

**GROUP MEDICAL**

**THE SCHEDULE**

POLICYHOLDER : SPRING COLLEGE INTERNATIONAL PTE. LTD.  
PERIOD OF INSURANCE : 29 Mar 2025 to 28 Mar 2026 (Both Date Inclusive)  
TRANSACTION TYPE : Renewal  
POLICY ADMINISTRATION : Headcount  
MIN AGE (ADULT) : 6  
MAX AGE (ADULT) : 50  
MAX RENEWAL AGE(ADULT) : 50

BILLED PARTY
1-SPRING COLLEGE INTERNATIONAL PTE. LTD.

PRODUCT	GST IS PAYABLE ON CLAIMS
Group Hospital & Surgical	No

**ADDITION CLAUSES**

Clause 1

Eligibility

The age eligibility to be from 6 years old (age last birthday) to 50 years old (age last birthday).

Clause 2

Other Hospital Services

Under policy wording, under Section "What your policy cover - 4(Other Hospital Services) is deemed to be deleted and replace as follows:

Other Hospital Services

We shall pay for the charges incurred when the following services are rendered:

1. Use of operating room
2. Drugs and medicines consumed in the hospital only
3. Dressings, ordinary splints and plaster casts
4. Physical Therapy
5. Anaesthesia and oxygen and their administration
6. Intravenous infusions
7. Inpatient diagnostic procedures

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, up to the limit for this benefit.

**GROUP HOSPITAL & SURGICAL**

**PLAN 1 - BASIS OF COVERAGE**

ALL STUDENTS

**PLAN 1 - INSURED RULES**

INSURED TYPE	PRE-EXISTING CONDITIONS	UNDERWRITING
Employee	Exclude for First 12 months	No

**PLAN 1 - BENEFITS**

BENEFITS NAME	LIMIT
Daily Room & Board	S\$170.00 Max 120 Days per Disability Up to Group Limit 1
Intensive Care Unit	3x of R&B Max 30 Days per Disability Up to Group Limit 1
High Dependency Ward	2x of R&B Max 30 Days per Disability Up to Group Limit 1
Other Hospital Services	Up to Group Limit 2
Surgical Expenses	Up to Group Limit 2
Daily In-Hospital Physician's Consultation	Max 120 Days per Disability Up to Group Limit 2
Pre-Hospitalisation Specialist Consultation	Up to Group Limit 2
Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees	Up to Group Limit 2
Post-Hospitalisation Treatment	Up to Group Limit 2
Emergency Accidental Out-patient Treatment	Up to Group Limit 2
Outpatient Dental Treatment (Accidental)	Up to Group Limit 2
Miscarriage Benefit	Up to Group Limit 2
Ambulance Fees	Up to Group Limit 2
Claim Medical Report Fees	Up to Group Limit 2
Death Benefit	S\$3,000.00

**PLAN 1 - GROUP LIMITS**

GROUP	BENEFITS NAME	LIMIT
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Group Limit 1	Daily Room & Board Intensive Care Unit High Dependency Ward	Max 120 Days per Disability
Group Limit 2	Other Hospital Services Surgical Expenses Daily In-Hospital Physician's Consultation Pre-Hospitalisation Specialist Consultation Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees Post-Hospitalisation Treatment Emergency Accidental Out-patient Treatment Outpatient Dental Treatment (Accidental) Miscarriage Benefit Ambulance Fees Claim Medical Report Fees	As Charged S\$20,000.00