

Important:

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.

Conditions for Classic Care Rider

1 What your rider covers

This rider covers the following **benefits**.

This rider applies as well as **your policy**. **We** will only pay the **benefits** under this rider if **you** are eligible to make a claim under **your policy**.

Paying the **benefits** under this rider depends on the **limits of compensation, limits on special benefits** (if it applies), **limit for each policy year** of **your policy** and all other limits listed in the **schedule of benefits**, where it applies.

1.1 Deductible and co-insurance

While this rider is in force, there is no **deductible** or **co-insurance** due under **your policy**. However, **you** will have to make a co-payment and an additional non-panel payment (if it applies) for each claim, as set out below.

a Co-payment

For each claim under **your policy**, **you** will have to make a co-payment, as shown in the table below. If the treatment is provided by **our panel**, **we** will apply a co-payment limit as shown in the table.

Types of Treatment	Co-payment
Treatment not provided by our panel	10% of the benefits due under your policy
Treatment provided by our panel	10% of the benefits due under your policy , up to a co-payment limit of \$3,000 for each policy year

If **you** are claiming for pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies), **we** will not apply the co-payment limit if the treatment during the **insured's stay in hospital** is not provided by **our panel**.

If **you** are claiming for consultation fees, medicines, examinations and tests for outpatient hospital treatment, **we** will not apply the co-payment limit if the **insured's** stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy (if it applies) or outpatient renal dialysis is not provided by **our panel**.

For each claim that meets the **limits on special benefits** (if it applies) or the **limit for each policy year** of **your policy**, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each **policy year**.

When there is more than one treating **registered medical practitioner** or **specialist** for the **insured's stay in hospital**, stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy (if it applies) or outpatient renal dialysis, **we** will apply the co-payment limit as long as the main (or primary) treating **registered medical practitioner** or **specialist** is part of **our panel**.

For each **stay in hospital** of 12 months or less, where the treatment is provided by **our panel**, **you** must pay the co-payment (up to a maximum of \$3,000) for one **policy year** (even if the **stay in hospital** runs into the next **policy year**). If the **stay in hospital** is for a continuous period of more than 12 months but less than 24 months, **you** must also pay up to the maximum co-payment for the next **policy year**. And, for each further period of 12 months or less that the **stay in hospital** extends for, **you** must pay the co-payment for one extra **policy year**.

b Additional non-panel payment

If the treatment during the **insured's stay in hospital** is not provided by **our panel**, **you** will have to make an additional non-panel payment of up to \$2,000 in each **policy year** for **your** claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies).

When there is more than one treating **registered medical practitioner** or **specialist** for the **insured's stay in hospital**, **we** will apply the additional non-panel payment as long as the main (or primary) treating **registered medical practitioner** or **specialist** is not part of **our panel**.

For each **stay in hospital** of 12 months or less that is not provided by **our panel**, the maximum additional non-panel payment for one **policy year** is \$2,000 (even if the **stay in hospital** runs into the next **policy year**). If the **stay in hospital** is for a continuous period of more than 12 months but less than 24 months, **you** must also pay the maximum additional non-panel payment of \$2,000 for the next **policy year**. And, for each further period of 12 months or less that the **stay in hospital** extends for, **you** must pay the maximum additional non-panel payment of \$2,000 for one extra **policy year**.

1.2 Extra-bed benefit

If during the **insured's stay in hospital** their parent or guardian stays and shares the same room, **we** will refund up to \$80 for each day the parent or guardian stays. This applies as long as the following conditions are met.

- The **insured** is a child aged 18 or younger during their **stay in hospital**.
- **We** will pay up to 10 days for each **stay in hospital**.
- If the **insured** is in **hospital** for only part of a day, **we** will pay half of this benefit for that day.

The co-payment under clause 1.1 (a) and additional non-panel payment under clause 1.1 (b) of this rider does not apply to any claim for this benefit.

2 Our responsibilities to you

Our responsibilities to **you** are only for the cover and period shown in this endorsement or **renewal certificate** (as the case may be) and depend on the terms, conditions and limits of this rider.

2.1 Co-payment and additional non-panel payment

You must make the co-payment and additional non-panel payment (if it applies) before **we** pay any benefit. **We** will only pay the amount of **your** claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

3 Your responsibilities

3.1 Premium

The **premium you** have to pay us for this rider so that **you** can receive the **benefits** in clause 1 is set out above. If **you** add this rider to **your policy** during a **policy year**, the **premium** for this rider for that **policy year** will be pro-rated. **You** must pay the **premium** for this rider every year.

We give **you** 60 days' grace from the **renewal date** of this rider to pay the **premium** for this

rider. During this **period of grace**, this rider will stay in force. **You** must first pay any outstanding **premium** for this rider, **premium** for **your policy** or amounts **you** owe **us** before **we** pay any claim under this rider.

If **you** still have not paid the **premium** for this rider after the **period of grace**, this rider will be cancelled. This cancellation will apply from the **renewal date** of this rider.

You are responsible for making sure that the **premium** for this rider is paid up to date.

3.2 Refunding the premium when this rider ends

We will refund the unused pro-rated portion of the **premium** for this rider to **you** in cash when this rider ends.

3.3 Change in premium

The **premium** for this rider can change. If **we** change the **premium** for this rider, **we** will write to **you** at **your** last-known address, at least 30 days before the change is to take place, to tell **you** what **your** new **premium** for this rider is. **We** will change the **premium** for this rider only if the change applies to all policies within the same class.

4 What you need to be aware of

4.1 Cancelling this rider

You may cancel this rider by giving **us** at least 30 days' notice in writing. **We** will tell **you** the date

it will end. Cancelling this rider will not affect the validity of **your policy**.

4.2 Ending this rider

If **your policy** is cancelled, ends, or has lapsed for any reason, this rider will automatically end immediately even if the **period of grace** has not come to an end.

4.3 Reinstating this rider

If this rider is cancelled because **you** have not paid the **premiums**, **you** may apply to reinstate this rider.

You can do this if **we** agree and **you** meet all of the following conditions.

- a **You** must pay all **premiums** for this rider **you** owe before **we** will reinstate this rider.
- b **We** will not pay for any expenses which happen between the date this rider ends and the date immediately before the **reinstatement date** of this rider.
- c If there is any change in the **insured's** medical or physical condition, **we** may add exclusions or charge an extra **premium** for this rider from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium** for this rider after this rider has ended, it does not mean **we** create any liability for **us** in terms of any claim or will not enforce **our** rights under this rider. **Our** responsibility to pay will only arise after **we** have reinstated this rider.

4.4 The terms and conditions of your policy

We may change the **premiums**, **benefits** or cover or these conditions at any time. However, **we** will write to **you** at **your** last-known address at least 30 days before doing so. **We** will apply

the changes only if the changes apply to all policies within the same class.

Unless they are changed by this rider:

- a all other terms and conditions of **your policy** will not change and will apply to this rider, if it applies; and
- b words defined in the definitions section of the conditions of **your policy**, if used in this rider, will have the same meanings.

If there is any inconsistency between the terms and conditions of this rider and **your policy**, the terms and conditions of this rider will apply.

4.5 Exclusions

All exclusions under **your policy** will apply to this rider.

5 Definitions

For the purposes of this rider, **we** have added the following definition.

Panel means a:

- **registered medical practitioner;**
- **specialist;**
- **hospital;** or
- **medical institution;**

on **our** approved list. **You** can find the approved list at www.income.com.sg. **We** may update this list from time to time.