

Product Summary

SmartCare Optimum Enhanced

I acknowledge that the contents of SmartCare Optimum Enhanced product summary have been explained to me to my satisfaction by my Financial Planner.

| | |
|---|--|
| Name of Policyholder: | |
| Signature of Policyholder: | |
| Name of the Member / Insured Person: | |
| Name & Signature of Financial Planner: | |
| Date: | |

Important Note

This Product summary contains a summary of product features only and it is to be read in conjunction with the policy terms and conditions of SmartCare Optimum Enhanced, policy schedule, and endorsement if any. The content of the summary may vary from the policy terms and conditions and other contractual documents. The precise terms and conditions of the product and definitions are specified in the policy wordings. Terms not otherwise defined in this document shall bear the meanings ascribed to them in the policy terms and conditions. A sample of the policy terms and conditions is available upon request.

This product is underwritten by HSBC Life (Singapore) Pte. Ltd. (“**HSBC Life**” or “**Our**” or “**Us**” or “**We**”).

In this product summary, where consistent with the contents:

- the singular shall include the plural and the plural the singular; and
- words importing the masculine gender shall include the feminine gender.

1. Nature and objective of the Product

This is a comprehensive health insurance plan that covers inpatient and day surgery treatment, outpatient treatment and other benefits set out in the Benefits Schedule below, depending on the plan you have chosen. This plan keeps sub-limits to a minimum and reimburses you in full for eligible medical expenses, up to your annual limit.

An optional-add in Dental Rider is available to be added to the plan.

This policy is not a Medisave-approved policy, and you may not use Medisave to pay the premium for this policy.

2. Benefits of the Product

HSBC Life (Singapore) Pte. Ltd. (the Company) will reimburse you the hospitalisation costs and expenses for other covered benefits depending on the limits provided in the benefits table for the plan you have selected. Please refer to the policy provisions for details of the benefits and coverage.

Section 1 - Benefits Schedule

| SmartCare Optimum Enhanced Plan | Platinum | Gold | Silver | Bronze |
|---|---|------------|------------|------------|
| Annual Policy Limit (S\$) <i>Applicable to Part I, II and III</i> | S\$1,000,000 | S\$500,000 | S\$250,000 | S\$150,000 |
| PART I: INPATIENT & DAY SURGERY TREATMENT | | | | |
| Hospital & Surgical Benefits | | | | |
| | Per Year | | | |
| Bed Type <i>(Standard)</i> | Single | Single | Single | Single |
| Daily Hospital Room & Board <i>Includes meals & general nursing care</i> | As charged | As charged | As charged | As charged |
| Intensive Care Unit | | | | |
| Hospital Miscellaneous Expenses <i>Includes Prescription drugs, Inpatient Diagnostic Procedures, Inpatient Physiotherapy, Operating Theatre Fees & Ancillary Charges</i> | | | | |
| Ambulance Services | | | | |
| <i>Surgeon's Fee Includes Inpatient Surgery & Day Surgery</i> | | | | |
| <i>Anaesthetist's Fee</i> | | | | |
| <i>Inpatient Physician's Visit</i> | | | | |
| <i>Pre-Hospitalisation/ Surgery Specialist's Consultation Up to 90 days</i> | | | | |
| <i>Pre-Hospitalisation/ Surgery Diagnostic Services Up to 90 days</i> | | | | |
| <i>Post-Hospitalisation/ Surgery Treatment Up to 90 days</i> | | | | |
| Major Organ Transplant | | | | |
| Living Organ Donor (Insured) transplant benefit <i>(24 months waiting period)</i> | | | | |
| Congenital Conditions Benefit <i>(24 months waiting period)</i> | S\$6,000 | S\$4,000 | S\$3,000 | S\$3,000 |
| Inpatient Psychiatric treatment | S\$5,000 | S\$3,000 | S\$1,000 | S\$1,000 |
| Miscarriage <i>Due to accident only</i> | S\$5,000 | S\$4,000 | S\$3,000 | S\$3,000 |
| Ectopic Pregnancy | S\$5,000 | S\$4,000 | S\$3,000 | S\$3,000 |
| Surgical Implants | S\$10,000 | S\$8,000 | S\$5,000 | S\$5,000 |
| Medical Report Fees | As charged | As charged | As charged | As charged |
| Parent Accommodation <i>Up to 60 days per year for child below age 12</i> | | | | |
| Home Nursing <i>Up to 182 days</i> | | | | |
| Community Hospital Confinement <i>up to 90 days per year</i> | | | | |
| PART II: OUTPATIENT TREATMENT | | | | |
| Outpatient Benefits | | | | |
| | Per Year | | | |
| Alternative Treatment | S\$500 | S\$250 | Nil | N.A |
| Outpatient Treatment <i>Due to accident only</i> | As charged | As charged | As charged | |
| Dental Treatment <i>Due to accident only</i> | S\$10,000 | S\$8,000 | S\$5,000 | |
| Cancer Treatment | S\$150,000 | S\$100,000 | S\$75,000 | |
| Kidney Dialysis | S\$150,000 | S\$100,000 | S\$75,000 | |
| Maintenance of Chronic conditions # <i>(12 months waiting period)</i> | Included under Outpatient General Practitioner (Non panel) & Specialist Benefit | | | |
| General Practitioner - Primary Care | | | | |
| | Per Visit | | | |
| General Practitioner (Panel)* | As Charged | As Charged | As Charged | N.A |
| Treatment at an A&E Department | S\$100 | S\$100 | S\$100 | |
| Overseas Treatment | S\$70 | S\$50 | S\$35 | |
| General Practitioner (Non Panel) <i>Maximum of 12 visits for each Period of Insurance</i> | S\$70 | S\$50 | S\$35 | |
| Specialist Care (GP referral required) | | | | |
| | Per Year | | | |
| Specialist and Pediatrician Consultation <i>(for Pediatrician Consultation, GP referral letter is waived for child below 36months)</i> | S\$2,000 | S\$1,000 | S\$500 | N.A |
| Diagnostic Scan, X-Ray and Lab Test | S\$2,000 | S\$1,000 | S\$500 | |
| PART III: OTHER BENEFITS | | | | |
| Benefits | | | | |
| | Per Day | | | |
| Daily Recovery Benefits <i>(at least 3 consecutive days of hospitalisation, up to 30 days)</i> | S\$250 | S\$200 | S\$150 | S\$150 |
| Benefits | | | | |
| | Specified Sum Basis | | | |
| Dread Disease Recuperation Benefit <i>(Multiple Sclerosis, Heart Attack of Specified Severity, Major Cancer & Stroke with Permanent Neurological Deficit)</i> | S\$20,000 | S\$15,000 | S\$10,000 | S\$10,000 |

| | | | | |
|---|-------------|------------|------------|------------|
| Special Grant | \$S\$10,000 | \$S\$8,000 | \$S\$5,000 | \$S\$5,000 |
| PART IV: ADDITIONAL BENEFITS | | | | |
| Benefits | | | | |
| Emergency Medical Evacuation / Repatriation** | Unlimited | Unlimited | Unlimited | Unlimited |
| Repatriation of Mortal Remain or Local Burial** | | | | |

Please refer to policy for the list of chronic conditions.

* Outpatient Panel treatment during the first month upon inception is on reimbursement basis.

** The above benefits are not subject to annual policy limits.

| Dental Rider | Plan 1 | Plan 2 |
|---|-------------------|-----------------|
| Overall Annual Limit | \$S\$1,000 | \$S\$500 |
| Co-pay / Co-insurance | 20% | 20% |
| Restorative dental services i) Oral examinations ii) Prophylaxis(teeth cleaning) iii) Fluoride application <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } One visit per Period of Insurance </div> | As Charged | As Charged |
| Other Dental Treatment: Extractions, Fillings, Root Canal Treatment, Bridgework, Crowns, Implants, X-Ray, Sealant, Inlays and Onlays, Treatment of gum disease | | |

DENTAL RIDER (OPTIONAL)

Important Notice for Dental Rider-

The Benefits described above may be subject to maximum limits or to a co-payment.

Benefits are payable only if the Insured Event affects an Insured Person while he/she is covered under this Policy. If an insured event occurs or commences while an Insured Person is covered, but continues or extends beyond the Period of Insurance, We will only pay Benefits pertaining to the period while the Insured Person was covered.

The following additional terms shall be applicable with respect to Coverage under this Rider:

- (i) Coverage under these Rider is only applicable if there is a valid and subsisting underlying Policy for all Insured Persons.
- (ii) All Insured Persons under a Policy are required to take up the Dental Rider (exception only for Children where Cover is not compulsory).

Cover under this rider shall be subject to Your:

- (a) Submission of an Application for Coverage under this Rider and Our expressed acceptance of the Application;
- (b) The provision of all necessary information on the Insured Persons to be Covered under this Rider (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion); and
- (c) Payment of any applicable premiums.

1. Additional Exclusions applicable to Dental Rider

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. All exclusions under the main policy will also apply to the rider. Some exclusions are listed below:

- (a) Orthodontic treatment and dentures.
- (b) Treatment consisting of cosmetic or plastic Surgery or for beautification not necessitated by Injury or Illness.
- (c) Expenses for toothbrushes, toothpaste, dental floss, mouthwash, and other consumables for intraoral hygiene.

2. Additional Conditions applicable to Dental Rider

(a) Renewal / Renewal Premium

- (i) This is a yearly renewable rider. On or before the expiry of your Policy, and subject to our acceptance, you may renew this Rider together with the Policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the Policy expires or is terminated or cancelled in accordance with terms of this Policy and you should subsequently wish to reapply for insurance cover under this Policy
- (ii) Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal.

(b) Automatic Termination

Cover under this Rider for the respective Insured Person shall automatically terminate on the earliest occurrence of any of the following events:

- (i) upon cancellation or termination of the Insured Person's Coverage under the Policy;
- (ii) death of such Insured Person; or
- (iii) any of the other grounds of termination specified under the Policy, Provided that the expiration, cancellation or termination of the Policy shall result in the automatic termination of this Rider for all Insured Persons.

(c) Cancellation/ Termination of this Rider

- (i) You have the right to cancel this Rider at any time by giving written notice of 14 days to Us. No refund of premium will be granted.
- (ii) You have the right to terminate Cover under this Rider for any Insured Person at any time by giving written notice of fourteen (14) days to Us. No refund of premium will be granted.

Section 2 – Key Product Provisions

The following are some key provisions found in the policy contract of this plan, this is only a brief summary and you are required to refer to full actual terms and conditions in the contract. Please consult your Financial Planner should you require further explanation.

1. Eligibility

Members must be aged between at least fifteen (15) days old and not more than aged sixty-five (65) years old at time of application to be eligible to be covered under this policy.

2. Termination

Subject to the other terms of this policy, cover under this policy for the respective member shall also automatically terminate on the earliest occurrence of any of the following events:

- (i) the date the policy is terminated;
- (ii) the date a member's coverage is terminated;
- (iii) death of such member;
- (iv) the principal country of residence of the policyholder or member is no longer Singapore unless otherwise agreed by us in writing;
- (v) non-payment of premium for this policy;
- (vi) if there shall be any misrepresentation, non-disclosure or fraud on the part of the policyholder and/or member;
- (vii) if there is a breach of any regulation and/or law and/or economic sanctions. Termination of your policy shall automatically terminate cover for all members as well.

3. Waiting Period

As shown in the benefits table applicable to your plan, some benefits are subject to a waiting period starting from the date such benefit becomes available under your plan. No benefit for treatment received during the waiting period will be payable. Unless otherwise agreed by HSBC Life, the following benefits will not be payable during the specified waiting periods:

| Benefits | Waiting Period (from date of commencement of cover for the member) |
|--|---|
| All except Outpatient General Practitioner & Specialist Care | 30 days (This does not apply to accidental injuries) |
| Living Organ Donor (Insured) Transplant | 24 months waiting period |
| Congenital Conditions | 24 months waiting period |
| Maintenance of Chronic Conditions | 12 months waiting period |
| Dread Disease Recuperation | 90 days |

4. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions applicable under this product.

You are advised to read the policy contract for the full list of exclusions. These exclusions include but are not limited to the following:

- (a) We will not pay for any treatment, or for international emergency medical assistance, if they are needed as a result of nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical and/or biological substances, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.
- (b) Treatment which arises from or is directly or indirectly caused by psychological, emotional, mental or psychiatric conditions (except as specifically Covered under this Policy), nervous breakdown mental disorder and alcoholism or substance abuse, suicide or attempted suicide, self-inflicted injuries or any attempt thereat whether sane or insane.
- (c) Pre-existing conditions, which refers to an injury or an illness which, prior to the date on which an Insured Person is first Covered under the Policy:
 - (i) has been diagnosed;
 - (ii) for which Insured Person has received medication, advice or treatment;
 - (iii) which Insured Person should reasonably, based on Our appointed Physician's opinion, have known about; or
 - (iv) for which Insured Person has experienced symptoms even if Insured Person has not consulted a Physician.Note: This exclusion does not apply to Outpatient General Practitioner and Outpatient Specialist Care Benefit.
- (d) Congenital conditions or genetic defects including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects.

5. Policy Renewal / Renewal Premium

This is a short-term accident and health policy and we are not required to renew this policy. We may terminate this policy by giving you 30 days' notice in writing.

Your policy is valid for one year unless we have agreed on a different validity period. At the end of that time, provided the plan you are on is still available, you have a right to renew this policy on the terms and conditions applicable at that time by paying the premium applicable at the time of renewal.

Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the attained age of each member, the premium rates then in effect, and any other factors which may materially affect the risks insured.

We can change all or any part of the policy including the policy schedule or these terms, but only for the reasons shown in your policy, and the changes will only apply to you when you renew unless we are obliged by law to apply any change with immediate effect. We will provide you 30 days' notice of the changes and will send details of them to the address we have for you on our records. The changes will take effect from when you renew or when applied by law even if, for any reason, any member does not receive details of them.

6. Non-Guaranteed Premium

Please note that premium rates for this Policy are not guaranteed. These rates may be adjusted based on future experience. We may change the rates by giving You thirty (30) days written notice prior to Policy Anniversary sent by ordinary mail to Your last known correspondence address in Our records.

7. Cancellation Clause

You have the right to cancel this Policy at any time by giving 14 days' written notice to Us. Provided that no claims have been made during the Period of Insurance, We will grant You a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance subject to Us retaining a minimum premium amount of S\$54.00 (inclusive of GST). This amount is retained due to the incurred administrative cost.

You have the right to terminate Cover for any Insured Person at any time by giving Us 14 days' written notice, and upon such termination, You will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance, provided that no claims have been made during the Period of Insurance and subject to Us retaining a minimum premium amount of S\$54.00 (inclusive of GST). This amount is retained due to the incurred administrative cost.

We have the right to cancel this Policy in the event that we decide to cease offering our SmartCare Optimum Enhanced Individual plan (i) totally; or (ii) to any particular groups of persons insured with us or proposing to be insured with us. We will give you at least thirty (30) days' written notice of such cancellation and upon such cancellation you will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

8. Claims Conditions

There are stipulated time limits, procedures and submission of documents required to comply for claim submission.

- i) We require written notice us as soon as possible and in any event, within thirty (30) days after the occurrence of any event which may give rise to a claim under this Policy.
- ii) A claim form obtainable from Us upon request and all necessary supporting evidence of the occurrence, nature and extent of loss shall then be submitted to Us within sixty (60) days after the occurrence of the event giving rise to a claim under this Policy.
- iii) All certificates, receipts, information and evidence required by Us shall be borne by You and supplied free of expense to Us, in the form prescribed by Us.

For further information, you can visit or contact us at the following designations:

Website: <https://www.insurance.hsbc.com.sg/claims/> Telephone: +65 6880 4888

9. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give Us immediate written notice. In particular, You must notify Us of any changes in occupation/business or health affecting You or any Insured Person.

10. Change of Country of Residence

An Insured Person's Cover shall cease automatically if he remains outside of his Country of Residence for a period in excess of ninety (90) consecutive days. In such event, the Insured Person's Cover shall terminate at 23:59 Standard Singapore Time on the ninetieth (90th) day after date of the Insured Person's departure from his Country of Residence.

11. Reasonable & Customary Charges

This refers to charges for medical care which shall be considered by us or by our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment.

We will base that calculation on a combination of our global experience, statistical information provided by local health authoritative body and information collected from medical specialists and surgeons practicing in the country or area where the treatment is received.

For the avoidance of doubt when comparing treatment, we will take into account the complexity of the procedure and the standard of the medical facility where the treatment is received. If the charges are higher than is customary, we will only pay the amount which is, in our experience, customarily charged and you will have to pay the rest. If your treatment requires more than one specialist or surgeon present at the same operative (surgical) session, we shall review the medical necessity in the management of such surgical problem or medical condition in terms of the different trained skills and complexity of the services provided as an identification to cover the total services. No additional benefits or cost is payable for surgical assistants.

For medical treatment and services incurred in Singapore, we shall also reference the guidelines and published fee benchmarks provided by Singapore Ministry of Health (MOH). In the event that the particular eligible treatment or service is not stated on

the MOH published fee benchmark, we reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 2 physicians in the same specialty for the same surgical intervention or treatment.

In the event of any differences in opinions between our medical advisers or physicians and your physicians, our medical advisers or physicians opinion shall prevail.

12. Free look period

You have a free-look period of 14 business days from the date that you receive this Policy to review it. You are deemed to have received the Policy within 3 days after we have dispatched it. If you decide that this Policy does not suit your needs, you may request to cancel it by giving us clear, written instructions and returning the Policy documents to us within the free-look period. Provided that no claims have been made during this period, we shall refund the premiums paid by you in full without interest. This free-look period shall not apply to policies with terms of less than 1 year. It will also not apply to policy renewals.

13. Non-Assignment

This policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

14. Alterations

We reserve the right to vary the Benefits, Cover and amend the terms and conditions of this Policy. We will inform You of the intended amendment at least thirty (30) days prior to the renewal. Unless specifically mentioned, such amendment shall not affect any special conditions or Endorsements applicable at the time of commencement of Cover. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No intermediary has the authority to amend or to waive any of the terms and conditions of this Policy.

15. Conflict of interest

There is no conflict of interest with regards to the SmartCare Optimum Enhanced product and its benefit coverage.

16. Expenses Covered by Other Sources

The Benefits of this Policy are payable on a reimbursement and indemnity basis. If You or any Insured Person is entitled to claim Benefits under the Work Injury Compensation Act (Cap. 354), other group or individual insurance policies, any governmental programme or insurance provided by law, the Benefits payable will be limited to the balance of the expenses not Covered by those other group or individual insurance policies, governmental programme or insurance provided by law.

17. 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 or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Important Note

This is a short-term Accident and Health Policy and We are not required to renew this Policy. We may terminate this Policy by giving You 30 days' notice in writing.

When switching from one health insurance product to another, You should consider carefully as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost.

Section 3 – Annual Premium Rates

| Age Next Birthday | Platinum | Gold | Silver | Bronze | Age Next Birthday | Platinum | Gold | Silver | Bronze |
|-------------------|----------|----------|----------|----------|-------------------|-----------|-----------|-----------|-----------|
| 1 | 2,043.50 | 1,846.89 | 1,667.60 | 1,367.09 | 41 | 3,536.90 | 3,203.78 | 2,890.03 | 2,369.47 |
| 2 | 2,090.36 | 1,890.69 | 1,708.35 | 1,400.70 | 42 | 3,675.44 | 3,326.03 | 3,001.06 | 2,461.15 |
| 3 | 2,101.56 | 1,902.91 | 1,716.50 | 1,406.81 | 43 | 3,756.94 | 3,398.36 | 3,066.26 | 2,514.13 |
| 4 | 2,120.91 | 1,919.22 | 1,732.79 | 1,421.08 | 44 | 3,810.92 | 3,450.31 | 3,111.09 | 2,551.82 |
| 5 | 2,134.15 | 1,930.42 | 1,741.96 | 1,428.21 | 45 | 3,968.82 | 3,590.89 | 3,241.47 | 2,657.77 |
| 6 | 2,151.47 | 1,946.72 | 1,757.24 | 1,441.45 | 46 | 4,158.30 | 3,766.10 | 3,396.32 | 2,784.09 |
| 7 | 2,164.72 | 1,958.95 | 1,766.41 | 1,448.58 | 47 | 4,355.92 | 3,942.33 | 3,556.26 | 2,915.50 |
| 8 | 2,175.92 | 1,970.15 | 1,775.58 | 1,455.71 | 48 | 4,563.74 | 4,130.79 | 3,725.36 | 3,055.05 |
| 9 | 2,191.21 | 1,983.40 | 1,788.82 | 1,466.91 | 49 | 4,770.54 | 4,317.22 | 3,894.46 | 3,193.60 |
| 10 | 2,209.54 | 1,999.69 | 1,803.09 | 1,480.15 | 50 | 5,029.28 | 4,550.50 | 4,106.35 | 3,367.79 |
| 11 | 2,222.78 | 2,012.94 | 1,815.31 | 1,488.31 | 51 | 5,285.99 | 4,784.79 | 4,315.18 | 3,537.91 |
| 12 | 2,238.06 | 2,025.15 | 1,829.57 | 1,500.54 | 52 | 5,547.79 | 5,020.11 | 4,528.09 | 3,713.13 |
| 13 | 2,251.31 | 2,036.36 | 1,837.72 | 1,506.64 | 53 | 5,802.46 | 5,252.37 | 4,739.97 | 3,888.35 |
| 14 | 2,279.83 | 2,063.87 | 1,862.17 | 1,527.01 | 54 | 6,092.79 | 5,513.15 | 4,974.27 | 4,078.85 |
| 15 | 2,313.45 | 2,091.37 | 1,888.65 | 1,550.45 | 55 | 6,436.09 | 5,822.85 | 5,256.45 | 4,310.09 |
| 16 | 2,339.94 | 2,117.86 | 1,911.06 | 1,566.74 | 56 | 6,758.00 | 6,114.19 | 5,516.22 | 4,522.99 |
| 17 | 2,368.46 | 2,142.31 | 1,933.47 | 1,585.09 | 57 | 7,111.49 | 6,436.09 | 5,805.53 | 4,761.36 |
| 18 | 2,414.30 | 2,185.09 | 1,971.17 | 1,616.67 | 58 | 7,400.79 | 6,695.86 | 6,040.85 | 4,953.90 |
| 19 | 2,443.85 | 2,213.62 | 1,995.62 | 1,636.01 | 59 | 7,826.60 | 7,082.96 | 6,390.26 | 5,240.15 |
| 20 | 2,473.38 | 2,236.03 | 2,019.05 | 1,655.37 | 60 | 8,210.65 | 7,428.30 | 6,701.97 | 5,495.85 |
| 21 | 2,502.92 | 2,264.55 | 2,044.51 | 1,676.77 | 61 | 8,776.03 | 7,940.70 | 7,165.47 | 5,875.81 |
| 22 | 2,531.45 | 2,291.04 | 2,065.91 | 1,694.09 | 62 | 9,204.90 | 8,329.85 | 7,513.87 | 6,162.06 |
| 23 | 2,574.23 | 2,330.77 | 2,100.54 | 1,721.59 | 63 | 9,578.76 | 8,670.09 | 7,822.54 | 6,413.68 |
| 24 | 2,607.85 | 2,359.29 | 2,128.05 | 1,745.01 | 64 | 10,004.57 | 9,054.13 | 8,168.89 | 6,698.91 |
| 25 | 2,613.96 | 2,363.36 | 2,133.14 | 1,749.09 | 65 | 10,425.29 | 9,436.14 | 8,511.17 | 6,980.08 |
| 26 | 2,635.36 | 2,386.79 | 2,154.54 | 1,766.41 | 66 | 10,849.06 | 9,816.11 | 8,856.50 | 7,262.26 |
| 27 | 2,640.45 | 2,388.83 | 2,155.55 | 1,766.41 | 67 | 11,215.79 | 10,150.24 | 9,158.04 | 7,509.79 |
| 28 | 2,675.09 | 2,418.37 | 2,182.04 | 1,788.82 | 68 | 11,705.78 | 10,592.36 | 9,557.36 | 7,836.79 |
| 29 | 2,713.79 | 2,457.09 | 2,215.65 | 1,817.35 | 69 | 12,197.81 | 11,037.53 | 9,957.71 | 8,165.83 |
| 30 | 2,773.90 | 2,511.08 | 2,263.54 | 1,856.05 | 70 | 12,759.11 | 11,544.83 | 10,415.10 | 8,540.71 |
| 31 | 2,790.19 | 2,525.33 | 2,277.79 | 1,867.26 | 71 | 13,599.54 | 12,305.79 | 11,102.72 | 9,105.06 |
| 32 | 2,847.24 | 2,578.31 | 2,324.65 | 1,906.99 | 72 | 14,440.97 | 13,066.76 | 11,789.32 | 9,667.38 |
| 33 | 2,920.59 | 2,641.46 | 2,382.72 | 1,953.85 | 73 | 15,842.69 | 14,338.09 | 12,933.31 | 10,605.60 |
| 34 | 2,991.90 | 2,706.67 | 2,442.82 | 2,002.74 | 74 | 17,523.54 | 15,857.97 | 14,308.54 | 11,733.29 |
| 35 | 3,043.85 | 2,755.56 | 2,484.59 | 2,037.38 | 75 | 19,628.15 | 17,761.91 | 16,024.01 | 13,139.09 |
| 36 | 3,114.14 | 2,819.74 | 2,544.69 | 2,086.28 | 76 | 20,748.71 | 18,775.50 | 16,940.85 | 13,891.90 |
| 37 | 3,189.53 | 2,886.97 | 2,604.79 | 2,135.18 | 77 | 21,449.57 | 19,411.17 | 17,514.36 | 14,361.51 |
| 38 | 3,292.41 | 2,980.69 | 2,690.36 | 2,205.46 | 78 | 21,871.31 | 19,792.15 | 17,856.64 | 14,643.69 |
| 39 | 3,403.45 | 3,079.50 | 2,778.99 | 2,278.81 | 79 | 22,152.46 | 20,045.81 | 18,084.83 | 14,829.09 |
| 40 | 3,456.42 | 3,127.38 | 2,822.79 | 2,313.45 | 80 | 22,152.46 | 20,045.81 | 18,084.83 | 14,829.09 |

- Benefits & premium are quoted in Singapore dollars.
- Age 66 to 80 for policy renewal only.
- Rates are subject to change without prior notice.
- The premium rates are inclusive of 9% GST, for standard lives and exclusive of any discounts. The actual premiums charged may be different due to rounding.

Dental Rider

| | Plan 1 | Plan 2 |
|------------------------|---------------|---------------|
| Annual Limit | S\$1,000 | S\$500 |
| Co-pay/co-insurance | 20% | 20% |
| Annual premium per pax | S\$340.24 | S\$202.72 |

- The premium rates are inclusive of 9% GST, for standard lives and exclusive of any discounts. The actual premiums charged may be different due to rounding.

The Total Distribution Cost of this product is between 0% - 20% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. We assure you that the Total Distribution Cost is not an additional cost to you, as it was already accounted in the calculation of your premium.

Pre-contract disclosure for medical insurance plans for Work Permit and S Pass Holders

Product Name: SmartCare Optimum Enhanced
Plan: Platinum / Gold / Silver / Bronze

This product provides coverage for the following features that comply with the Ministry of Manpower’s (MOM) enhanced Medical Insurance requirements¹:

| | Yes/No |
|--|------------------------------|
| Annual claim limit of at least \$60,000, inclusive of a first-dollar cover of \$15,000 | Yes |
| For portion of the bill above \$15,000, the employer must co-pay up to 25% (to the hospital) | No |
| Exclusions are in line with MOM’s list of allowable exclusions ² | No |
| Age-differentiated premiums are in 2 age bands: (1) <50 years old and (2) >50 years old | No |
| Insurers will reimburse our portion of the hospital bill to hospitals directly upon admissibility of the medical claim | No, except for the LOG cases |



1 Scan the QR code for MOM’s press release on the enhanced medical insurance.

2 Refer to Annex of the press release for the list of allowable exclusions.