



**BENEFITS SCHEDULE FOR SHELTON COLLEGE INTERNATIONAL PTE LTD**

**(A) Group Hospitalisation & Surgical Insurance Policy No. GSC/0023812**

Benefits Schedule	Limits (SGD)
1a) Daily Room & Board	As charged in <b>B1 wards (4-bedder)</b> in <b>Singapore Government / Singapore Government Restructured Hospitals</b> up to the overall maximum limit per policy period
1b) Intensive Care Unit	
2) Hospital Miscellaneous Services	
3) Surgeon's Fee	
4) Anesthetist's Fee	
5) In-hospital Physician's Visit	
6) Pre-hospitalisation Specialist Consultation <sup>1</sup> (up to 90 days before admission)	
7) Pre-hospitalisation Diagnostic Services <sup>1</sup> (up to 90 days before admission)	
8) Post- hospitalisation Treatment (up to 90 days from discharge) <sup>2</sup>	
9) Emergency Outpatient Treatment (due to accident only) <sup>3</sup> - includes dental treatment due to accident up to \$500 per year	
10) Ambulance Fee	
11) Medical Report Fees	Government Restructured Class "A" - 65% Private (Capped at 2-bedder) -50%
Pro-ration factor will apply if student is warded in a higher ward in Singapore Government / Restructured Hospitals or in private hospitals in Singapore	
Overall Maximum Limit Per Policy Period (Item 1 to 11)	20,000
<b>Additional Benefit</b>	
12) Hospital Confinement due to Mental Illness (with referral by General Practitioner or Specialist)	1,000
13) Death Benefit	5,000
14) Outpatient Kidney Dialysis	3,000 (maximum per year)
15) Outpatient Cancer Treatment	3,000 (maximum per year)

<sup>1</sup> Must lead to hospitalisation and/or surgical procedure within 90 days.

<sup>2</sup> For expenses incurred within 90 days from the date of discharge from hospital or day surgery.

<sup>3</sup> Treatment must be sought in a hospital or clinic or from a registered *Traditional Chinese Medicine (TCM) practitioner* within 24 hours from time of accident; follow-up charges by same physician covered up to 30 days from date of accident and for TCM practitioner not exceeding \$300 per occurrence.

**(B) Group Personal Accident Insurance Policy No. SAT/P0723975**

Benefits Schedule	Sum Assured Per Student (S\$)
Death or Permanent Disablement	\$10,000