

Furen International School Pte Ltd

Product Summary Group Student Outpatient Insurance Policy

Coverage and Administration:

- Covers eligible outpatient medical expenses incurred at a Panel General Practitioner Clinic, Government Polyclinic and/or Accident & Emergency Department (A&E) of any Hospital in Singapore
- Twenty-four (24) hours coverage in Singapore
- Insured Member must produce his/her identity card and Medical Card for verification and confirmation of cover at Panel General Practitioner Clinic

Outpatient Medical Services	
Schedule Of Benefits	Plan
Annual Limit Per Insured Member	S\$ 500.00
#Medical Services at Panel General Practitioner Clinic / *Government Polyclinic in Singapore Include Standard Medication / Drugs (Insured Member needs to top-up charges for non-standard medication / drugs not covered by the plan)	
\$ Limit per visit	As Charged
Number of visits per year	Unlimited
Co-payment / Co-insurance	Nil
#Video Consultation by Panel General Practitioner (Insured Member needs to top-up charges for additional medical services and arrangements not covered by the plan)	As Charged
X-Ray & Laboratory Test (referred by Panel General Practitioner Clinic or Polyclinic for diagnostic purposes only)	As Charged
Medical Services at Non-Panel General Practitioner Clinic	
\$ Limit per visit	Not covered
Number of visits per year	Not covered
Co- payment / Co-insurance	Not covered
Medical Services at an *Accident & Emergency Department (A&E) of any Hospital in Singapore	
\$ Limit per visit	S\$ 100.00
Number of visits per year	3

Medical Services at Panel General Practitioner Clinic

- For outpatient Medical Treatment at Panel General Practitioner Clinic, no payment required unless Co-payment applies.
- For Video Consultation by Panel General Practitioner, Insured Member needs to top-up charges for additional Medical Treatment and arrangements not covered by the insurance plan.

*** Medical Services at a Government Polyclinic in Singapore or an Accident & Emergency Department (A&E) of any Hospital in Singapore**

- For outpatient Medical Treatment at Polyclinic and/or A&E Department, the Insured Member needs to pay first and to file claim thereafter with supporting documents and receipts.
- To file a claim via online, Insured Member must submit the Claim Form, Original Medical Receipts, Doctor Memo stating the condition and treatment given.

Policy Exclusions

We shall not pay for any claims arising directly or indirectly from the following treatments, procedures, conditions, activities, items and their related expenses and any complications relating thereto :

1. Charges in respect of the following:
 - a) More than one outpatient visits per day
 - b) Physical examination by a Medical Practitioner at home or office
 - c) Prescription Drugs obtained without Medical Practitioner's consultation
 - d) Drugs purchased without Medical Practitioner's prescription
 - e) Surgery including but not limited to toilet and suture, incision and drainage and excision biopsy
2. Care and treatment performed by a Specialist
3. Specialised investigations including but not limited to MRI, CT Scan, Barium Test
4. Any Medical Treatment(s) for Kidney dialysis or Cancer
5. Any type of therapy including but not limited to chiropractic, physiotherapy, etc
6. Routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations
7. Treatment for conditions relating to physiological or natural cause such as aging, menopause, or puberty and which are not due to any underlying disease, illness or injury
8. Health food or supplements whether prescribed or not
9. Cryopreservation, or harvesting or storage of stem cells as a preventive measure against possible future disease/illness or injury
10. Off the shelf toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures nor do we pay for mouthwash, lotions, moisturizers, cleansers, shower gels, even if they are prescribed by a Medical Practitioner
11. Administrative expenses and non-medical personal service and other ineligible non-medical items
12. Dental care or Surgery and its related treatment including treatment of Temporo-Mandibular Joint disorder, bruxism, problems relating to the teeth, gums and jaw
13. Pregnancy, childbirth, abortion, miscarriage, infertility, pre and post-natal care and all complications arising therefrom; birth control measures, assisted reproduction, sterilization (or its reversal) or any events arising out of or in connection thereto
14. Circumcision, varicocele, impotence, erectile dysfunction or any consequence of it
15. Sickness or disease directly or indirectly arising from sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV)
16. Treatment which arises from, or is in any way attributable to, sex change.
17. Congenital Conditions or genetic defects or developmental conditions including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects
18. Psychological disorders, psychiatric disorders, personality disorders, emotion or mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction, post-traumatic stress disorder, stress, anxiety and depression
19. Treatment for illness or injury caused directly or indirectly by abuse or misuse of drugs, substances or alcohol
20. Suicide, self-inflicted injuries and any attempt thereat, whether sane or insane
21. Eye tests, refractive errors of the eyes and its related conditions, spectacles and contact lenses

22. Provision of implants, medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, artificial limbs, lenses, breast and penile implants and dialysis machine
23. Participation in a riot or civil commotion, violation or attempted violation of law or resistance to lawful arrest or imprisonment.
24. Treatment needed as a result of engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination or chemical contamination.
25. Treatment arising from any consequence (whether direct or indirect) of war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to one of those listed.
26. Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre for Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
27. Genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not Insured Member may be genetically disposed to the development of a medical condition in the future
28. All types of learning disorders, educational problems, behavioural problems, physical development, or psychological development, including assessment or grading of such problems
29. Cosmetic or plastic Surgery, skin peeling, treatment of acne and loss of hair
30. Treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, weight improvement; supplements or medications for weight loss or weight improvement
31. Any removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons
32. All types of sleep disorder including snoring, insomnia, obstructive sleep apnea or sleep study test
33. Full-time military, naval or air service personnel, National Reservist duty under the Enlistment Act (Cap. 93)
34. Any expenses, including investigations, incurred in relation to illness and disablement during or in the course of employment which constitutes a valid claim under the Work Injury Compensation Act, Singapore

Policy Owners' Protection Scheme

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).

This is only a Product Summary. Please refer to the Group Student Outpatient Insurance Policy issued by Liberty Insurance Pte Ltd for the terms, conditions and exclusions.

Frequently Asked Questions (FAQS) Group Student Outpatient Insurance Policy

1. What does the medical insurance cover?

The Policy covers eligible outpatient medical expenses incurred at Panel General Practitioner Clinic, Government Polyclinic and/or Accident & Emergency Department (A&E) of any hospital in Singapore.

2. Do I get my insurance certificate for the medical insurance cover?

This is a group medical insurance policy, there is no individual insurance certificate issued to Insured Member.

3. How do I start my insurance cover?

To start your insurance cover, you need to follow these steps:

- Download the Mobile Application (**Alliance iCare App**) from App Store or Google Play
- For Program : Select "Liberty"
- For Member Type : Select "Member"
- For USER ID (ID must contain 12 alphanumeric characters of your NRIC/ FIN number in the following format) :

Character 1 to 4 : Last 4 alphanumeric characters of your NRIC/ FIN number

Character 5 to 12 : Your Date of Birth (in the format ddmmyyyy)

Example

NRIC / FIN number : G1234567A

Date of Birth : 15 Feb 1998 (ddmmyyyy = 15021998)

User ID : 567A15021998

- For Password : default password is Date of Birth (in the format ddmmyyyy). You need to change the password thereafter.
- For Terms and Conditions : Please Tick
- Tab "Login"

If you need any assistance, please contact us at Tel : 6664 0241 (Daily including public holidays from 8am to 10pm) or email at : libertyqueries@alliancemedinet.com

4. Do I get a Physical Medical Card?

No, there is no physical medical Card issued to Insured Member. You can download the e-Card from Mobile Application (**Alliance iCare App**).

5. Where can I get more information on my insurance cover?

You can obtain information from Mobile Application (**Alliance iCare App**) to access insurance details, e-Card, clinic locator, make appointment, get digital queue ticket, e-payment, claim submission etc.

6. Who should I contact on the Mobile Application, e-Card, claim issues etc?

If you need any assistance, please contact us at Tel : 6664 0241 (Daily including public holidays from 8am to 10pm) or email at : libertyqueries@alliancemedinet.com

7. Which Clinics can I visit to see a doctor?

You can visit any of the appointed Panel General Practitioner Clinic.

You can obtain information from Mobile Application (**Alliance iCare App**) to access insurance details, e-Card, clinic locator, make appointment, get digital queue ticket, e-payment, claim submission etc.

8. Do I need to make payment at the Panel General Practitioner Clinic?

No. You do not need to pay for consultation and standard medication at the appointed Panel General Practitioner Clinic. However, you need to top-up payment for non-standard medication or drugs, additional medical services and arrangements not covered by the insurance plan.

Please show your identity card and the Medical Card to the staff at the appointed Panel General Practitioner Clinic during registration.

9. What if the Panel General Practitioner Clinic does not accept my medical card, what should I do?

If you need any assistance, please contact us at Tel : 6664 0241 (Daily including public holidays from 8am to 10pm) or email at : libertyqueries@alliancemedinet.com

10. If the Panel General Practitioner Clinic /Polyclinic /A&E Department of the hospital does not accept my medical card, what should I do?

Please pay first and to file the claim for reimbursement via **Alliance iCare App**

To file a claim via online, Insured Member must submit the Claim Form, Original Medical Receipts, Doctor Memo stating the condition and treatment given.

11. If I visit a Non-Panel General Practitioner Clinic, can I claim the medical fees?

No. The Policy does not cover outpatient medical services by a General Practitioner not on Our Appointed Panel.

12. If it is after clinic operating hours, where should I go to see a doctor in case of an emergency?

You can obtain information from Mobile Application (**Alliance iCare App**) under Clinic Locator to look for a twenty-four (24) hours clinic near you,

Alternatively, you can also visit the Accident & Emergency Department (A&E) of any hospital in Singapore. For treatment at A&E, please pay first and file a claim for reimbursement.

To file a claim via online, Insured Member must submit the Claim Form, Original Medical Receipts, Doctor Memo stating the condition and treatment given.

13. The Panel General Practitioner Clinic /Polyclinic /A&E Department of the hospital has referred me to consult a Specialist. Is the visit to the Specialist covered?

No. Consultation and Treatment at Specialist Clinics are not covered.

14. Are optical and dental related expenses covered?

No. Optical and dental related expenses are not covered.

15. Are X-ray and laboratory tests covered?

No. X-ray and laboratory test are not covered.

However, if the basic X-ray and laboratory test for blood or urine are referred by Panel General Practitioner Clinic, these costs will be covered.

16. Are pre-existing illness and conditions covered?

Yes. Pre-existing illness and conditions are covered.

17. Are Chiropractic treatment, Physiotherapy and other types of therapy covered?

No. Chiropractic treatment, Physiotherapy and other types of therapy are not covered.

18. Are Mental Health and/or Psychiatric treatment covered?

No. Mental Health and/or Psychiatric treatment are not covered.

19. Will I be covered if I go back to my home country or travel during vacation?

No. The Policy provides insurance cover in Singapore only.

20. How and when do I make a claim?

You should submit the claim via **Alliance iCare App** within thirty (30) days from the date of treatment.

To file a claim via online, Insured Member must submit the Claim Form, Original Medical Receipts, Doctor Memo stating the condition and treatment given.

21. How long does it usually take to process my claim?

Upon receipt of all required documents, claims will generally be processed within thirty (30) days.

22. How will I be notified of the result of my claim?

You will be notified via mobile App if you submit the claim via the App.

If you need any assistance, please contact us at Tel : 6664 0241 (Daily including public holidays from 8am to 10pm) or email at : libertyqueries@alliancemedinet.com

23. If I have used up my yearly medical limits, what should I do?

If the yearly limits have been fully used up/reimbursed, you are not allowed to use the card for the remaining period of the year.

24. If I terminate my cover, can I get a refund?

No. There is no premium refund for early termination.

For more information, please contact our exclusive agency: Enrich Advisory Pte Ltd, (Agency: A1195):

Genna Ang

Mobile: 96715922

Email: genna@enrichadvisory.com

Christina Chng

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