maximum age stated during the policy year, the insurance will only be terminated at the end of the prevailing policy year.
- In the event of a divorce, your former spouse will no longer be eligible to be covered under this scheme. Please notify Aviva to terminate the policy accordingly.
- The Insured Member/Insured Affiliate Member may give notice in writing directly to Aviva during a policy year stating that he/she wishes to terminate one or more of the insurance covers set out in the Certificate of Insurance issued to him/her. The cover will be terminated at the end of the same month upon Aviva's receipt of the notice.
- All insurance coverage in respect of an Insured Person will immediately cease in any of the following circumstances:
 - a) Upon expiry of the Grace Period of 30 days in if premium is not paid;
 - b) The entire policy is terminated;
 - c) Where the entire insurance coverage of an Insured Member/Insured Affiliate Member is terminated upon payment of full Sum Insured under Group Term Life and/or Group Personal Accident policy, subject to all other terms and conditions of the Policy, the insurance coverage of an Insured Dependant who is a:
 - (i) Spouse, will continue as if the Spouse is the Insured Member/Insured Affiliate Member (as the case may be), provided that payment of the prevailing premium rate of the Insured Member/Insured Affiliate Member continues to be made; and
 - (ii) Child, will continue at the prevailing premium rate applicable to the child; or
 - (iii) The legal guardian in the absence of the Child's parents, will be able to continue cover for the Child at the prevailing premium rate applicable to the Child.
- Any premium received after the termination of the policy or the insurance in respect of that Insured Person, is without prejudice and shall not be construed or deemed to be a continuation or reinstatement of the policy or insurance in respect of that Insured Person. Any such premium received shall be returned to the Insured Person (as the case may be).

Claims

The Ministry of Defence (“MINDEF”) and Ministry of Home Affairs (“MHA”) are contractually “The Policy Owner” for the Group Insurance Voluntary Scheme. The Group Insurance Voluntary Scheme does not come under the framework of nomination of beneficiaries under the Insurance Act (Cap. 142). All claims will be paid directly to the Insured Person, proper claimant or legal representative, as applicable.

For further enquiries or claims matters, please contact the Aviva Customer Service Hotline at 6827 8000 (Mondays to Fridays excluding Public Holidays, 8:45am to 5:30pm). You may also email us at MINDEF_insurance@aviva-asia.com or MHA_insurance@aviva-asia.com or visit www.aviva.com.sg/MINDEFandMHA for more information.

The policy is underwritten by Aviva Ltd.

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As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. This is not a contract of insurance. Information is correct as at January 2019.

This advertisement has not been reviewed by the Monetary Authority of Singapore.

This policy is protected under the Policy Owners’ Protection Scheme, and 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 or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).