

ITE Group Hospital & Surgical Insurance (GHS)

Eligibility

Registered students of Institute of Technical Education (ITE) who are over the age of 16 years and up to 69 years, renewable up to age 75 years (age last birthday):

- (a) Full-time Active International Students
- (b) Full-time Active Local & International Health Science Students

Coverage

The insurance covers reasonable expenses incurred for medically necessary outpatient (as specified in the table of benefits), hospitalisation and/or surgery treatment of illness or injury in a Singapore Government Restructured Hospital subject to the policy limits, terms and conditions.

Period of Insurance

(a) Effective Date	Start of the academic year in which the student is enrolled
(b) Termination Date	End of the academic year in which the student has completed the course

For special cases, coverage period will be as advised by ITE.

Pro-ration Factor

- (a) The pro-ration factor of 75% shall apply if local students are warded into a higher class of ward (A1 & A2) in a Singapore Government Restructured Hospital.
- (b) For International Students, the room & board ward charge for higher class ward shall be covered up to B1 ward in a Singapore Restructured Hospital. Other hospital charges will be covered up to annual limit. Pro-ration shall not apply.
- (c) Overseas hospital charges shall be covered up to B1 charges in a Singapore Restructured Hospital for equivalent treatment.

Claim Procedure

Claims should be submitted as soon as possible but **WITHIN 30 DAYS** of treatment date.

Step 1 Complete the Group Hospital & Surgical Claim Form.

Step 2 Prepare/obtain the following documents:

Documents Required	Outpatient Claims	H&S Claims
Medical Invoices & Receipts	✓	✓
Final Hospital Invoice & Receipt (the hospital will send the final invoice to the patient within 2 to 4 weeks after discharge)		✓
Referral Letter, A&E Memo if any	✓	✓
Written Test Reports (e.g. x-ray, MRI), if any	✓	✓
Inpatient Discharge Summary		✓
Medisave Statement showing HRN (download from CPF online if you have paid part of the bill with medisave)	✓	✓
Third Party Settlement Letter (if you have submitted a claim to any third party who has reimbursed your expenses e.g. other insurers, parent's employer etc.)	✓	✓
Police Report (for road traffic accident cases)		✓
Original Medical Report (overseas hospitalisation/surgery)		✓

H&S – hospitalisation and/or surgery

Please note that the list of documents above is not exhaustive. Other documents may be required after the insurer has reviewed the claim.

Step 3 Submit the documents to Student Services Department at your respective college (including for follow-up claims).

Note:

- Original invoices and receipts must be kept for 6 months from the date of treatment and provided to the insurer on request.
- Generally, medical expense claims will be processed within 30 days upon receipt of complete documents/information.
- Notification of the result of the claim or request for documents/information will be sent to the student's email address stated on the claim form.
- Approved medical expense claims will be credited into the student's bank account.

Apply for Letter of Guarantee (LOG)

A LOG is a document issued by the insurer to guarantee hospitalisation/surgery expenses. It is not valid for pre or post hospitalisation/surgery or outpatient expenses. With a LOG, the hospital will waive the cash deposit and payment of the hospital bill up to the policy limits and subject to the policy terms and conditions. The hospital will bill the insurer directly. The student will have to pay to the hospital any amount not covered by the insurance after the hospital bill is finalised.

Step 1 Email the following documents to customercare@mycg.com.sg at least 5 working days before the scheduled admission/surgery:

- (a) Care Cost Form / Financial Counselling Form / Admission Form / Day Surgery Authorisation Form
 - The hospital will give these documents to the patient when the admission date is confirmed.
 - The documents should contain the diagnosis, name of surgery (if any) and estimated bill.
- (b) Referral letters, tests reports etc. if any

Step 2 The insurer will assess the case.

Step 3 If approved, the LOG will be forwarded to the student and hospital.

Step 4 After discharge, student must email the Discharge Summary to customercare@mycg.com.sg.

Government Restructured Hospitals

- Alexandra Hospital (AH)
- Changi General Hospital (CGH)
- Institute of Mental Health / Woodbridge Hospital (IMH)
- Khoo Teck Puat Hospital (KTPH)
- KK Women's and Children's Hospital (KKH)
- National University Hospital (NUH)
- Ng Teng Fong General Hospital (NTFGH)
- Seng Kang General Hospital (SKGH)
- Singapore General Hospital (SGH)
- Tan Tock Seng Hospital (TTSH)

Termination of Cover

The cover will be terminated:

- (a) when the policy is terminated;
- (b) at the end of the policy year during which the student reaches the maximum age of coverage;
- (c) when the student ceases to be eligible as an insured member;
- (d) when the student enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (e) on the death of the insured member.

Contact

Email
customercare@mycg.com.sg

Phone
8118 6924



Managed by MYCG & Partners Pte Ltd | UEN 201803632H
Underwritten by Income Insurance Limited | UEN 202135698W

This fact sheet is not a contract of insurance and should be used as a guide only. Coverage is subject to the full terms and conditions of Income's Policy which is the operative document. Any discrepancy between the information in this fact sheet and the Policy is unintentional.

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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

ITE Group Hospital & Surgical Insurance (GHS)

Benefits

Benefits	Limit Per Year	Benefits	Limit Per Year
<p>Daily Room & Board (max 120 days, incl. ICU & HDW)</p> <p>We shall pay for the Daily Room & Board charges (that is ward charges) when the insured member is admitted as a patient in a hospital. The ward charges are not to exceed the maximum daily benefit or maximum number of days as specified in the table of insured benefits. In the event that an insured member is being treated and/or confined in a non-standard room (whether voluntary or otherwise), we shall pay only the charges incurred in respect of a standard room in that hospital.</p>		<p>Surgical Implants & Prosthesis</p> <p>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.</p>	
<p>High Dependency Ward (HDW) (max 30 days for ICU & HDW)</p> <p>We shall pay for the daily charges incurred when the insured member is confined to the HDW, provided the daily HDW charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the table of insured benefits.</p>		<p>Ambulance Fees</p> <p>We shall pay for the charges incurred for ambulance services to and/or from hospital, provided the insured member is admitted as a patient in a hospital.</p>	<p>As Charged up to policy annual limit</p> <p>subject to B1 ward</p> <p>in Government Restructured Hospital</p>
<p>Intensive Care Unit (ICU) (max 30 days for ICU & HDW)</p> <p>We shall pay for the daily charges incurred when the insured member is confined to the ICU, provided the daily ICU charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the table of insured benefits. This benefit shall include Intermediate Care Area (ICA) and Coronary Care Unit (CCU) for heart patient.</p>		<p>Claim Medical Report Fees</p> <p>We shall pay for the charges incurred for any medical reports requested by us.</p>	
<p>Other Hospital Services</p> <p>We shall pay for the charges incurred when the following services are rendered:</p> <ul style="list-style-type: none"> Use of operating room Drugs and medicines consumed in the hospital only Dressings, ordinary splints and plaster casts Physical Therapy Anaesthesia and oxygen and their administration Intravenous infusions Inpatient diagnostic procedures 		<p>Outpatient Kidney Dialysis & Cancer Treatment Benefit</p> <p>We shall pay for the charges incurred for the following treatment received by the insured member in a hospital or a licensed medical centre or clinic:</p> <ul style="list-style-type: none"> Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer. Outpatient renal dialysis. Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved by the Ministry of Health (MOH) Singapore. Consultation fees, medicines, and examinations and tests carried out by the attending Registered Medical Practitioner as part of stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy or outpatient renal dialysis medical treatment only. 	
<p>Surgical Expenses</p> <p>We shall pay for the charges incurred for surgical operations performed by a Registered Medical Practitioner in a hospital or clinic.</p>		<p>Inpatient Psychiatric Treatment</p>	
<p>Daily In-hospital Physician's Consultation (max 120 days)</p> <p>We shall pay for the consultation fees charged by a Registered Medical Practitioner for consultation during hospital confinement, subject to the maximum daily benefit and maximum number of days, as specified in the table of insured benefits.</p>	<p>As Charged up to policy annual limit</p>	<p>Course Termination Benefit (applicable to International Students Only)</p> <ul style="list-style-type: none"> 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 Singapore and return to home country When student's study is terminated due to accident or illness (including mental illness) The doctor must certify in writing that the student is unable to continue his/her course at the Polytechnic due to medical reasons 	<p>\$3,000</p>
<p>Pre-Hospitalisation GP & Specialist Consultation</p> <p>We shall pay for the charges incurred for GP & specialist consultation (including medication) recommended by a Registered Medical Practitioner, if such charges are incurred within 90 days prior to the date of hospitalisation or day surgery for the same condition. We shall not pay if hospitalisation or surgery is not required.</p>	<p>subject to B1 ward</p> <p>in Government Restructured Hospital</p>	<p>Repatriation of Mortal Remains</p> <p>Covers cost of 2 return economy class air ticket for 2 family members (or appointed persons) of deceased student to Singapore and return to home country.</p>	<p>\$3,000</p>
<p>Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees</p> <p>We shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a hospital, clinic or laboratory on the recommendation of a Registered Medical Practitioner, if such charges are incurred within 90 days prior to the date of hospitalisation or day surgery for the same condition. We shall not pay if hospitalisation or surgery is not required.</p>		<p>Return Air Ticket for 2 Family Members of deceased student (applicable to International Students Only)</p> <p>Upon death of the Insured Person, covers cost of return standard economy class air-tickets for two (2) family members of the Insured Person to travel from the Insured Person's Home Country to Singapore and back or from Singapore to the Insured Person's Home Country and back.</p>	<p>\$3,000</p>
<p>Post-Hospitalisation Treatment including TCM & physiotherapy (with referral)</p> <p>We shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/surgery provided its recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement, if such charges are incurred within 90 days following discharge from the hospital or clinic (in the case of day surgery). We shall also pay for follow-up consultation by a Chinese Physician recommended by the same Registered Medical Practitioner within 90 days following discharge from the hospital or clinic (in the case of day surgery). We shall not pay for medicines or drugs prescribed for use beyond 120 days after such discharge.</p>		<p>Outpatient Specialist Treatment (per policy year)</p> <p>Covers the following incurred in a Singapore Restructured Hospital/Specialist Outpatient Clinic and in Singapore only.</p> <ol style="list-style-type: none"> Charges incurred in the Accident & Emergency Department (A&E) up to \$120 per visit Charges for consultation with a Specialist including prescribed drugs, diagnostic procedures and laboratory tests, provided the Specialist was referred by a General Practitioner or A&E. 	<p>\$500</p>
<p>Emergency Accidental Outpatient Treatment</p> <p>We shall pay for the charges incurred if, as a result of an accident, the insured member requires emergency outpatient treatment for injury by a Registered Medical Practitioner in a hospital/clinic or by a Chinese Physician. Such treatment must be sought within 48 hours following the accident. We shall also pay for the charges incurred for follow-up treatment by a Registered Medical Practitioner or a Chinese Physician up to 31 days from the date of accident. Any charges incurred for treatment by a Chinese Physician shall not exceed S\$500 per accident.</p>		<p>Outpatient Mental Health Treatment (per policy year)</p> <ul style="list-style-type: none"> Covers consultation, prescribed drugs and diagnostic tests Specialist must be referred by a Physician/ITE Counsellor Specialist may be a Psychiatrist, Psychologist or Neurologist Covers treatment at a Singapore Restructured Hospital/Specialist Outpatient Clinic/A&E or a Private Clinic and in Singapore only 	<p>\$5,000</p>
<p>Outpatient Dental Treatment (Accidental)</p> <p>We shall pay for the charges incurred if, as a result of an accident, the insured member requires dental treatment by a dentist to his/her sound natural teeth. Such treatment must be sought within 48 hours following the accident. We shall also pay for the charges incurred for follow-up treatment by a dentist up to 31 days from the date of accident. This excludes dental implants, crowning, bridges or dentures.</p>		<p>Applicable for Full-Time Health Science Students Only</p> <p>Outpatient Extension for Clinical Attachment (per policy year)</p> <ul style="list-style-type: none"> Covers accidental exposures to diseases/infections in the course of work attachments (specific event/incident - incident report is required) Covers necessary consultation, prescribed drugs and diagnostic tests (including vaccinations) Follow-up treatment up to 6 months from the date of incident even after the student has graduated or policy has expired, provided that incident occurred within the policy period. Covers treatment at a Singapore Restructured Hospital/A&E Extended to cover treatment at a Polyclinic, Private Hospital/A&E/Clinic or Overseas Hospital/A&E/Clinic provided the clinical attachment is at the same Polyclinic, Private or Overseas Hospital/Clinic respectively. 	<p>\$1,000</p>
		<p>Maximum Limit per policy year (applies to all above items)</p>	<p>\$30,000</p>

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Benefits	Limit
Death Benefit We shall pay the Death benefit if the insured member dies from: <ul style="list-style-type: none"> • An Injury; • An Illness during or after treatment for such Illness, where such treatment was carried out at a Hospital or in Day Surgery, • Critical Illness while his/her cover under this policy is in force.	\$5,000

What Is Not Covered

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under your policy, except as specifically covered under this policy.

- (a) Deleted
- (b) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- (c) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- (d) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment benefit); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- (e) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- (f) Developmental delay and/or learning disabilities.
- (g) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.
- (h) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an accident covered under this policy.
- (i) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- (j) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in hospital or treatment.
- (k) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- (l) Circumcision unless medically necessary.
- (m) Birth defects; congenital illness or abnormalities.
- (n) Admission for sleep test for diagnostic purposes unless it is followed by surgery; any surgery or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.
- (o) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- (p) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic surgery which are medically necessary arising from an illness or injury while the insured member is insured under this policy.

- (q) Intentional, self-inflicted injuries or attempted suicide whether the insured member is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any illness or injury resulting from such disorders or mental conditions; drug addiction or alcoholism and any illness or injury resulting from or under the influence of alcohol or drugs.
- (r) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- (s) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- (t) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Fulltime service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.
- (u) The benefits payable under this policy will not include the reimbursement of any Goods and Services Tax and other duties or taxes charged or chargeable.

Some Definitions

Accident / Accidental	means a sudden, unexpected physical event, which happens during the period of insurance and which must be the only cause of injury.
Illness	means a physical condition certified by a Registered Medical Practitioner as a pathological deviation from the normal healthy state.
Injury	means damage or harm caused to the body by an external force suffered during the period of insurance and which is caused only by an accident. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the accident.
Medically necessary	Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an injury or illness of the insured member based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if: <ul style="list-style-type: none"> (a) It is provided only as a convenience to the insured member or medical provider; (b) It is not appropriate treatment for the insured member's diagnosis or symptoms; (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment; (d) It is experimental; (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment; (f) It is a matter of personal choice; or (g) It is an elective treatment.
Pro-ration factor	Pro-ration factor means a percentage stated in your policy which applies to the hospital bills incurred if insured member is admitted into a ward or hospital, including clinic for day surgery, that are higher than what he/she is entitled to. The pro-rated amount is subject to the maximum benefits limit as specified in the table of insured benefits.
Reasonable expenses	Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the insured member's medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.
Registered Medical Practitioner / Physician	Registered Medical Practitioner/ Physician means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the insured member or the insured member's family member or his/her business associates including any business partner, employers or employees.

Please refer to the Policy for the complete list of Definitions.

ITE Group Hospital & Surgical Insurance (GHS)

Some Conditions

Expenses covered by other sources	<p>In the event an insured member is covered under:</p> <ol style="list-style-type: none"> Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof; Any insurance coverage under the government legislation; or Other group or individual insurance excluding Integrated Shield Plan.
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The benefits payable under this policy shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance to the table of insured benefits and terms and conditions of this policy.

Subrogation	<p>We shall be entitled to undertake in the name of and on behalf of an insured member the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at our expense and own behalf, but in the name of the insured member to recover compensation or secure indemnity from any third party in respect of anything covered under this policy. The insured member shall cooperate fully with us in this respect and shall not do anything to prejudice our rights.</p>
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Right of recovery	<p>We may recover any amount we paid for charges that are not covered under this policy or exceeded the maximum benefits limit as specified in the table of insured benefits. The policyholder and/or the insured member shall fully indemnify and reimburse us for such amount within 30 days from the date of notice given by us requesting for reimbursement.</p>
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Difference in opinions	<p>In the event of any differences in opinions between our Registered Medical Practitioner and your Registered Medical Practitioner, our Registered Medical Practitioner's opinion shall prevail.</p>
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Claims Conditions	<p>Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.</p> <ol style="list-style-type: none"> The insured member has to notify to us, within 30 days from the hospital latest discharge date, informing us of any possible claim. For death claim, notice must be given within 3 months from the death of the insured member. It shall be a condition precedent to our liability under this policy that all claims shall be made within 60 days from the date of invoice of a medical claim. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemised bills. Any information required by us for assessing the claim shall be furnished by the policyholder at the policyholder's expense. Any benefits payable under this policy shall be paid to you or the insured member. The insured member or your receipt of any benefit payable under your policy shall in all cases be deemed final and complete discharge of all our liability.
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Failure to furnish notice within the time provided in this policy shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

Please refer to the Policy for the complete list of Conditions.