FAQs

Who is covered?

All registered full-time international students of Nanyang, Ngee Ann, Republic, Singapore and Temasek Polytechnic.

2 When does my coverage start?

Your coverage will start on 1 April or upon the start of the academic year. depending on the Polytechnic. Year 1 and PFP students are covered up to 2 months before this date or upon arrival in Singapore, whichever is later.

3 When does my coverage end?

Year 3 students are covered up to 31 May of the graduating year or 2 months after the end of the academic year, depending on the Polytechnic.

Which are the Government/Restructured Hospitals/Specialist Outpatient Clinics that are covered?

- Alexandra Hospital (AH)
- · Changi General Hospital (CGH)
- · Institute of Mental Health (IMH)
- Khoo Teck Puat Hospital (KTPH)
- KK Women's and Children's Hospital (KKH)
- National Cancer Centre (NCC)
- National Heart Centre (NHC)
- · National Skin Centre (NSC)
- · National University Hospital (NUH)
- Ng Teng Fong General Hospital (NTFGH)
- Seng Kang General Hospital (SKGH)
- · Singapore General Hospital (SGH)
- Singapore National Eye Centre (SNEC)
- Tan Tock Seng Hospital (TTSH)

- Treatment at the hospital 24-hr clinic may not be covered (eg. the 24-hr clinic at KKH is a Specialist Clinic - thus referral is required). For emergencies, please seek treatment at the hospital A&E.
- Treatment at a Government Restructured Hospital Specialist Outpatient Clinic operating out of Private Hospital/Clinic premises is not covered.

5 Is outpatient treatment by a general practitioner (GP) for illness (eg. flu, fever, Covid-19) covered?

Treatment by a GP for illness is not covered.

6 Is dental treatment covered?

Dental treatment (eg. tooth decay, gum problems, fillings etc) is not covered except for treatment of accidental damage to sound natural teeth. Treatment must be sought within 24 hours of the accident and follow-up within 31 days from the date of the accident.

Will I be covered during my overseas Exchange Program/Industrial Attachment or if I travel overseas or return to my home country during vacation?

Yes, hospitalisation/surgical expenses incurred for emergency treatment while overseas is covered up to the reasonable and customary cost of treatment in a B1 ward in Singapore Government Restructured Hospital, but excluding intended or pre-arranged overseas treatment. If you wish to seek treatment in your home country, please contact the hotline for approval prior to treatment.

Are pre-existing conditions covered?

Yes, pre-existing conditions are covered.

9 Do I have to pay the medical costs at the time of treatment?

For outpatient expenses and hospitalisation/surgery while overseas, please pay first and submit a claim for reimbursement. For hospitalisation/surgery in Singapore, please apply for a Letter of Guarantee (LOG) online.

10 Will a LOG be issued for medical treatment that is not covered?

LOG will not be issued if the medical condition is not covered. Students will have to pay directly to the hospital.

11 What should I do if I need to be admitted to the hospital urgently/immediately and it is after normal business hours?

Please call the 24-hr hotline 6286 2866.

12 I have paid some medical expenses. What should I do?

Please submit a claim for review and reimbursement. The claims procedure is stated under the Claims section of this brochure and website. Please note that claims should be submitted within 30 days of treatment.

13 I have Covid-19 symptoms and sought treatment at a Government Restructured Hospital A&E. Will the medical expenses be covered?

Yes, medically necessary treatment recommended by the A&E is covered up to \$500/year under the Outpatient Specialist Rider. Please note that if you do not have Covid-19 symptoms and swab test is required, the cost is not claimable.

14 I am diagnosed with Covid-19 and hospitalised in a Government Restructured Hospital. Will the hospitalisation expenses be covered?

Yes, provided the Government has not paid the costs, medically necessary treatment at the hospital is covered up to B1 ward and \$30,000/year.

15 I am suspected to have/diagnosed with Covid-19 and are directed by the authorities to stay in a Community Hospital/ Community Care Facility/ Hotel etc. Will the costs of the stay be covered?

As the insurance covers only admission into the hospitals mentioned under FAQ No. 4 for medically necessary treatment, cost of stays/quarantine in other facilities will not be covered.

16 Are (a) pre-departure tests (b) mandatory swab test and SHN costs for entry into Singapore covered?

These expenses are not covered under the insurance.

17 If I have questions or need assistance, who should I contact?

Please contact MYCG Two at catgoh@mycgtwo.com.sg or call 9817 7848 or 6286 2866 (24-hour hotline).

www.mycg.com.sg/polyghsi

catgoh@mycgtwo.com.sg

+65 6286 2866 (24-hour hotline)

+65 9817 7848 (Cat Goh)



Managed by MYCG Two (Business Reg. No. 52976852J) Underwritten by Raffles Health Insurance Pte Ltd (Co. Reg. No. 200413569G)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation. For more information on the scheme, please visit www.gia.org.sg or www.sdic.org.sg.

This document is not a contract of insurance. The information contained in this document is a summary only and is subject to RHI's policy terms, conditions and exclusions. Any discrepancy between the information in this brochure and the policy

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Group Hospitalisation & Surgical Insurance For Full-Time International Polytechnic **Students**

www.mycg.com.sg/polyghsi









What is Covered?

Benefits	Limits
Room & Board Admission into a Singapore Government Restructured and/or Community Hospital	B1 Ward
 Daily Room and Board Intensive Care Unit (ICU) High Dependency Unit (HDU) Surgeon's Fees (including day surgery) Anesthetist's Fees In-Hospital Physician's Visit Hospital Miscellaneous Charges (including prescription drugs, diagnostic procedures, theatre fees, ambulance charges up to \$75 provided the patient is admitted as an inpatient, physiotherapy, nursing) Implants & Prosthesis Pre-Hospitalisation GP & Specialist Consultation & Diagnostic Tests up to 90 days before admission Post-Hospitalisation Follow-Up Treatment including physiotherapy and TCM within 90 days of discharge Emergency outpatient treatment leading to hospitalisation Emergency Accidental Outpatient Treatment including Accidental Dental Treatment (treatment sought within 24 hours of the accident; follow-up treatment within 31 days of the accident) Outpatient Kidney Dialysis & Cancer Treatment Medical Report Fees (if required by the insurer) 	As Charged
Course Termination Benefit Covers cost of a single economy class air ticket to home country Covers cost of 1 return economy class air ticket for immediate relative to travel to Singapore and return to home country Covers pre-departure Covid-19 test When student's study is terminated due to accident or illness (including mental illness) The doctor must certify in writing that the student is medically unfit to continue his/her course at the Polytechnic	\$5,000
Repatriation of Remains to Home Country	\$5,000
Return Air Ticket for 2 family members (or appointed persons) of deceased student	\$5,000
Outpatient Specialist Rider (in Singapore only) Covers consultation, prescribed drugs and diagnostic tests provided the Specialist was referred by a GP/A&E Covers treatment at A&E for an emergency Treatment must be at a Government Restructured Hospital/Community Hospital/Specialist Outpatient Clinic/A&E at GRH	\$500 per year
Outpatient Mental Health Rider (in Singapore only) Covers outpatient treatment by a mental health medical Specialist including Psychiatrist, Psychologist and/or Neurologist in a Singapore Government Restructured Hospital or Private Specialist Clinic Specialist must be referred by a GP, Polytechnic Counsellor or outsourced Counselling Services engaged by the Polytechnic	\$5,000 per year
MAXIMUM LIMIT PER POLICY YEAR	\$30,000
Death Benefit	\$5,000

- Covers treatment for Communicable Diseases including SARS, bird flu, Zika virus, yellow fever, tuberculosis, Covid-19 and other infectious diseases at a Singapore Government Restructured Hospital/Specialist Outpatient Clinic/A&E.
- Covers eligible hospitalisation/surgery expenses incurred for emergency treatment while overseas up to the reasonable and customary cost of treatment in a B1 ward in Singapore Government Restructured Hospital, but excluding intended or prearranged overseas treatment.
- If a student wishes to seek treatment in his/her home country, please contact the hotline for approval prior to treatment.

Apply for Letter of Guarantee (LOG)

For elective/pre-planned hospital admission(s) in Singapore, the student can request for a Letter of Guarantee (LOG). Once the LOG is issued, the hospital cash deposit will be waived. The hospital will bill the Insurer directly, up to the policy limit subject to the terms and conditions of the policy. Student will have to pay to the hospital any amount not covered by the insurance after the hospital bill is finalised. For emergency hospitalisation, please contact the 24-hr hotline 6286 2866 for assistance.

Email the following documents to catgoh@mycgtwo.com.sg at least 5 working days before the admission/surgery:

- · Completed "LOG Request Form" (download from website)
- *Financial Counselling Form / Hospital Admission Form / Day Surgery Authorisation Form
- Referral Letter from GP/A&E to Specialist, if any

*The hospital will give these documents to the patient when the admission date is confirmed. The documents will contain the estimated bill, diagnosis and treatment information.

Additional documents may be requested for further assessment on a case to case basis.

- Once approved by the Insurer, the LOG will be emailed directly to the hospital 1 day prior to the admission.
- Upon discharge from the hospital, please email the Discharge Summary and any Pre and Post hospitalisation/surgery bills to catgoh@mycgtwo.com.sg.

How to make a Claim?

Claims should be submitted within 30 days of treatment.

1 Prepare/obtain the following documents:

Documents Required	H&S Claim (no LOG)	H&S Claim (with LOG)	Outpatient Claim
Completed Claim Form*	✓		✓
Final Itemised Hospital Bill (the hospital will send this to the patient within 2 to 4 weeks after discharge)	✓		
Final Medical Bills and Receipts (with breakdown cost of consultation, medicine, laboratory tests, x-ray, including name of prescribed medicines/procedures)	√	√	✓
Inpatient Discharge Summary	✓	✓	
Referral Letter from GP/A&E, if any (valid for 12 months from date of issue)	✓		✓
Medical/Test Reports, if any	✓		✓
Attending Physician's Prescription for claims for purchase of medicine	✓	✓	✓

*Claim Form can be downloaded from the website.

2 New Claims - If this is the first time submitting a claim, please email the documents to catgoh@mycgtwo.com.sg. Thereafter, an account will be created in the MediAccess portal.

 $\textbf{Subsequent Claims} \ - \ \underline{\text{Submit via the MediAccess portal}} \ - \ \underline{\text{https://rafflesone.raf-flesmedical.com/MediAccess}}.$

Please keep the original documents for 6 months from submission date.

Generally, claims will be processed within 30 days upon receipt of complete claim documents. Student will be notified via email of the result of the claim. Reimbursements for approved claims will be credited into the student's bank account.

What is not covered?

- · AIDS, HIV, sexually transmitted diseases
- · Alcohol, drug or substance abuse / addiction
- Alternative treatment including but is not limited to chiropractic, acupuncture, podiatry, reflexology, hydrotherapy, occupational and speech therapy
- · Charges for non-medical items
- · Circumcision unless medically necessary
- · Congenital conditions and physical birth defects
- Cosmetic (aesthetic) or plastic surgery or treatment (including acne)
- Costs arising under legislation or covered under insurance for occupational death, injury or illness
- · Dental treatment except due to accidental injury to natural sound teeth
- · Direct or indirect consequence of nuclear or chemical contamination
- Elective overseas treatment for non-emergency or chronic medical conditions (if you are returning to your home country for treatment, please contact RHI for approval prior to your return)
- · Experimental medical treatment
- · Flying or other aerial activity except as a fare-paying passenger in licensed aircraft
- · Hospitalisation primarily for diagnosis
- Medical appliances, eye tests, refractive errors of the eyes, spectacles, hearing aids, wheelchairs and lenses
- · Medical check-up
- · Non-hospital nursing care, ambulatory care, rest cures, sanitaria care
- · Outpatient treatment unless as specifically covered under this Policy
- Pregnancy, childbirth, abortion, miscarriage, infertility, contraceptive methods, assisted reproduction, sterilisation and related complications
- · Preventive treatment including vaccinations
- Racing (except on foot), professional sports, parachuting, skydiving, hang gliding, bungee jumping
- · Removal of fat or surplus tissue, obesity, weight reduction or weight improvement
- Sex change
- Sleep apnoea
- · Suicide or attempted suicide, self-inflicted injuries or any attempt
- Treatment for developmental delay and / or learning disabilities of children
- · Treatment or services which are not medically necessary
- Use of or treatment arising from unlicensed drugs or drugs not used in accordance with their licensed indications
- · Varicocele, impotence and any consequence of it
- · Violation of law or resistance to lawful arrest
- War, invasion, terrorist acts using chemical / biological substances, act of foreign enemy, hostilities, civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, active duty in armed forces

This is a summarised list. Please refer to the website for full list of exclusions.

When does the cover end?

- When the student ceases to be a full-time student of the Polytechnic
- · When the benefit limit has been reached
- · When the policy has expired

OUTPATIENT SPECIALIST INSURANCE GENERAL EXCLUSIONS

Unless specifically included in the Benefit Schedule or Endorsements, all medical care, tests and treatment in relation to the following shall not be reimbursed by Us:

- All medications, investigations or treatment requested by the Insured Person. Drugs purchased without doctor's
 prescription. Special nursing care, general physical or medical check-up or test not incidental to the treatment of
 diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
- Experimental medical treatment or diagnostic examinations or services for education purposes, such as, but not limited to, investigations and/or treatment as part of clinical trials. Blood tests for food allergies are specifically excluded.
- Alternative treatment clinic or centres, where alternative treatment includes but is not limited to, chiropractic, acupuncture, podiatry, reflexology, hydrotherapy, physiotherapy, occupational and speech therapy. Unless preaprove by Us or as indicated in the Benefit Schedule.
- Routine physical examinations, medical check-ups, health screening or any other tests or treatment which are not
 medically necessary and any preventive treatments including vaccination and preventive medicines and pap smear
 screening.
- 5. Sleep disorders; Alcoholism or drug addiction; Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane; Injuries sustained as a result of a criminal act of the Insured Person. Consultation or treatment for developmental conditions; Treatment for developmental delay and/or learning disabilities in children.
- 6. Any expenses incurred in relation to birth control measures, pregnancy, infertility, post-delivery confinement, miscarriage, ligation, abortion, erectile dysfunction and Hormone Replacement Therapy. Consultation or treatment for natural/physiological menopause and/or medical conditions arising directly from it (such as osteoporosis) except where the menopause was induced by the surgical removal of both ovaries deemed medically necessary.
- 7. Any expenses incurred in relation to cosmetic nature including but not limited to aesthetic and plastic surgery: acne, skin peeling or treatment for hair loss, and sex change operation, pigmentation, keloids, skin tags, moles, circumcision & viral wart (except where it is medically or functionally necessary) or treatment relating to the same.
- 8. Consultation or treatment at wellness or lifestyle clinics or centres; Treatment for obesity, weight reduction or weight improvement; Treatment and Investigations for sleep apnoea. All bariatric surgeries/surgeries to achieve weight loss are specifically excluded, regardless of the reason the bariatric surgery is being done for. Vitamins and health supplements unless medically required as a result of vitamin deficiency.
- 9. Congenital conditions or birth defects or conditions arising therefrom.
- 10. Any expenses incurred in relation to illness or disablement arising from, venereal disease, HIV infection, AIDS or any illness caused by the misconduct or negligence of the Insured Members.
- 11. Any dental treatment or surgery except where the procedure is necessitated by damage to sound natural teeth as a result of an Accident or Injury occurring during the Period of Insurance. For avoidance of doubt, any treatment that requires the expertise of a Dental Surgeon, regardless of the disease or condition being treated, will be excluded. This is regardless of the involvement or any Medical Doctor in the treatment or surgery for that condition.
- 12. 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 Workmen's Compensation Act, Singapore.
- Any surcharge incurred due to visits outside the normal operating hours of the clinic except for emergency cases seen in Accident and Emergency Department.
- 14. Claims for which all original receipts and/or bills are not submitted for processing within three months of incurring such expenses.
- 15. Any eye examination or surgical procedure for correction of eye refraction
- 16. All visits for second opinion of the same condition for the insured that had previously been claimed with Raffles Health Insurance.
- 17. Any expenses incurred in relation to procurement or use of special braces, equipment, prosthetic devices or appliances including but not limited to spectacles, contact lens or artificial limbs due to medical, surgical, dental or optical reason. Implants, medical appliances and prosthetic devices including spectacles, hearing aids, wheelchairs, lenses and pressure garments.

SANCTION LIMITATION

1. No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

GROUP HOSPITALISATION & SURGICAL INSURANCE GENERAL EXCLUSIONS

Unless specifically included in the Benefit Schedule or Endorsements, all medical care, tests and treatment in relation to the following shall not be reimbursed by Us:

- 2. All medications, investigations or treatment requested by the Insured Person. Drugs purchased without doctor's prescription. Special nursing care, general physical or medical check-up or test not incidental to the treatment of diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
- Experimental medical treatment or diagnostic examinations or services for education purposes, such as, but not limited to, investigations and/or treatment as part of clinical trials. Blood tests for food allergies are specifically excluded.
- 4. Alternative treatment clinic or centres, where alternative treatment includes but is not limited to, chiropractic, acupuncture, podiatry, reflexology, hydrotherapy, occupational and speech therapy. Unless pre-approve by Us or as indicated in the Benefit Schedule.
- Routine physical examinations, medical check-ups, health screening or any other tests or treatment which are not medically necessary and any preventive treatments including vaccination and preventive medicines and pap smear screening.
- 6. Sleep disorders; Alcoholism or drug addiction; Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane; Injuries sustained as a result of a criminal act of the Insured Person. Consultation or treatment for developmental conditions; Treatment for developmental delay and/or learning disabilities in children.
- 7. Any expenses incurred in relation to birth control measures, pregnancy, infertility, post-delivery confinement, miscarriage, ligation, abortion, erectile dysfunction and Hormone Replacement Therapy. Consultation or treatment for natural/physiological menopause and/or medical conditions arising directly from it (such as osteoporosis) except where the menopause was induced by the surgical removal of both ovaries deemed medically necessary.
- 8. Any expenses incurred in relation to cosmetic nature including but not limited to aesthetic and plastic surgery: acne, skin peeling or treatment for hair loss, and sex change operation, pigmentation, keloids, skin tags, moles, circumcision & viral wart (except where it is medically or functionally necessary) or treatment relating to the same.
- 9. Consultation or treatment at wellness or lifestyle clinics or centres; Treatment for obesity, weight reduction or weight improvement; Treatment and Investigations for sleep apnoea. All bariatric surgeries/surgeries to achieve weight loss are specifically excluded, regardless of the reason the bariatric surgery is being done for. Vitamins and health supplements unless medically required as a result of vitamin deficiency.
- 10. Congenital conditions or birth defects or conditions arising therefrom.
- 11. Any expenses incurred in relation to illness or disablement arising from, venereal disease, HIV infection, AIDS or any illness caused by the misconduct or negligence of the Insured Members.
- 12. Any dental treatment or surgery except where the procedure is necessitated by damage to sound natural teeth as a result of an Accident or Injury occurring during the Period of Insurance. For avoidance of doubt, any treatment that requires the expertise of a Dental Surgeon, regardless of the disease or condition being treated, will be excluded. This is regardless of the involvement or any Medical Doctor in the treatment or surgery for that condition.
- 13. Any expenses incurred in relation to procurement or use of special braces, equipment, prosthetic devices or appliances including but not limited to spectacles, contact lens or artificial limbs due to medical, surgical, dental or optical reason. Implants, medical appliances and prosthetic devices including spectacles, hearing aids, wheelchairs, lenses and pressure garments; Non-medical services or specially requested items not normally included in the room rate such as international calls, television, radio or similar facilities
- 14. 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 Workmen's Compensation Act, Singapore.
- 15. Claims for which all original receipts and/or bills are not submitted for processing within three months of incurring such expenses.
- 16. Any eye examination or surgical procedure for correction of eye refraction.
- 17. Hospitalisation for the primary purpose of investigation, x-ray examinations, including CT Scans and MRI Scans, medical check-up or health screening, without any medical treatment.
- Non-hospital charges, including nursing care or ambulatory care, rest cures or sanitaria care, convalescent care, hospice care and treatment arising from any geriatric or psycho-geriatric condition.

- 19. Treatment or surgical procedures done for aesthetic purposes. This includes Cosmetic (aesthetic) or plastic surgery or any treatment which relates to or is needed because of previous cosmetic treatment, except where reconstructive Surgery:
 - (a) is necessary for functional or medical purposes after an Accident or following Surgery for a medical condition (provided that the Accident or Surgery occurred while the Insured Person was covered under this Policy); and.
 - (b) is done at a medically appropriate stage after the Accident or Surgery; and
 - (c) the cost of the treatment is approved by Us in writing before it is done.
- 20. Injuries arising from direct participation in a strike, riot, insurrection, any act of war (whether declared or undeclared) or any act of terror, injuries arising from participating in any sports in a professional capacity.
- 21. All visits for second opinion of the same condition for the insured that had previously been claimed with Raffles Health Insurance.

SANCTION LIMITATION

1. No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.