

**Tenet Insurance Company Ltd**  
(A member of Sompo Japan Group)  
11 Collyer Quay #09-00 The Arcade Singapore 049317  
Tel: (65) 6221 2211 Fax: (65) 6221 3302  
Company Registration No. 195700067Z  
Website: <http://www.tenetinsurance.com>



## PRODUCT SUMMARY FOR GROUP MEDIWELL PLUS INSURANCE

Presented to: \_\_\_\_\_  
(Name of Applicant)

Covered Member: \_\_\_\_\_  
(Name of Insured Member)

Age: \_\_\_\_\_  
(Age next birthday)

Gender: Male / Female (*delete as appropriate*)

Name & Signature  
of Intermediary: \_\_\_\_\_

### DECLARATION

We/I hereby confirm that the following documents were given and the contents have been explained to us/me satisfactorily;

- (a) Your Guide to Health Insurance and;
- (b) Product Summary of Aggregate and Unit Plan

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

---

Plan Type: Aggregate Plan G / Unit Plan U

Expiry Date of Cover: \_\_\_\_\_

## Premium Rates Table

The annual premium rates for this plan are as set out below. Please note that the premium rates may be revised at each renewal date, depending on its claims experience and at the discretion of the Company. The annual premium is based on the Insured Member's age next birthday at the time of renewal and apply to persons who are in Occupational Class I and II.

### PREMIUM FOR AGGREGATE PLAN

PREMIUM before GST	G1 (S\$)	G2 (S\$)	G3 (S\$)	G4 (S\$)	G5 (S\$)
<b>AGE BAND (MALE)</b>					
Child	515	417	332	283	218
19 - 40	673	544	431	365	277
41 - 50	1,201	966	761	639	473
51 - 60	2,346	1,883	1,477	1,232	892
<b>AGE BAND (FEMALE)</b>					
Child	515	417	332	283	218
19 - 40	1,100	886	699	590	445
41 - 50	1,570	1,262	993	832	612
51 - 60	1,834	1,473	1,157	964	696

### PREMIUM FOR UNIT PLAN

PREMIUM before GST	1 Unit (S\$)		1.5 Units (S\$)		2 Units (S\$)		2.5 Units (S\$)		3 Units (S\$)		3.5 Units (S\$)		4 Units (S\$)	
AGE BAND	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Child	133.00	133.00	199.50	199.50	266.00	266.00	332.50	332.50	399.00	399.00	465.50	465.50	532.00	532.00
19 - 40	202.00	273.00	303.00	409.50	404.00	546.00	505.00	682.50	606.00	819.00	707.00	955.50	808.00	1,092.00
41 - 50	313.00	403.00	469.50	604.50	626.00	806.00	782.50	1,007.50	939.00	1,209.00	1,095.50	1,410.50	1,252.00	1,612.00
51 - 60	524.00	466.00	786.00	699.00	1,048.00	932.00	1,310.00	1,165.00	1,572.00	1,398.00	1,834.00	1,631.00	2,096.00	1,864.00

#### Class I

Persons engaged in professional, managerial, administration, clerical and non-manual occupations generally.

#### Class II

Persons engaged in work of a supervisory nature and all others not in Class I whose duties may involve occasional light manual work but not using tools or machinery or expose to any special hazard (e.g. Clerk-of-Work, Sub-Contractor, Supervisor).

Persons who are required to travel outside office for Business or Professional purposes but not engaging in manual labour (e.g. Salesman).

Please check with the insurer separately for all occupations involving manual work and not within the above.

#### Declined Occupations

Air Crew members, ship crew members and occupations involving diving, platforms, oil rig and/or offshore work, fire-fighting, police, military operations, full-time national servicemen other than local peace-time reservist training, persons engaged in heavy manual work involving the use of heavy tools and machinery, construction worker, truck driver, welder, machinist, persons engaged in medical professions

## PRODUCT INFORMATION

Group MediWell Plus is the hospital and surgical cover that will make a difference for you and your employees. Whether your staff strength is 5 or 100, we have the ideal cover to meet your company's distinct needs.

You have a choice of opting for an Aggregate Plan or a Unit Plan both at affordable premium.

The Aggregate plan works on a lump sum basis, which provides the added convenience to a cover, without sub-limits for in-hospital expense. Subject to the yearly limit, in-hospital expenses include day surgery charges.

If you're looking for more flexibility, opt for the Unit Plan which allows you to balance cover and premium to suit your company's needs. You design the plan according to your budget - a 1-unit or 4-unit plan.

We will pay for the expenses according to the limits of compensation set out in the Benefits Schedule, depending on the plans you have chosen.

AGGREGATE PLAN					
SCHEDULE OF BENEFITS (Per-disability limit unless indicated)	G1 (S\$)	G2 (S\$)	G3 (S\$)	G4 (S\$)	G5 (S\$)
<b>A. In-Patient Benefits</b>					
- Hospital Room & Board	1- Bedded	1- Bedded	2- Bedded	2- Bedded	4 - Bedded
- In-Patient Benefits	As Charged				
Including Intensive Care Unit, Surgical Fees (including Day Surgery), Hospital Misc Services, Pre-hospitalisation (30 days) and Post-hospitalisation (90 days) treatment expenses					
<b>B. Out-Patient Benefits For Kidney Dialysis/Cancer Treatment (per policy year)</b>					
- Out-Patient Kidney Dialysis treatment	25,000	20,000	15,000	10,000	Not Covered
- Out-Patient Cancer Treatment	25,000	20,000	15,000	10,000	Not Covered
<b>C. Other Out-Patient Benefits</b>					
- Emergency Accidental Out-Patient Treatment	As Charged				
- Accidental Dental Treatment	1,000	750	500	500	500
<b>D. Miscellaneous Benefits</b>					
- Home Nursing (per year maximum 26 weeks)	8,000	3,000	3,000	2,000	Not Covered
- Prosthesis/Implant	5,000	4,000	3,000	3,000	2,000
- Ambulance fee	75	75	75	75	75
- Special Grant	3,000	3,000	3,000	3,000	3,000
- Registered Bone-Setter fees for accidental injuries (per policy year)	250	250	250	250	250
- Accidental Miscarriage	1,000	750	500	500	500
- Acupuncture performed in a hospital (per policy year)	200	200	200	200	200
Emergency Assistance including Evacuation and Repatriation	Unlimited				
<b>LIMITS (Excluding Emergency Assistance)</b>					
<b>ANNUAL OVERALL LIMIT</b>	300,000	250,000	175,000	125,000	100,000
<b>ADDITIONAL YEARLY LIMIT FOR ORGAN TRANSPLANT (in respect of heart, liver, kidney, lung and bone marrow only)</b>	100,000	75,000	50,000	30,000	25,000

<b>UNIT PLAN (UP TO MAX 4 UNITS)</b>							
<b>SCHEDULE OF BENEFITS</b> (Per-disability limit unless indicated)	<b>1 Unit (S\$)</b>	<b>1.5 Units (S\$)</b>	<b>2 Units (S\$)</b>	<b>2.5 Unit (S\$)</b>	<b>3 Units (S\$)</b>	<b>3.5 Units (S\$)</b>	<b>4 Units (S\$)</b>
<b>A. In-Patient Benefits</b>							
- Hospital Room & Board (daily max up to 90 days)	100	150	200	250	300	350	400
- Intensive Care Unit (daily max up to 20 days)	200	300	400	500	600	700	800
- Surgical Fees (including Day Surgery)	5,000	7,500	10,000	12,500	15,000	17,500	20,000
- Hospital Misc Services	3,000	4,500	6,000	7,500	9,000	10,500	12,000
- Pre-Hospitalisation Treatment (within 30 days before hospitalisation)	300	450	600	750	900	1,050	1,200
- Post-Hospitalisation Treatment (90 days immediately after discharge)	500	750	1,000	1,250	1,500	1,750	2,000
<b>B. Out-Patient Benefits For Kidney Dialysis/Cancer Treatment (per policy year)</b>							
- Out-Patient Kidney Dialysis Treatment	5,000	7,500	10,000	12,500	15,000	17,500	20,000
- Out-Patient Cancer Treatment	5,000	7,500	10,000	12,500	15,000	17,500	20,000
<b>C. Other Out-Patient Benefits</b>							
- Emergency Accidental Out-Patient Treatment	1,000	1,500	2,000	2,500	3,000	3,500	4,000
- Accidental Dental Treatment	250	375	500	625	750	875	1,000
<b>D. Miscellaneous Benefits</b>							
- Home Nursing (per year max 26 weeks)	1,500	2,250	3,000	3,750	4,500	5,250	6,000
- Prosthesis/Implant	2,000	3,000	4,000	5,000	6,000	7,000	8,000
- Ambulance Fee	75	113	150	188	225	263	300
- Special Grant	1,000	1,500	2,000	2,500	3,000	3,500	4,000
- Registered Bone-Setter for accidental injuries (per policy year)	250	375	500	625	750	875	1,000
- Accidental Miscarriage	250	375	500	625	750	875	1,000
- Acupuncture performed in a hospital (per policy year)	200	300	400	500	600	700	800
<b>Emergency Assistance including Evacuation and Repatriation</b>	<b>Unlimited</b>						
<b>LIMITS (Excluding Emergency Assistance)</b>							
<b>ANNUAL OVERALL LIMIT</b>	75,000	112,500	150,000	187,500	225,000	262,500	300,000
<b>ADDITIONAL YEARLY LIMIT FOR ORGAN TRANSPLANT (in respect of heart, liver, kidney, lung and bone marrow only)</b>	20,000	30,000	40,000	50,000	60,000	70,000	80,000

## OPTIONAL RIDERS

### 1. Dread Disease Rider

A S\$10,000 lump sum payout on 1<sup>st</sup> confirmed diagnosis of any one of the following 10 covered dread diseases:

- Major Cancers
- Coronary Artery By-pass Surgery
- Heart Attack
- Kidney Failure
- Stroke
- Major Organ/Bone Marrow Transplant
- Paralysis (Loss of Use of Limbs)
- Blindness (Loss of Sight)
- Major Burns
- Coma

AGE BAND	PREMIUM (S\$)*
Child	6
17 - 30	11
31 - 35	18
36 - 40	31
41 - 45	51
46 - 50	81
51 - 55	120
55 - 60	168

\*Subject to :

1. pre-existing condition exclusion
2. waiting period of 90days from effective date of insurance cover
3. 30 days survival period from 1<sup>st</sup> confirmed diagnosis

### 2. Hospital Cash Allowance

A daily cash benefit of S\$100 per day  
(max. up to 90 days for each day of hospitalisation)

AGE BAND	PREMIUM (S\$)*
17 - 40	48
41 - 50	54
51 - 60	83

### 3. Parent's accommodation as companion for child below 12 years

Provides a daily S\$100 accommodation allowance (up to 30 days per policy year) for the parent to accompany his/her child when the child is hospitalised. Provided child is insured under this policy and hospitalisation claim is admissible.

Premium is 10% loading on child's premium\*.

## DEDUCTIBLES / CO-INSURANCE / DISCOUNTS

Deductible (Optional)	
Deductible per Annum (S\$)	Discount
500	2.5%
1,000	5%
1,500	10%
2,000	15%
Co-Insurance (Optional)	
Co-Insurance (%)	Discount
10%	10%
20%	20%
Group Discounts	
Enjoy group discounts starting from 5% up to 20% for group size of 5 employees or more	

\*Additional premium for riders are not subject to discount entitlements.

## 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 the actual terms and conditions in the contract. Please consult your intermediaries should you require further explanation.

### 1. Eligibility

- (a) The maximum age for enrolment is 60 years old.
- (b) All Employees must be under the payroll of a Singapore-based office.
- (c) Employees and Dependants must be Singapore Citizens, Singapore Permanent Residents as well as expatriates or foreigners who are holding a valid Employment Pass and who are domiciled in Singapore.

### 2. Terms of Renewal

Coverage may be renewed on the Policy Anniversary Date by the payment of the annual premium.

### 3. Exclusions

There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions.

- (a) Any Pre-existing conditions unless the Insured Member affected by these conditions has been insured under this Policy for 12 months with the exception on congenital anomalies which will be considered as permanent exclusions under this Policy.
- (b) Treatment arising from pregnancy, miscarriage (except as a result of an accident), or childbirth (including diagnostic tests for pregnancy), tests to do with and treatment for sub-fertility, and charges for abortion or sterilization, and contraception including any complications relating thereto.

### 4. Waiting Period

#### (a) For Hospital and Surgical Plans

No benefits will be payable if any illness or sickness, which commences within the first thirty (30) days from the effective date of cover of the Insured Member, except for accidental injuries.

#### (b) For Dread Disease Cover

No benefits will be payable if the Insured Member is diagnosed with any of the Dread Disease within the first 90 days from the effective date of cover under the Policy.;

### 5. Survival Period

No benefits will be payable if the Insured Member does not survive the first 30 days from the date he is diagnosed with any of the Dread Disease;

### 6. Country of Residence

Insurance for any Insured Member will cease automatically if the Insured Member has been physically absent from Singapore for more than 180 consecutively days during the policy year, unless prior agreement have been received and endorsed by the Company to extend the policy to include such absence from Singapore and payment of the additional premium chargeable. In such event, the Insured Member's cover will be terminated at 24:00 standard Singapore time on the 180<sup>th</sup> day after the Insured Member's departure from Singapore.

**7. Termination**

Cover ceases for the Insured Employee:-

- (a) on the date this policy is terminated;
- (b) on the 70th birthday of the Employee;
- (c) on the date of termination of employment;
- (d) on the date in which an Employee is retired or pensioned; or
- (e) on the premium due date if the Policyholder fails to pay the required premium for the insured Employee.

The liability of this policy shall cease on the last day of cover for the insured Employee or Dependant.

The Company will also not pay for any benefit in respect of expenses incurred by any Insured Member whose insurance has terminated, for treatment provided to the Insured Member on or after the effective date of such termination.

**8. Notice of Material Changes**

The Policyholder shall give reasonable notice to the Company of any change in the Insured Member's country of residence or business or occupation or habits or pursuits which is likely to result in a material increase in hazard to the Company and shall pay any additional premium that may be required by the Company.