

IMPORTANT NOTICE

Medical Insurance Plan (& Additional Benefits Plans)
Highlights of Changes (*in italics*) to Policy Document

2022

	Existing	After Change
HEALTH PLAN		
4.2 (d) (under Cancellation)	4.2 (d) failing to advise or disclose the Policyholder's or relevant Insured Person's vocation or change of vocation;	4.2 (d) failing to advise or disclose the Policyholder's or relevant Insured Person's <i>occupation</i> or vocation or change of <i>occupation or</i> vocation;
8. Coverage Card	<p>A Coverage Card shall be issued to each Insured Person at the time of enrolment. Subject to clause 4 and without prejudice to any rights of the Company to avoid this Policy or any cover under this Policy, a coverage card shall confirm cover under this Policy of the relevant Insured Person to whom it is issued and shall remain valid for as long as premiums payable under this Policy are paid.</p> <p>The card(s) is(are) not transferrable and is(are) valid only when signed by the Cardholder. The Policyholder is responsible to collect and return to the Company any card(s) from terminated member(s). The Policyholder and/or Cardholder shall be liable for any ineligible expenses incurred or charged by any unreturned card(s). These ineligible expenses should be paid to the Company immediately upon notice.</p>	<p>A Coverage Card shall be issued to each Insured Person at the time of enrolment. Subject to clause 4 and without prejudice to any rights of the Company to avoid this Policy or any cover under this Policy, a coverage card shall confirm cover under this Policy of the relevant Insured Person to whom it is issued and shall remain valid for as long as premiums payable under this Policy are paid.</p> <p>The card(s) is(are) not transferrable and is(are) valid only when signed by the Cardholder. The Policyholder is responsible to collect and return to the Company any card(s) from terminated member(s). The Policyholder and/or Cardholder shall be liable for any ineligible expenses incurred or charged by any unreturned card(s). These ineligible expenses should be paid to the Company immediately upon notice.</p> <p><i>A fee shall be applied for replacement of any card(s) lost.</i></p>
11.1 (under Notification of Changes)	11.1 The Policyholder shall immediately notify the Company in writing of any change in circumstances of the Policyholder or any Insured Person including but not limited to any change of address, occupation, habits or pursuits.	11.1 The Policyholder shall immediately notify the Company in writing of any change in circumstances of the Policyholder or any Insured Person including but not limited to any change of address, <i>residence</i> , occupation <i>or vocation</i> , habits or pursuits.
22.1 (under Free New Born Child Cover)	22.1 The Policyholder may apply to the Company for cover under this Policy for the new born Child of a female Insured Person who has been insured under this Policy for not less than twelve (12) consecutive months from fifteen (15) days after the date of birth of the Child until the Renewal Date of this Policy...	22.1 The Policyholder may apply to the Company for cover under this Policy for the new born Child of <i>an</i> Insured Person who has been insured under this Policy for not less than twelve (12) consecutive months from fifteen (15) days after the date of birth of the Child until the Renewal Date of this Policy...
27 Other Insurance	<p>The Policyholder must immediately inform the Company if an Insured Person is or becomes insured under any other medical or accident insurance policy and provide a copy of the policy document (including the benefits schedule) to the Company.</p> <p>Failure to notify the Company of any other insurance either at the stage the Application is submitted or during the Period of Insurance may affect the payment of claims under this Policy.</p>	<p>The Policyholder must immediately inform the Company if an Insured Person is or becomes insured under any other medical or accident insurance policy and provide a copy of the policy document (including the benefits schedule) <i>indicating the current policy period, name of Insured Person(s) and coverage</i> to the Company.</p> <p>Failure to notify the Company of any other insurance either at the stage the Application is submitted or during the Period of Insurance may affect the payment of claims under this Policy.</p>
38. (e) (under Exclusions)	38.(e) Custodial Care, home care or services, routine medical examinations or check-ups, or any treatments and services considered unnecessary by the Company for the treatment of a physical or mental condition.	38.(e) Custodial Care, home care or services, routine medical examinations or check-ups, or any treatments and services considered unnecessary by the Company for the treatment of a physical or mental condition.

	Existing	After Change
	These include check-ups, vaccinations, counseling (marriage, family, dietary, adjustment, or psychological adaptation), hearing tests, refractive defects of the eye, corrective eye surgery for refractive error, corrective devices (including spectacles, eyeglasses, contact lenses, hearing aids, orthodontic appliances, braces, corrective shoes), or dental treatment unless covered under the optional benefits cover of this Policy for vision, dental, or medical check-up;	These include check-ups, vaccinations (<i>except for the side effects resulting from receiving the COVID vaccinations</i>), counseling (marriage, family, dietary, adjustment, or psychological adaptation), hearing tests, refractive defects of the eye, corrective eye surgery for refractive error, corrective devices (including spectacles, eyeglasses, contact lenses, hearing aids, orthodontic appliances, braces, corrective shoes), or dental treatment unless covered under the optional benefits cover of this Policy for vision, dental, or medical check-up;
Benefits Schedule (if applicable)		
Maximum Benefit (except tailor made policies)	Maximum Benefit for any one disability and sequelae	<i>Maximum coverage for any one disability or combination of disabilities each year</i> (Comprehensive International Plan) (Standard International Plan) (Premier International Plan) (Major Medical International Plan)
Psychiatric & Mental Disorders	Hospital charges of USD5,000 per year with lifetime limit of USD10,000 (Comprehensive / Standard International Plan) Hospital charges of USD2,500 per year with lifetime limit of USD5,000 (Premier International Plan) Hospital charges with lifetime limit of USD5,000 (Major Medical International Plan)	Hospital charges of USD100,000 per year with lifetime limit of USD250,000 (Comprehensive / Standard International Plan) Hospital charges of USD50,000 per year with lifetime limit of USD125,000 (Premier International Plan) Hospital charges with lifetime limit of USD125,000 (Major Medical International Plan)
Alternative Medicines (under OUTPATIENT BENEFITS)	Fees for visits to homeopath, osteopath, acupuncturist, bonesetter, herbalist and Chinese medicine practitioner; and prescribed herbs up to an annual limit of	Fees for visits to homeopath, osteopath, podiatrist , acupuncturist, bonesetter, herbalist and Chinese medicine practitioner; and prescribed herbs up to an annual limit of (Comprehensive International Plan) (Standard International Plan) (Premier International Plan)
Endorsement (if applicable)		
Side effects resulting from COVID vaccine	Nil	<i>Your Policy shall be endorsed with the details of coverage on side effects resulting from COVID-19 vaccine (see attached sample endorsement)</i> (Comprehensive International Plan) (Standard International Plan) (Premier International Plan) (Major Medical International Plan)

For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself. Should you have any question, please do not hesitate to contact your broker or International Administrators Limited, our third party administrator.

POLICY NO. : 000000-000-00001
POLICYHOLDER NAME : SAMPLE ENDORSEMENT
ENDORSEMENT/RIDER NO. : TBA
EFFECTIVE DATE : April 1, 2022

Notwithstanding anything to the contrary contained herein, it is hereby understood and agreed that this Policy is extended to cover the following subject to the terms and conditions:

COVERAGE FOR SIDE EFFECTS OF CORONAVIRUS DISEASE (COVID-19) VACCINES

The Company will pay the eligible medical expenses for treatment(s) of the side effects resulting from receiving the COVID-19 vaccinations with details as follows:-

- (a) The medical benefits applicable to each Insured Person shall be applied.
- (b) Eligible Expenses shall be paid no matter whether a vaccination benefit is being provided under the policy.
- (c) All other terms and conditions and exclusions of the policy remains unchanged.

SUBJECT OTHERWISE TO THE TERMS, CONDITIONS AND EXCEPTIONS OF THIS POLICY.



AUTHORIZED SIGNATURE

DATE : March 9, 2022