



QBE Foreign Worker Medical Insurance

Group medical insurance



Introducing QBE Foreign Worker Medical Insurance

Employers are required to purchase and maintain minimum medical insurance coverage of S\$15,000 per disability for each Work Permit holder to provide inpatient care, day surgery and outpatient clinical coverage, if needed.

QBE's Foreign Worker Medical Insurance Plan provides protection for foreign workers (excluding foreign maids) against the costs of hospitalisation, surgery and other related expenses as a result of sickness or accident. Additionally, our policy covers contagious diseases, including Covid-19.

With waiver of pre-existing medical conditions, no minimum headcount requirements, coverage for contagious diseases and automatic extension for JB coverage, you can easily have the peace of mind in safeguarding your foreign worker's medical liabilities.

The product

What this plan gives you

Claims can only be made for the treatment of a medical condition or injury while the Plan is valid. This plan is specially designed to provide covers for S Pass Holders and Work Permit Holders issued by the Ministry of Manpower Singapore.

BENEFITS (S\$)	JUBILEE	DIAMOND	PLATINUM	CLASSIC
Hospital Room and Board Per Day	4-Bedded	4-Bedded	4-Bedded	4-Bedded
Intensive Care Unit Per Day				
Surgery Charges inclusive of Theatre & Anaesthetist Fees	As-charged	As-charged	As-charged	As-charged
Hospital Miscellaneous Services & Supplies	(Government, Restructured	(Government, Restructured	(Government, Restructured	(Government, Restructured
Pre-Hospitalisation/Surgery Specialist Consultation	Hospital Charges)	Hospital Charges)	Hospital Charges)	Hospital Charges)
Pre-Hospitalisation/Surgery Diagnostic Services				
In-Hospital Physician's Visit				
Post Hospitalisation/Surgery Treatment				
Overall Maximum Limit	100,000 (per disability)	75,000 (per disability)	60,000 (per disability)	15,000 (per disability)
Emergency Outpatient Treatment Per policy Year (incurred within 31 days of accident provided treatment is sought within 24 hours of accident)	500	500	500	NA
Outpatient Kidney Dialysis & Cancer Treatment Per policy Year	5,000	5,000	5,000	NA
Repatriation of Mortal Remains	1,000	1,000	1,000	NA
Personal Accidental (Due to non-work only)	20,000	20,000	20,000	NA
Special Grant	5,000	5,000	3,000	3,000
Geographical scope of coverage (*Due to work reasons)	Worldwide*	Worldwide*	Worldwide*	Worldwide*
Johor Bahru extension	Yes	Yes	Yes	Yes
Covers work/non-work related	Yes	Yes	Yes	Yes
Covers in excess of WICA	Yes	Yes	Yes	Yes
Covers GST claim amount	Yes	Yes	Yes	Yes
Waived 12 months waiting period	Yes	Yes	Yes	Yes

Co-insurance for admission to higher ward

- Upgrade to higher wards in government/restructured hospitals : 10% (Insured)
- Admission to private hospitals : 25% (Insured)
- Overseas treatment required while on a work assignment : 25% (Insured)
- All room and board, not exceeding S\$200 per day for private hospitals

Clinical Outpatient (OP) benefits

Panel Consultation & Medicine (Includes basic Diagnostic test & X-ray)	As charged \$5 Co-pay
Government Polyclinic	As charged \$5 Co-pay
Emergency Treatment at A&E	As charged No Co-pay

Annual Limit Per Insured	600
---------------------------------	------------

Note:
Clinical Outpatient benefit is available for:
- Group size with minimum 5 headcounts
- Platinum, Diamond & Jubilee Plans only

OP Benefits and Premium

OP PREMIUM RATE	\$5 CO-PAY
5 to 50	324
More than 50	270

Premium (S\$) above is based on per insured and inclusive of GST.

Annual Premium Per Employee

PLAN TYPE/ GROUP SIZE	JUBILEE (100,000)	DIAMOND (75,000)	PLATINUM (60,000)	CLASSIC (15,000)
1-50	208.44	196.56	184.68	123.12
51-100	200.88	190.08	178.20	118.80
101-200	189.00	178.20	167.40	116.64
Above 200	Upon request from QBE			

Premium (S\$) above is based on per insured and inclusive of GST.

Important notes

1. The limits of cover are subject to Overall Maximum Limit as stated in Benefits Table.
2. Emergency Outpatient Treatment, Outpatient Kidney Dialysis and Cancer Treatment, Special Grant and Repatriation of Mortal Remains are separate benefits and do not form part of the Overall Maximum Limit as stated in Benefits Table.
3. The Policy covers all pre-existing conditions from inception for Work Permit holders and S Pass holders.
4. Information on disclosure of distribution costs, charges and expenses are available upon request.
5. The premium payable for this cover are not guaranteed and may be revised at each renewal date, at the full discretion of QBE.
6. Enrolment requirements:
 - a) Foreign Worker Medical Insurance Application Form to be completed
 - b) ACRA form with UEN
7. This compulsory medical insurance requirement was introduced in tandem with the withdrawal of healthcare subsidies for foreigners in order to help employers manage the potentially high medical bills of their foreign workers. This requirement is for basic coverage, but employers are still responsible for any uninsured medical expenses of their foreign workers.
8. The Policyholder and/or any Insured Person must disclose fully and truthfully to QBE all material facts and circumstances that may influence the cover provided under this Policy up to the date of issue, commencement of cover in respect of the Policyholder and any Insured Person. Any non-disclosure or misrepresentation will allow QBE to declare the Policy or cover for an Insured Person void from the start and no benefits shall be payable by QBE under the Policy or in respect of that Insured Person.

Description of cover

The amount payable will not exceed the actual costs of medically necessary services. The maximum liability of QBE shall not exceed the limits of cover less any deductible that is for the account of the Insured Person. The limits of cover and the deductibles (if any) are shown in the Benefits Table and are based on a single policy year.

Hospital room & board – QBE will repay the daily charges for room and board accommodation, general nursing services and meals for each day of confinement in a hospital, subject to daily maximum limit not exceeding the entitled ward entitlement, stated in the Benefits Table, in Singapore Government or Restructured hospitals.

Intensive care unit/high dependency ward/critical care unit – QBE will repay charges for an intensive care unit/high dependency/critical care unit, provided it is certified medically necessary by the attending physician or surgeon.

Surgery charges, theatre and anaesthetist fees – QBE will repay the fees charged by the surgeon for the operation, theatre and anaesthetist charges.

Hospital miscellaneous services & supplies – QBE will repay charges incurred during a hospital confinement for medically necessary hospital supplies and services which shall include prescribed medicines, dressing, supplies, blood transfusions, rental of appliances, implants, treatment fees, therapy fees, laboratory fees, X-rays, and oxygen and its administration. QBE will also pay for ambulance services for transporting an Insured Person to a hospital, which results in an inpatient treatment or surgery.

Pre-hospitalisation / surgery specialist consultation – QBE will repay specialist consultation and referral fee including the cost of a second opinion prior to hospitalisation provided such consultation was recommended in writing by the attending physician and incurred within 90 days prior to inpatient treatment or surgery.

Pre-hospitalisation/surgery diagnostic services – QBE will repay charges for diagnostic procedures and laboratory examinations prior to hospitalisation provided incurred within 90 days prior to inpatient treatment or surgery.

In-hospital physician's visit – QBE will repay fees charged by the attending physician for visiting a bed-paying patient, limited to one visit per day.

Post hospitalisation/surgery treatment – QBE will repay expenses incurred for follow-up treatments after hospitalisation or surgery, by the same physician, within 90 days immediately following discharge from hospital or surgery.

Emergency outpatient treatment – QBE will repay expenses incurred as a result of an accidental injury for treatment as an outpatient at any registered clinic or hospital within 24 hours of the accident causing the injury. Charges for follow-up treatment by the same physician up to 31 days from the date of the accident will also be covered (if the benefit is applicable).

Description of cover (continued)

Outpatient kidney dialysis & cancer treatment

- QBE will reimburse charges for kidney dialysis at a registered dialysis centre or unit and cancer treatment (chemotherapy and radiotherapy) at an outpatient department of a hospital or registered cancer treatment centre on recommendation of a registered medical practitioner (if the benefit is applicable).

Special grant - QBE will pay to the Policyholder or legal representative, the stated sum in the event of death of the Insured Person in connection with a claim resulting from:

- a) An injury
- b) A sickness during or after treatment for such sickness at hospital or in a day surgery ward.

Repatriation of mortal remains - QBE will pay the sum stated in the Policy schedule to the Policyholder or his legal representative in the event of death of the Insured Person for the transportation of mortal remains to the airport in Singapore or burial overseas.

Personal Accident - QBE will pay a lump sum payment stated on the benefit schedule upon loss of life or permanent disablement arising solely and directly from a non-work related accidental injury on accident death, total paralysis, permanent bedridden, total and irremediable lost of sight of one eye, complete and incurable insanity.

Key provisions

Age limits – subject to insurability for a Group Member whose age at entry is below 65 years old, cover will be renewable until the Insured Person reaches the age of 72.

Cancellation – The Policyholder may cancel the Policy at any time by notifying us in writing and by registered post stating the effective date of cancellation of the said Policy. QBE shall charge premiums for that period of insurance coverage based on the Short Period Rates as stipulated in the Policy contract provided no claim has been paid or is payable under the Policy.

PERIOD OF COVER	SHORT PERIOD RATES	% OF PREMIUM PAYABLE
For a period not exceeding 1 week	1/8 Annual Premium	12%
For a period not exceeding 1 month	1/4 Annual Premium	25%
For a period not exceeding 2 months	3/8 Annual Premium	37%
For a period not exceeding 3 months	1/2 Annual Premium	50%
For a period not exceeding 4 months	5/8 Annual Premium	62%
For a period not exceeding 6 months	3/4 Annual Premium	75%
For a period not exceeding 8 months	7/8 Annual Premium	87%
For a period exceeding 8 months	Full Premium	100%

Other insurance – The Plan will indemnify on a proportionate basis if the applicant has any other insurance in force (excluding any health insurance cover/policy provided as part of his employment contract) in respect of the same injury or sickness, disease or illness.

Eligibility – All present full time employees shall be eligible to join on the commencement date of the Plan. If an employee is not actively at work on the date that he or she would otherwise be eligible in accordance with the above, then the eligibility date shall be deferred to the first working day of active employment.

Group member – A foreign employee who is not a citizen or Permanent Resident of Singapore who seeks or is offered employment in Singapore, holds a valid Work Permit or S Pass, and is actively at work for an organisation including its subdivisions as defined on the Application form.

Geographical Scope – Worldwide as stated in Policy Schedule is applicable to Group members who work overseas on assignment for the Policyholder only.

Residence Requirement – The Insured Person must be a resident of Singapore or Johor Bahru. Resident include all foreigners who hold valid S-Pass or Work Permit and must have a residential address in Singapore or Johor Bahru. The Policy will not cover you if you reside or travel for more than 90 days unless the Company has been informed and you have paid the additional premium, if any.

Restoration of cover for the same disability (applicable for benefits based on a per disability basis only)

In the event the Hospitalisation and surgery benefit is exhausted in respect of any in-patient hospitalisation and surgery benefits (including day surgery) only, any illness, sickness or injury arising from the same medical condition or cause including any and all complications arising therefrom or closely related thereto shall be considered as a new disability provided always:

- the Policy remains in force;
- the Group Member is in active service at the time of the claim and
- the first consultation with a registered medical practitioner for the recurrence or relapse is made 14 days after the latest discharge from the hospital.

Key provisions (continued)

Non-guaranteed premium - Premiums payable for this cover are not guaranteed and may be increased on the policy renewal date, at the discretion of QBE.

Reasonable & customary charges - Benefits payable are limited to reasonable and customary charges for the treatment provided and to the limits of the plan type you choose.

Upgraded clause - If the cover to an Insured Person is increased while it is in force or at the time of renewal and if the Insured Person is afflicted with a disability at the time the cover was increased, the limits of cover payable in respect of such pre-existing conditions shall not exceed the limits of cover prior to the date of the upgrade. This limit will remain in place for 12 months following the date on which the cover was increased. Any upgrading of Plan shall take effect at each renewal only.

Premium payment warranty - The Plan is subject to premium payment warranty clause, which requires the premium due to be paid in full within 60 days from the inception date of the coverage under the Policy or the effective date of each Endorsement. Failing which, QBE will not be liable under the Policy.

Where terms cannot be finalised by the 21st day from the commencement of the Policy due to the absence of or inadequate policy information, QBE will proceed to issue a provisional Policy based on expiring terms or terms quoted.

The Plan applied for had not been in whole or in part terminated by another insurer due to non-payment of the premium in the last 12 months.

Data required - You will furnish to QBE full particulars of all Group Member's name, gender, work permit number/passport number, date of birth, medical plan, effective date, date, occupation details, and any other pertinent information as is necessary to carry out the terms of this Policy.

Policy administration - The administration for employees (without outpatient benefits) will be on headcount basis as described below:

Administration - 'Headcount Basis'

- This applies to all foreign workers medical insurance application.
- You must furnish such information of all foreign workers who are covered under a 'Headcount Basis' at commencement date of the Policy and at each renewal date or at such times as required.
- The adjustments of additions and deletions of foreign workers for the year will be billed at the end of the policy year:

Example of calculation:

Annual premium	: S\$1,000
Adjustments (new list)	: S\$800
Difference	: S\$200 divided by 2
Credit note	: S\$100

- No premium refund if total claim experience is above 60%.
- No premium refund if final adjustment, insured headcount is 5 and below.

Exclusions

For full list of exclusions, please refer to the actual policy wordings. A copy is available on request.

This Policy does not cover situations listed below or expenses for any disability incurred as a result of:

General

War or any act of war, terrorism or act of terrorism, direct involvement in strikes, civil commotion etc., nuclear fall-out, naval, military or air force services (except peacetime reservist duty for the Republic of Singapore), self-inflicted injuries, provoked assault, intoxication and the use of drugs, injuries arising from racing of any kind (except foot racing), sky-diving, winter, water and professional sports, attempted suicide or suicide, and illegal activities.

Medical

1. Congenital or neo-natal physical abnormalities developing within 6 months of birth, birth defects, hereditary conditions and disorders, or conditions arising therefrom.
2. Treatment pertaining to sexually transmitted diseases, AIDS or AIDS-related complex or any sequelae.
3. Cosmetic treatments, eyes glasses or refraction and hearing aids except as necessitated by injuries.
4. Treatment for obesity, weight reduction or improvement regardless of whether caused directly or indirectly by a medical condition; study and treatment of sleep apnoea.
5. Prostheses of any kind; purchase or home or outpatient use of special braces, appliances,

equipment, machines and other devices such as wheelchair, bed, walking or home aids of any kind and any other hospital-type equipment.

6. Psychological, psychotic, mental or nervous disorders, neuroses, depression, personality disorders, drug addiction, alcohol dependence and gambling addiction.
7. Work-related treatment payable to the Insured Person under the Work Injury Compensation Act or similar legislation except for any excess limits not payable under the Work Injury Compensation Act or similar legislation provided the costs of treatment constitute a valid and payable claim under the Work Injury Compensation Policy.
8. In the event the Insured Person is inadequately covered or not covered under an insurance scheme required under the Work Injury Compensation Act, this Policy shall pay only the amount in excess of the benefits payable under the Work Injury Compensation Act.
9. Pregnancy (except miscarriage due to an accident as specified in Section III (9) of Employment of Foreign Manpower Act - Chapter 91A), any complications arising from pregnancy, child birth (including surgical delivery), abortion, pre-natal or post-natal care, surgical, mechanical or chemical contraceptive methods of birth control and any resulting complications or treatment or tests pertaining to varicocele, fertility or impotency, the use of Viagra and/or similar drugs including any adverse effects of taking the drug or its complications.

Other exclusions are stated in the Policy.

Policy owners' protection scheme (effective 01 January 2012)

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 your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

This product summary provides only a brief description of the Policy. For full details, please refer to the actual policy wordings. When switching from one health insurance product to another please ensure that such a switch is not detrimental to the prospective application/membership.

QBE shall not undertake any liability until this application has been accepted in writing.



QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group Unique Entity No. 198401363C

1 Wallich Street, #35-01,
Guoco Tower, Singapore 078881
Tel : (65) 6224 6633
www.qbe.com/sg

DISCLAIMER. © QBE Insurance (Singapore) Pte Ltd 2023. This document is for information purpose only. While QBE has taken reasonable care in the production of this document, it does not warrant the accuracy or completeness of the information. Not all products are available to all markets and policy wording should be requested for full details on a particular product. QBE reserves the right to amend any information contained in this document at any point in time.

FWMI/JAN23