



CatFlex and Medical Handbook
(For Management and Confidential Employees)

1 January to 31 December 2024
(Updated: Jan 2024)



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Mercer Health & Benefits (Singapore) Pte Ltd and our representatives engaged in the related regulated activities within our Health & Benefits business are licensed under the Financial Advisers Act to conduct the following regulated activities:

- (1) Advising others, either directly or through publications or writings, whether in electronic, print or other form, concerning life policies.
- (2) Arranging of any contract of insurance in respect of life policies.

We are an exempt insurance broker.

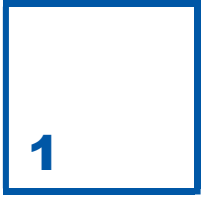
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This is a summary. In the event of clarification or dispute, the prevailing terms and conditions of the Master Group Policy Contract shall apply. This policy is arranged by Mercer Health & Benefits (Singapore) Pte Ltd and Underwritten by The Great Eastern Life Assurance Company Limited.

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Introduction

Caterpillar values the well-being of its employees. The medical benefits plan explained in this handbook illustrates the level of that commitment. This handbook is applicable to all Caterpillar employees in Singapore, excluding those under the employment of Solar Turbines.

Mercer Marsh Benefits (MMB) is a leading global provider of employee health and benefit services and solutions. Caterpillar had appointed MMB as the claims administrator for [CatFlex](#) Benefits Programme.

The Company recognizes that everyone has different needs and requirements, depending on lifestyle, family status and personal goals. CatFlex is a Flexible Benefits programme designed by the Company to give you the flexibility and the power to choose the combination of benefits you desire while providing core benefits to care for your well-being. CatFlex Benefits programme runs from 1st January to 31st December each year.

Please understand how these benefits work, as they are an important part of your overall remuneration.

Caterpillar's employee benefits are divided into the categories below.

CatFlex Benefits		
Group Term Life	Outpatient Medical	CatFlex points: <ul style="list-style-type: none">- To upgrade their insurance coverages, and/or- To claim for their approved flexible claim items
Group Personal Accident	Dental	
Group Hospital & Surgical	Maternity	
Group Major Medical	Health Screening	
	Miscellaneous Expenses	

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Definition of Dependents

For Group Insurance Policies

“Dependent(s)” means any of the following person(s) as of the Policy Commencement Date or Renewal Date (1st Jan):

Spouse

- The legal spouse who is not divorced or legally separated from employee, and who is below age 67 (next birthday) and renewable up to age 70 (next birthday).
- **Must reside in Singapore.**

Child

- An **unmarried and unemployed** natural or stepchild(ren) from a legal marriage or legally adopted child(ren) of employee who is between the age of 15 days old and 25 years old (next birthday).
- Dependent(s) serving full-time National Service are not eligible.
- **Must reside in Singapore.**

For Outpatient Benefits

“Dependent(s)” means any of the following person(s) as of the Policy Commencement Date or Renewal Date (1st Jan):

Spouse

- The legal spouse of the employee who is not divorced or separated, and who has not attained the age of 70 years (next birthday).

Child

- An **unmarried and unemployed** natural or stepchild(ren) from a legal marriage or legally adopted child(ren) of the employee who is between the age of 0 days old and 25 years old (next birthday).

Change in Dependent(s) Status

Employees have the responsibility to inform HR of any changes in their dependent(s) status **within the same month of the new life event**, e.g., new dependents, change in marital status, removal of dependents, relocation of dependents. Employees are also required to update their dependent information in Workday within the same month. Please note that late submission may result in a delayed effective date of insurance coverage and your dependent flex points. The Company also reserves the right to recover the excess dependent benefits provided.

New Dependents (e.g., Life Event: Marriage or Childbirth)

After you have informed HR, you will be invited to enrol your dependent for Group Insurances from 10th to 24th of the following month (i.e., initial enrolment window) if your dependents are eligible. **Dependents'**

insurance cover is not automatic. If the dependent optional coverage is not selected within the initial enrolment window, your dependents will not be covered for the rest of the plan year. The next opportunity to enrol your dependents will be during the annual enrolment process at year-end. If you have enrolled your dependents for the optional insurance coverage, the effective date of coverage will commence on the 1st day of the month you have completed your enrolment (pro-rated premiums).

You will also receive the applicable Dependent Outpatient benefits (e.g. Dependent Medical and Dental benefits) and pro-rated Dependent CatFlex Points for eligible dependents from the 1st of the following month after you have informed HR.

Removal of Dependents (e.g., Life Event: Divorce, Death, Child got married/employed)

If your dependents no longer meet the definition of coverage as required by the insurer, any incurred claim from these dependents will not be accepted. If the dependents were enrolled for optional insurance coverage, there will be no refund of premiums.

There will be no pro-ration or recovery of the allocated Dependent Outpatient benefits and Dependent CatFlex points in the current year. The dependent removals will only be updated in the next year.

Relocation of Dependents

As dependents who are not residing in Singapore do not meet the definition of coverage as required by the insurer, any incurred claim from these dependents will not be accepted after their relocation. If the dependents were enrolled for optional insurance coverage, there will be no refund of premiums.

There will be no impact to the allocated Dependent Outpatient benefits and Dependent CatFlex points, as dependents are not required to be residing in Singapore for outpatient eligibility.



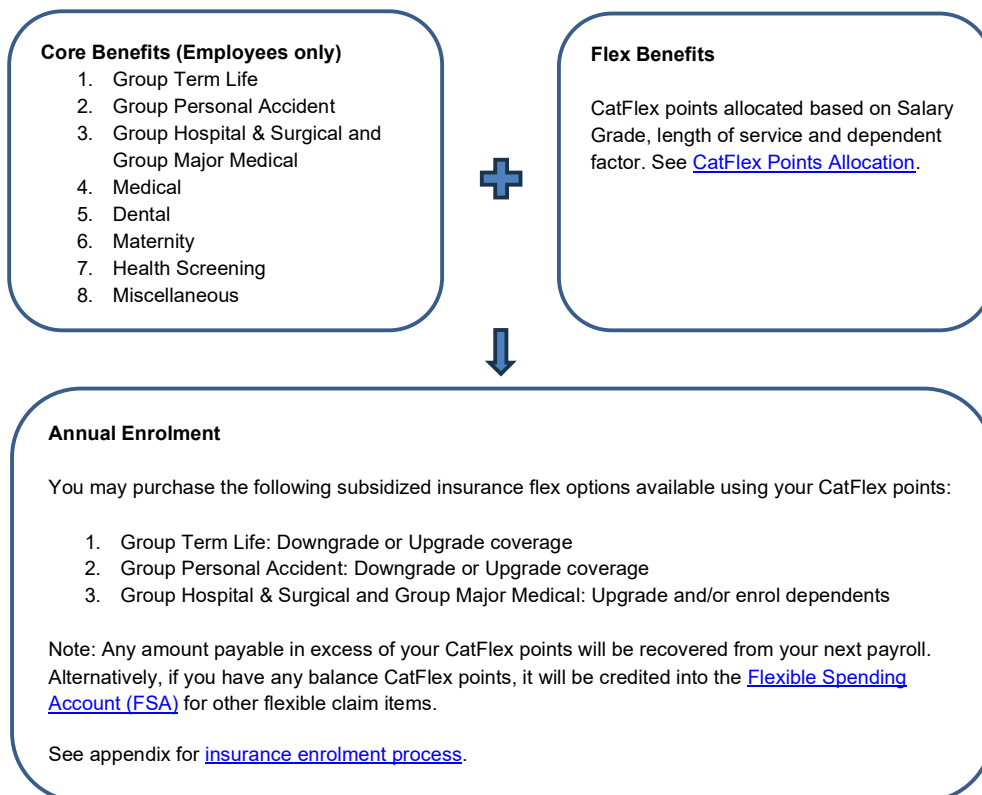
CatFlex Benefits

Overview of CatFlex Benefits

There are 2 components of the CatFlex Benefits: Core benefits and Flex benefits.

The Core benefits are provided to employees to meet standards of care in line with the market and it is fully paid for by the Company.

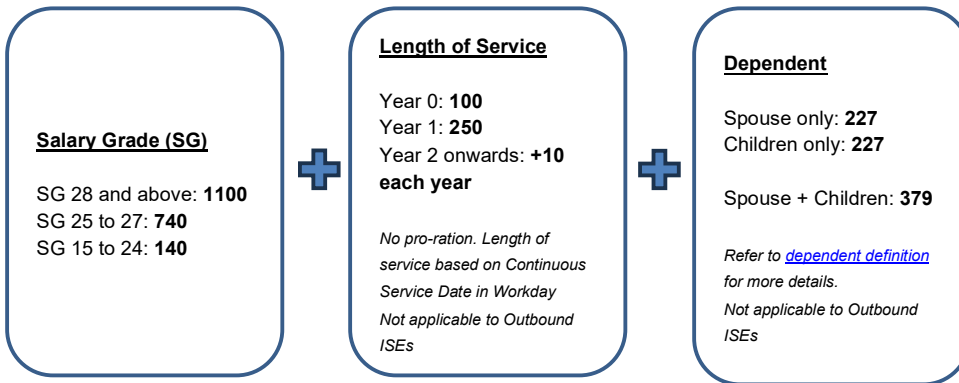
Employees are provided with CatFlex points to purchase Flex benefits during the annual enrolment. The cost of the Flex benefits will be co-shared between the Company and employees.



CatFlex Points Allocation

CatFlex points are allocated to all Caterpillar employees in Singapore, including Outbound ISEs.

The CatFlex points are allocated based on the following factors:



Insurance Flex Options: Employee Co-pay

The employee co-pay amount for insurance flex options are available as per the schedule below. Insurance flex options are not applicable to Outbound ISEs.

Benefits	Insurance Flex Options	Employee Co-pay
Group Term Life	Downgrade	Refund of \$1.30*
	Upgrade	Age 20 – 35: \$1.50* Age 36 – 40: \$2.50* Age 41 – 50: \$3.00* Age 51 – 65: \$6.00* Age 66 – 70: \$10.00*
Group Personal Accident	Downgrade	Refund of \$0.25*
	Upgrade	\$0.25*
Group Hospital & Surgical and Group Major Medical	Plan 3	Spouse/Children: \$555 Family: \$950
	Plan 4	Employee only: \$85 Spouse/Children: \$830 Family: \$1,325

* Premium is for every \$1,000 sum assured

Insurance Enrolment: Step-by-Step Guide

Please follow the below steps for your insurance enrolment (annual enrolment / new hire enrolment):

- Step 1 Go to [CatFlex Portal](#) and log in to your Account.
- Step 2 Check to ensure that your personal and dependent(s)' particulars under 'Profile & Account Settings' by clicking on the top right corner of the web portal are correct and allocated CatFlex points are correct. For dependent eligibility, see [Dependent Definition](#). Please inform HR immediately if you need to update your personal or dependent information.
- Step 3 Begin enrolment to select your insurance benefits for you and your dependents. Select "Benefits" from the top menu bar on the portal and choose the correct enrolment window.
- Step 4 All benefits will be defaulted to your last selected benefits. If you do not wish to make any changes, there is no action required from you.
- Alternatively, you may select your optional benefits and enrol your eligible dependent(s). To submit your selection, select "Add to Cart" and "Checkout". If you have elected for the optional insurance benefits, the corresponding price tag will be deducted from your allocated CatFlex points. Over-utilized CatFlex points due to insurance overpurchase will be **deducted from your payroll**.
- Step 5 Check that your benefits selection is correctly reflected in the [CatFlex Portal](#) under 'Spending Accounts' tab. You may make changes to the selections as long as the enrolment window is still open.
- Step 6 Once the enrolment window is closed, you will not be able to make any further changes. You must wait till the next annual enrolment window to re-select your insurance benefits.

The balance of your CatFlex points will be credited to your Flexible Spending Account (FSA) for flexible claim reimbursement.



Group Term Life Insurance (GTL)

This cover is 24 hours worldwide, which is currently insured with Great Eastern Life.

Eligibility

All actively at work full-time and [permanent part-time](#) Caterpillar employees based in Singapore, below the age of 67 (next birthday) on Core and Flex basis.

The policy is extended to cover [fixed-term contract employees](#) employed by the Company with a minimum of 3-month contract. The cover for the fixed-term contract employees would not be operative if they are carrying out his or her occupational duties for another employer other than the Company.

Basis of Cover

Benefit	Singapore-based Employees		Outbound ISEs
Core	24 times of last drawn monthly salary		48 times of last drawn monthly salary
Flex	1	Downgrade to 12 times of last drawn monthly salary, or	Not Applicable
	2	Upgrade to 36 times of last drawn basic monthly salary, or	
	3	Upgrade to 48 times of last drawn basic monthly salary	

Evidence of Insurability

Employee whose Group Term Life Sum Assured exceeds S\$1,368,000 and/or is above the age of 70 years old (next birthday) is required to provide health evidence such as the completion of a health declaration form. A medical examination may also be required depending on the amount of sum insured. The cost of medical examination is borne by the Insurer provided it is conducted by the Insurer's panel of doctors in Singapore.

You will be informed by Great Eastern (GE) if you are required to undergo medical examination.

Maximum Sum Insured per Life (For Core & Flex): S\$2,000,000

Benefits

1. Death Benefit

Upon receipt of due proof of death of an Insured Member, a lump sum amount shall be payable.

2. Total and Permanent Disability Benefit

Definition – Total and Permanent Disability means that the disability must be total and permanent and that there is neither at the point of commencement of the disability nor at any time thereafter any work, occupation or profession that the insured member can ever sufficiently do or follow to earn or obtain any wages, compensation or profit. The total and irrecoverable loss of sight of both eyes; or loss by severance or loss of permanent use of both hands at or above the wrists or both feet at or above the ankles; or the loss by severance or loss of permanent use of one hand at or above the wrist and one foot at or above the ankle; or the loss by severance or loss of permanent use of one limb at or above the wrist or ankle and loss of sight of one eye shall be considered as Total and Permanent Disability.

A. In the event an Insured Member becomes totally and permanently disabled prior to his 70th birthday and the disability shall have lasted for not less than 6 months' duration as defined in the Policy and upon receipt of satisfactory proof of such Total and Permanent Disability, the Policy shall pay the Sum Assured in the following manner: -

- (i) Where the Sum Assured does not exceed S\$500,000, the Sum Assured shall be paid in a lump sum;
- (ii) Where the Sum Assured exceeds S\$500,000, a lump sum of S\$500,000 shall be paid as the first payment and the balance in 2 equal annual instalments.
- (iii) In the event of death of the Insured Member while the instalments stated in (ii) above are being paid, the balance instalments outstanding (if any) shall be paid in a lump sum.

3. Extended Benefit

In the event an Insured Member's employment is terminated on medical grounds, the insurance coverage may be extended for a period of twelve months beginning from the date of termination of employment subjected to the fulfilment of certain criteria specified in the Policy.

4. Terminal Illness Benefit

In the event an Insured Member diagnosed as suffering from a medical condition which in the opinion of the medical specialist and subject to the acceptance of a medical advisor appointed by the insurer, is highly probable to lead to death within the next 12 months, an advanced benefit of 100% of the sum assured, up to a maximum of S\$400,000, will be payable. The balance, if any, shall be payable in 1 lump sum upon death of the Insured in the next 12 months from date of certification of such Terminal Illness.



Group Personal Accident Insurance (GPA)

This cover is 24 hours worldwide, which is currently insured with Great Eastern Life.

Eligibility

All actively at work full-time or [permanent part-time](#) Caterpillar employees based in Singapore, below the age of 67 (next birthday) on Core and Flex basis.

The policy is extended to cover [fixed-term contract employees](#) employed by the Company with a minimum of 3-month contract. The cover for the fixed-term contract employees would not be operative if they are carrying out his or her occupational duties for another employer other than the Company.

Basis of Cover

Benefit	Singapore-based Employees	Outbound ISEs
Core	24 times of last drawn monthly salary	48 times of last drawn monthly salary
Flex	1 Downgrade to 12 times of last drawn monthly salary, or	Not Applicable
	2 Upgrade to 36 times of last drawn basic monthly salary, or	
	3 Upgrade to 48 times of last drawn basic monthly salary	

Evidence of Insurability

No underwriting is required by Great Eastern.

Maximum Sum Insured per Life (Core & Flex): S\$2,000,000

Benefits

1. Death Benefit

Upon Death within 12 months from Accident, pays benefit as stated in the Schedule of Compensation based on amount shown in the Policy Schedule.

2. Total Permanent Disablement and Dismemberment Benefit (ADPD)

Upon Permanent Disablement or Dismemberment within 12 months from Accident, pays benefit in accordance to the Schedule of Compensation based on amount shown in the Policy Schedule.

3. Burns – Third Degree and Second Degree

Upon suffering from Third Degree Burns due to Bodily Injury during the Period of Insurance, payable in accordance to the percentage stated in the Schedule of Compensation.

Upon suffering from Second Degree Burns due to Bodily Injury during the Period of Insurance, payable up to \$20,000 in accordance to the Schedule of Compensation.

4. Fractured Bones

Upon suffering from Fractured Bones within 13 months from the date of Bodily Injury which occurs during the Period of Insurance, payable up to \$5,000 in accordance to the Schedule of Compensation.

5. Accidental Medical Expenses Reimbursement

Upon incurring Medical Expenses within 12 months from the date of Bodily Injury which occurs during the Period of Insurance, pays Medical Expenses for treatment up to \$1,000. Sub-limit of \$1,000 is applicable for treatment by an Alternate Medical Physician.

Alternative Medical Physician means a legally licensed traditional medical practitioner (including a Chinese acupuncturist or bonesetter) or chiropractor or osteopath or physiotherapist duly registered and practicing within the scope of their license and training in the geographical area of the country in which such practice is maintained.

6. Extended Benefits

No.	Benefits Extensions	Benefit Limits
1.	Funeral Expenses	Upon Accidental Death during the Period of Insurance, pays additional lump sum of \$5,000.
2.	Dependent(s) Child Education Supplement	Upon Accidental Death during the Period of Insurance, pays \$5,000 per eligible Child of the Insured Member, provided that such child(ren) was enrolled in a kindergarten, primary or secondary school, institution for vocational or tertiary education licensed by the local government.
3.	Accidental Death Due To Natural Catastrophe	Upon Death within 12 months from the date of Bodily Injury due to a Natural Catastrophe which occurs during the Period of Insurance, pays additional lump sum of 15% of Sum Insured or \$75,000, whichever is lower.
4.	Coma Benefit	Upon Bodily Injury during the Period of Insurance which resulted in a Comatose State within 30 days, pays 10% of Sum Insured or \$50,000, whichever is lower.

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5.	Human Immunodeficiency Virus (HIV) Due To Blood Transfusion	Upon Bodily Injury during the Period of Insurance which resulted in a blood transfusion and as a result of the transfusion is accidentally infected with HIV within 30 days from the date of Accident, pays 10% of Sum Insured or \$20,000, whichever is lower.
6.	Mobility and Home Renovation Expenses	Upon Bodily Injury during the Period of Insurance which resulted in greater than 100% compensation as per the Compensation of Schedule for Group Personal Accident, reimburses the actual cost of equipment and installation up to \$20,000 on needs and ability to operate basis.
7.	Major Head Trauma	Upon Accidental Head Injury during the Period of Insurance which resulted in Permanent neurological deficit within 6 weeks from the date of Accident, pays 10% of Sum Insured or \$20,000, whichever is lower.
8.	Replacement Staff And Recruitment Costs	Upon Accidental Death during the Period of Insurance, pays the reasonable costs incurred within 45 days for recruitment of replacement of the Insured Member which is necessary for the continuation of business, up to \$10,000.
9.	Scarring Of The Face	Upon suffering from Bodily Injury during the Period of Insurance which resulted in a Permanent Scarring of at least one square centimetre or two centimetres in length, pays a lump sum of \$10,000.
10.	Ambulance Cost	Upon suffering from Bodily Injury during the Period of Insurance which required to travel by ambulance to the nearest Hospital, reimburses the actual ground ambulance costs up to \$500.
11.	Accidental Hospital Recuperation	Upon suffering from Bodily Injury during the Period of Insurance and within 30 days, if the Insured Member shall be necessarily confined as a resident patient in a Hospital for at least 24 hours but not for the purpose of convalescent rest, pays one time amount of \$250.
12.	Domestic Assistance For Activities Of Daily Living	Upon suffering from Bodily Injury during the Period of Insurance and is unable to carry out at least 3 of the 6 Activities of Daily Living following hospitalisation, pays the cost of assistance necessary up to \$3,000.
13.	Terrorism Benefit	Upon Death within 12 months from the date of Bodily Injury due to Terrorism which occurs during the Period of Insurance, pays additional lump sum of 15% of Sum Insured or \$75,000, whichever is lower.
14.	Compassionate Income	Upon Death within 12 months from the date of Bodily Injury and where the Insured Person is survived by their Partner or Parent or Child(ren), pays 6% of Sum Insured or SGD60,000 whichever is lower
15.	Credit Card Indemnity	Upon Death or Permanent Total Disablement within 12 months from the date of Bodily Injury, pays the current month outstanding credit card expenses (less any arrears payment from prior months) up to maximum of \$5,000.
16.	Trauma Counselling Benefit	Upon Death or Permanent Total Disablement due to accident, pay the Insured Member or the Insured Member's Partner or Dependent(s) Child(ren), a counselling benefit up to \$5,000.

17.	Automobile Extension	Upon Death or Permanent Total Disablement within 12 months from the date of Bodily Injury while riding or driving in a passenger automobile which occurs during the Period of Insurance, pays additional lump sum of 10% of Sum Insured or \$20,000, whichever is lower.
18.	Physiotherapy Costs	Upon Permanent Total Disablement due to accident, pays the cost of physiotherapy treatment up to \$5,000 for any one item 1 to 6 and 12 under Part (B) of the Schedule of Compensation.
19.	Injury Resulting In Loss Of Teeth Or Dental Procedure	Upon loss of teeth within 12 months from the date of Bodily Injury, pays up to \$750, limited to \$250 per tooth, and subject to percentage of the compensation payable.
20.	Emergency Travel Expenses	Upon Bodily Injury during the Period of Insurance which resulted in admission to Hospital in Singapore and in excess of 3 consecutive days or in Overseas in excess of 5 consecutive days, pays up to \$250 or up to \$5,000 respectively for travel expenses specify in the policy contract.
21.	Repatriation of Mortal Remains	Upon Accidental Death during the Period of Insurance while travelling outside of Insured Member's country of residence, expenses incurred on the Repatriation of Mortal Remains shall be payable up to \$5,000.

General Extensions:

- (1) Strike, Riot, Civil Commotion and Terrorism
- (2) Assault, Hijack and Murder
- (3) Drowning and Suffocation by Gas, Poisonous Fumes or Smoke
- (4) Exposure and Disappearance
- (5) Peacetime Reservist Training
- (6) Unscheduled flight (up to \$2 million per conveyance)

Exclusions

The following are some key exclusions found in the policy contract of this plan. .

1. Self-inflicted injuries or any attempt thereat, while sane or insane;
2. Insurrection, declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
3. Participation in a riot, committing an assault or felony;
4. Participation in competitive racing of any kind other than on foot.

Schedule of Compensation		Compensation Payable
Loss of Events		% of Capital Sum Assured
A	Death	100
	Burial Expenses	S\$5,000
B	Permanent Disability (unless 'Total and Permanent Loss' is a defined term in the Policy)	
1.	Permanent total disability	150
2.	Total paralysis of all limbs	175
3.	Loss of both hands or both feet	175
4.	Loss of one hand or one foot	125
5.	Loss of entire sight of both eyes	150
6.	Loss of or the permanent total loss of one limb and loss of sight of one eye	150
7.	Total and permanent loss of speech and hearing	150
8.	Permanent and incurable insanity	100
9.	Total and permanent loss of hearing in	
	a. Both ears	100
	b. One ear	30
10.	Total and permanent loss of speech	75
11.	Total and permanent loss of the lens of one eye	75
12.	Loss of sight of one eye	100
13.	Loss of one thumb	
	a. Both phalanges	40
	b. One phalanx	40
14.	Loss of four fingers and thumbs (all phalanges)	85
15.	Loss of four fingers (all phalanges)	55
16.	Loss of any one finger	
	a. Three phalanges	20
	b. Two phalanges	20
	c. One phalanx	20
17.	Loss of toes	
	a. All	25
	b. Great, both phalanges	10
	c. Great, one phalanx	10
	d. Other than great, if more than one toe, each	2
18.	Fractured leg or patella with establish non-union	20
19.	Shortening of leg by at least 5 cm	10
20.	Third Degree Burns	
	Area	Damage as a percentage of total body surface area
	*Head	Equal to or greater than 2% but less than 5%
		Equal to or greater than 5% but less than 8%
		Equal to or greater than 8%
	*Body	Equal to or greater than 10% but less than 15%
		Equal to or greater than 15% but less than 20%
		Equal to or greater than 20%
21.	Other permanent disablement not specified Great Eastern will adopt a percentage that is consistent with the above scale without reference to the Insured Member's occupation.	



Group Hospital & Surgical Insurance (GHS)

This cover is 24 hours worldwide, currently insured with Great Eastern Life. The benefit is not applicable to Outbound ISEs.

The Group Hospital & Surgical benefit reimburses you for charges incurred in a hospital, day surgery (e.g. colonoscopy, endoscopy, cataract) or Emergency Outpatient Treatment due to accident injury up to the maximum limits shown in the Schedule of Benefits below. This plan is subject to exclusions listed [here](#).

Eligibility

All actively at work full-time or [permanent part-time employees](#), below the age of 67 (next birthday) are covered on Core plans. Eligible dependent(s) may be enrolled on the same plan on optional basis. For dependent eligibility, see [Dependent Definition](#).

The policy is extended to cover [fixed-term contract employees](#) employed by the Company with a minimum of 3-month contract. The cover for the fixed-term contract employees would not be operative if they are carrying out his or her occupational duties for another employer.

Basis of Cover

The default coverage for all Management and Confidential employees is Plan 3. Employees can upgrade to a higher plan and purchase coverage for their eligible dependent(s)* using their CatFlex points.

Pre-existing medical conditions at the time of upgrading will not be covered under the higher plan for 12 months. Please also note the policy for [failure to enrol](#) in the CatFlex benefits plan.

Benefit	Plan Type	Insured Members
Core	Plan 3	Employees only
Flex	Plan 3	Employees and Dependents
	Plan 4 (Upgrade)	Employees only
		Employees and Dependents

Note:

1. *Dependent(s) must reside in Singapore and must be insured under the same insurance plan as employee.*
2. *If child coverage is selected, all children will be included for coverage unless specifically excluded by Insurer.*

Schedule of Benefits

Schedule of Benefits	Maximum per Disability, unless otherwise stated	
	Core Plan 3 (S\$)	Optional Plan 4 (S\$)
1 Hospital Confinement Benefits		
A Daily Room and Board Benefit (Maximum 90 days, inclusive of ICU)	345	400
B Intensive Care Unit Benefit (ICU) (Daily limit, Max. 20 days)	900	900
C Hospital Miscellaneous Services	4,500	5,000
D Surgical Benefit (subject to Surgical Schedule of Fees for Private/Overseas Hospitals)	7,000	8,000
E In-Hospital Doctor Consultation (Daily limit, Max. 90 days)	120	150
2 Outpatient Benefits		
A Pre-Hospital Confinement/Surgery Specialist Consultation Fees (Within 90 days prior to admission)	500	500
B Pre-Hospital Diagnostic X-ray & Laboratory Tests (Within 90 days prior to admission)	500	500
C Post-Hospital Confinement/Surgery Follow-up Treatment (Within 90 days from date of discharge)	500	500
D Emergency Outpatient Treatment (due to Accident Injury only)	2,000	2,500
3 Overall Limit		
Overall Limit for Admission into Singapore Government/Restructured Hospitals (As Charged subject to maximum limit per disability for items 1c to 1e and 2a to 2c)	17,250	20,000
4 Miscarriage Benefit	1,000	1,000
5 Death Benefit	10,000	10,000
6 Overseas Hospitalisation due to accident (item 1 & 2)	150% of GHS Benefits	150% of GHS Benefits

Note:

"Per Disability" shall mean all disabilities including any and all complication arising from the same cause except that which occurs after 14 days following the latest discharge from the hospital.

1. Hospital Confinement Benefits

A. Daily Room and Board Benefit

The daily room and board charges incurred by an Insured Member while in Hospital Confinement shall be payable up to the maximum amount and for a maximum no. of days per Disability specified in the Benefit Schedule.

B. Intensive Care Unit Benefit

In the event that an Insured Member is confined to the Intensive Care Unit of the Hospital, the scheme will reimburse up to a maximum amount per Disability specified in the benefit schedule.

C. Hospital Miscellaneous Services

Reimbursement will be made for expenses such as the use of operating room, drugs and medicine consumed during his hospital confinement, dressings, ordinary splints and plaster casts, laboratory examination, anesthesia and oxygen and their administration, and ambulance service.

D. Surgical Benefit

If an insured member undergoes a surgery (including day surgery) in a Singapore Government Hospital or Singapore Government Restructured Hospital, insurer will reimburse the actual surgical fee charged for the surgery.

If an insured member undergoes a surgery in a legally licensed clinic or hospital other than a Singapore Government Restructured Hospital, insurer will reimburse the actual surgical fee charged for the surgery but the maximum benefit payable for all surgical operations performed during hospitalization must not exceed the sum obtained by multiplying the appropriate percentage shown for that operation in the [Schedule of Surgical Operations](#) by the maximum benefit limit per Any One Disability shown in the Schedule of Benefits.

If the surgical operation performed is not shown in the schedule of operations, we will adopt a percentage that is consistent with the percentage assigned to the surgical operations included in the [Schedule of Surgical Operations](#) at our absolute discretion. Surgical fees below S\$1,000 will not be subject to the Schedule of Surgical Operations.

If two or more surgical procedures are performed during the course of a single operation through the same incision, insurer will reimburse the amount specified for the one surgical procedure with the largest amount payable.

E. In-Hospital Doctor Consultation

Fees charged by the Registered Medical Practitioner for consultation while an Insured Member is in Hospital Confinement shall be payable up to the maximum daily limit shown in the Benefit Schedule. If a surgery has been performed, the consultation fee shall be payable under the Surgical Benefit instead. Employees may claim for in-hospital doctor consultation fees under "[Misc – Excess Hospital Expenses](#)" for [Government-approved hospitals](#) only if the insurance claim is not admissible and medically necessary provided it results in a paid sick leave or hospitalization leave. Employees will need to submit documents such as the claims settlement letter to prove that the claim is not admissible and also ensure that the amount is not covered by their own personal insurance.

F. Pre-Hospitalization Specialist consultation/Diagnosis X-Ray and Lab Test/Post-Hospital Confinement/Surgery Follow-up Treatment

If an insured member incurred charges for Specialist Consultation (including medications)/Diagnosis X-Ray and lab test which are recommended by a Registered Medical Practitioner, insurer will reimburse these charges provided hospital confinement or surgery is required within 90 days.

Upon discharge, insurer will reimburse the expenses incurred for follow-up treatment within 90 days immediately following the discharge from the hospital or clinic (in case of day surgery), including medication, diagnostic lab test, and outpatient physiotherapy in connection to the same disability.

However, the total amount payable must not exceed the maximum limit specified in the Schedule of Benefit.

2. Admission to Singapore Government Hospital or Singapore Government Restructured Hospital

If an Insured Member is confined in a Singapore Government Hospital or Singapore Government Restructured Hospital, the eligible expenses incurred under the above benefits 1C to 1E and 2A to 2C shall be reimbursed as charged by the Hospital subject to the maximum lump sum limit per Disability as specified in the Benefit Schedule.

3. Emergency Outpatient Treatment Benefit (Bodily Injury Caused by Accident)

Reimbursement will be made for emergency outpatient treatment of bodily injuries arising from an accident and not by sickness, disease or gradual physical or mental deterioration received within 24 hours of the accident. Any follow-up treatment will be up to 31 days from the date of accident.

4. Miscarriage Benefit

Expenses incurred for non-elective miscarriage due to accident or medical reason or ectopic pregnancy which requires in-hospital or outpatient treatment by a registered medical practitioner, excluding charges incurred during prenatal treatments.

5. Death Benefit

Upon receipt of due proof, in the form specified by the insurer, of death of an Insured Member, an amount determined in accordance with the Benefit Schedule shall be payable.

6. Overseas Hospitalization due to accident

If an Insured Member sustains Bodily Injury from an Accident while travelling outside of Singapore and as a result of such Injury requires hospitalization overseas, the insurer shall pay for the actual expenses incurred for such hospitalization, up to the benefit limit equivalent to 1.5 times the Maximum Benefit limits as shown in the Schedule of Benefits. Coverage shall apply to travel within 180 days of departure from Singapore.

Exclusions

The following are some key exclusions found in the policy contract of this plan.

1. Any pre-existing condition of the insured member which originated before the effective date of his insurance unless he has already been continuously insured, without lapse in coverage for at least 12 months with a similar Group Hospital and Surgical plan issued in Singapore and/or under Caterpillar's sponsored insurance scheme or under this policy or with both.
2. A break of not more than 31 calendar days between the termination date under the insured member's previous insurer for Group Hospital and Surgical Insurance Policy and the commencement date under this present policy shall not constitute a lapse in coverage stated in the above paragraph. Evidence of coverage must be provided upon submission of claim.
3. All treatments relating to congenital anomalies and congenital sickness or genetic defects present at or existing from the time of his birth regardless of the time of discovery of such anomalies or defects and the time of such treatment or surgical procedure for the same.
4. Self-inflicted injuries, or injuries sustained as a result of a criminal act or attempted suicide (while sane or insane); nervous and mental conditions; alcoholism or drug addiction.
5. All treatments pertaining to sterilization, infertility (including procedures done at fertility clinic, reproductive assistance clinic or reproductive medicines clinics or centres), sexual dysfunction, sex-reassignment operation or procedure, impotency and use of birth control methods, sex and growth hormone replacement therapies.
6. All treatments occasioned by or resulting from pregnancy, childbirth (including diagnostic tests for pregnancy), miscarriage, abortion, and all complications arising from any of the same except for non-elective miscarriage due to medical reason and ectopic pregnancy.
7. Any dental work or treatment, oral surgery, orthodontics and orthognathic surgery; temporo-mandibular joint disorder, eye examination and vision care, surgical procedure for correction of eye refraction, laser treatment of eye, procurement or use of contact lenses or eye glasses; speech therapy.
8. All health screening related examinations, including multiphasic health screening, lab tests and x-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnostic, medical-up, genetic screening; immunization/vaccinations, outpatient physiotherapy, procedures not generally recognized as standard medical practice such as hydrotherapy, traditional Chinese medicine, acupuncture, osteopathic, podiatric, chiropractic, foot, reflexology, experimental treatment and procedures under investigation.
9. All treatments for xanthelasma, scar, keloid, syringoma, acne, alopecia, cosmetic skin surgeries, inguinal hernia, (except if Insured Member is more than 5 years old), hydrocele and all complication; circumcision (except where it is medically necessary) or treatment relating to the same; vitamins and health supplement; house-call or office call by registered medical practitioner.
10. All treatment for cosmetic and plastic surgery for the purpose of beautification and any complication arising thereof except for cosmetic and plastic surgery which are medically necessary arising from injury sustained as a result if an accident occurring while the insured member is under the policy.

11. All treatment for sleep apnea including sleep study, obesity, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.
12. All treatment for any type of sexually-transmitted disease, acquired immunodeficiency syndrome (AIDS) and all illness or disease caused by or related to the human immunodeficiency virus (HIV).
13. Outpatient treatment for chemotherapy, radiotherapy, immunotherapy, kidney dialysis stem cell therapy, interferon and other biological response modifiers unless provided in the schedule of benefits.
14. Rest cares, sanatoria care or special nursing care; treatment or services that are not medically necessary or reasonably required for the illness or bodily injury caused by an accident; treatment, services and supplies not recommended, approved, and performed by registered medical practitioner or which are not medically necessary for the treatment of an illness or bodily; administrative or other charges of a non-medical nature. Example – telephone calls, referral fees or medical report fees.
15. Implants (homograft, heterograft, artificial) and prostheses; procurement of hearing aids, wheel-chairs, all form of home aids, dialysis machine and any other hospital-type equipment; stem cell support therapy, treatment following brain death, interferon and other biological response modifiers.
16. Injuries or sickness arising directly or indirectly from insurrection, war or act of war (whether declared or undeclared), direct participation in strikes, riots or civil commotion, or full-time services in any of the armed forces including national service under section 10 of the enlistment act, cap 93 of the republic of Singapore except national service reservist duty or training under section 14 of the enlistment act, cap 93 of the republic of Singapore.
17. Goods and Services Tax (GST) and any other Government duties or taxes levied on medical fees and charges incurred.
18. Hospital Confinement or treatment occurring and received by the insured member after the insured member cease to be insured under the policy.



Group Major Medical Insurance (GMM)

This cover is 24 hours worldwide, currently insured with Great Eastern Life. The benefit is not applicable to Outbound ISEs.

The Group Major Medical Insurance is a rider to the Group Hospital & Surgical Insurance. It will reimburse 80% of the eligible expenses that are not covered by the Group Hospital & Surgical plan, subject to the stipulated limits in the schedule of benefits below. This plan is subject to exclusions listed [here](#).

Eligibility

All actively at work full-time or [permanent part-time employees](#), below the age of 67 (next birthday) are covered on Core plans. Eligible dependent(s) may be enrolled on the same plan on optional basis. For dependent eligibility, see [Dependent Definition](#).

The policy is extended to cover [fixed-term contract employees](#) employed by the Company with a minimum of 3-month contract. The cover for the part-time employees would not be operative if they are carrying out his or her occupational duties for another employer other than the Company.

Basis of Cover

The default coverage for all Management and Confidential employees is Plan 3. Employees can upgrade to a higher plan and purchase coverage for their eligible dependent(s)* using CatFlex points.

Pre-existing medical conditions before joining the Company will not be covered under this policy. Pre-existing medical conditions at the time of upgrading will also not be covered under the higher plan permanently. Please also note the policy for [failure to enrol](#) in the CatFlex plan.

Benefit	Plan Type	Insured Members
Core	Plan 3	Employees only
Flex	Plan 3	Employees and Dependents
	Plan 4 (Upgrade)	Employees only
		Employees and Dependents

Note:

1. *Dependent(s) must reside in Singapore and must be insured under the same insurance plan as employee.*
2. *If child coverage is selected, all children will be included for coverage unless specifically excluded by Insurer.*

Schedule of Benefits

The Group Major Medical plan will pay 80% of eligible expenses in excess of the amount payable under the Group Hospital & Surgical cover. In other words, the Insured Member has to bear 20% of the excess eligible expenses.

Schedule of Benefits	Maximum Per Disability, unless stated otherwise	
	Core Plan 3 (S\$)	Optional Plan 4 (S\$)
1 Deductible Amount	As per GHS Plan	As per GHS Plan
2 Co-Insurance	20%	20%
3 Maximum Limit (Per Disability Per Policy Period)	45,000	60,000
Daily Room and Board Benefits		
A (In excess of 90 days under GHS Plan, including ICU)	345	400
B Surgical Fee		
C In-Hospital Doctor Consultation (In excess of 90 days under GHS Plan)	Subject to Maximum Limit	Subject to Maximum Limit
D Hospital Miscellaneous Services		
E Post Hospitalisation/Surgery Treatment (In excess of 90 days under GHS Plan)	5% of Maximum Limit	5% of Maximum Limit
F Surgical Implants	5,000	5,000
G Outpatient Kidney Dialysis / Cancer Treatment (Maximum Limit Per Month)	2,500	3,000
H Confinement in a Government Hospital for Mental and Nervous Disorder (Maximum limit per Lifetime)	10,000	20,000

Commented [CLK5]: No description below?

Commented [ZV6R5]: Inpatient expenses

1. Deductible Amount

The deductible amount refers to the payable amount under the Group Hospital & Surgical Plan per disability before the Group Major Medical rider kicks in.

2. Co-Insurance

This means the percentage of Eligible Expenses payable under the Group Major Medical cover that has to be borne by the Insured Member. The Group Major Medical pays 80% of the aggregate of the total covered eligible expenses subject to the Group Major Medical Maximum Limit.

3. Maximum Limit

This means the maximum amount of benefits payable under this Group Major Medical cover.

A. Daily Room and Board Benefits

If the hospital confinement exceeds the maximum number of days for daily room and board benefit in the Group Hospital & Surgical cover, the excess days shall be payable under this Group Major Medical cover, subject to the same daily room and board benefit amount.

B. Surgical Fee

The Surgical Fees payable in excess of the maximum limit as specified in the Group Hospital & Surgical cover shall be payable under this Group Major Medical cover.

C. In-Hospital Doctor Consultation

If the hospital confinement exceeds the maximum number of days provided for the room and board benefit in the basic plan, the excess eligible expenses incurred for the in-hospital attending doctor's visit shall be payable under this Group Major Medical cover.

D. Hospital Miscellaneous Services

The charges for Hospital Miscellaneous Services in excess of the maximum limit as specified in the Basic Plan shall be payable under this Group Major Medical contract.

In addition, rental of the following hospital special services such as braces, trusses, crutches or similar orthopaedic appliances; hospital type bed, wheelchair, iron lung or similar therapeutic equipment shall be payable subject to a maximum sub-limit of S\$500 per disability.

E. Post Hospitalisation / Surgery Treatment

Eligible expenses incurred for post-hospitalization/surgery treatment following discharge from hospital in excess of the maximum number of days in the Group Hospital & Surgical cover shall be payable under this Group Major Medical cover, provided that the total of such eligible expenses payable on per disability shall not exceed 5% of the maximum hospitalization limit as specified in the schedule of benefit.

Commented [CLK7]: This is not in the GMM schedule?

Commented [ZV8R7]: It's in the main policy contract wordings

F. Surgical Implants

Eligible charges for surgical implants which are medically necessary and recommended by the attending Registered Medical Practitioner in connection with a surgical operation, shall be payable up to the maximum limit as specified in the schedule of benefits.

G. Outpatient Kidney Dialysis/Cancer Treatment

Eligible expenses incurred at a registered dialysis centre or unit or cancer treatment at an outpatient department of a Hospital or a registered cancer treatment centre which are recommended by a Registered Medical Practitioner.

Eligible outpatient expenses incurred by the Insured Member in respect of Kidney Dialysis, chemotherapy (including immunotherapy), radiotherapy, Erythropoietin, and Cyclosporin treatment is subject to the maximum benefit limit as stated in the Schedule of Benefits for Outpatient Cancer and Kidney Dialysis Benefit.

This benefit shall not be payable if an Insured Member had been diagnosed or received medical treatment or has been prescribed treatment for kidney diseases or cancer or its related conditions prior to the Effective Date of the Insured Member's cover for the Outpatient Cancer and Kidney Dialysis Benefit.

H. Confinement in a Government Hospital for Mental and Nervous Disorder

Eligible hospitalization treatment received by insured member for Mental and Nervous Disorder shall be payable up to the maximum limit as specified in the schedule of benefits. The treatment must be provided by a registered mental health practitioner. The mental health practitioner must be registered with the Singapore Association Counselling, Singapore Psychological Society, Singapore Psychiatric Association or a registered medical practitioner who is recognized by the Singapore Medical Council or its equivalent in the geographical area of his practice.

Exclusions

All other exclusion as specified in the Group Hospital & Surgical cover shall also apply to this Group Major Medical cover.



Insurance Claims

Group Personal Accident

Hardcopy Submission

1. Complete the claim form and obtain HR signatory and company stamp.
 - a. For Personal Accident claims: [Group Personal Accident Claim Form](#)
2. Prepare and attach original relevant documents such as medical reports, police report (if applicable for personal accident) and original medical tax invoices showing expenses and diagnosis.
3. Please make a photocopy of all claim documents before submitting the original physical claim documents directly to:

Attention: Claims Department
Mercer Health & Benefits (Singapore) Pte Ltd
8 Marina View, Asia Square Tower 1
#09-00
Singapore 018960
4. Claim assessment by insurer may take up to 8 working weeks depending on nature of claim. You may email Mercer to find out the claim status.

Group Hospital & Surgical

Supporting Documents

Please see table below for the supporting documents required for claims submission. Any fees incurred for the completion by attending doctor/surgeon will be borne by claimant.

	With LOG	Without LOG	
	Local Hospitals	Singapore Government/ Restructured Hospital	Private / Overseas Hospital
Part I and Part II of the Claim Form		√*	√
Part III of the Claim Form			√
Inpatient Discharge Summary	Will be e-filed by Hospitals with LOG	√	
Original hospitalization bills (final and detailed bills)		√	√
Original invoice/receipts for surgeon's fees or attending doctor's fees (if any)		√	
Original invoice/receipts for anaesthetist's fee (if any)			√
Pre and post hospitalization bills within 90 days (if any)	√	√	√
GP Referral Letter (if applicable)	Employee to file for claim	√	√

* Not necessary for Hospital & Surgical online claims submission via [Great Eastern eConnect Portal](#)

Local Hospitals: Request Letter of Guarantee (LOG)

Employees may request for a Letter of Guarantee (LOG) up to 1 week before admission to any local hospitals (see table below). With the LOG, the hospital will waive the requirement for a deposit and will arrange for the invoices to be sent to the Insurer. Please note the LOG is subject to a cap of S\$10,000 limit per admission.

Government / Restructured Hospitals	Private Hospitals
Alexandra Hospital	Farrer Park Hospital
Changi General Hospital	Gleneagles Hospital
Khoo Teck Puat Hospital	Mount Alvernia Hospital
KK Women's & Children's Hospital	Mount Elizabeth Novena Hospital
National University Hospital	Mount Elizabeth Orchard Hospital
Ng Teng Fong Hospital	Parkway East Hospital
Sengkang General Hospital	Raffles Hospital
Singapore General Hospital	Thomson Medical Centre
Tan Tock Seng Hospital	

The employee may obtain a Letter of Guarantee (LOG) from Mercer (see [Contact Information](#)). Employee will need to provide the following information:

- Nature of illness/injury/operation
- Name and contact details of hospital
- Personal information of the Insured Member (Full Name, NRIC/FIN, Date of Birth etc)

Mercer will take about 3 to 5 working days to send over the LOG. Please note that in the event Mercer assesses the claim to be inadmissible under the policy, the LOG may not be granted. Kindly settle payment with the hospital first and submit claim online via [Great Eastern eConnect Portal](#).

Once you have activated the LOG facility, the hospital will be responsible for sending over the inpatient admission details and invoices to the Insurer. If you have any Pre/Post hospitalization treatment bills incurred within 90 days, you will have to submit these bills separately online via [Great Eastern eConnect Portal](#). If your final hospitalization bill exceeded the LOG limit of \$10,000, please settle balance upon discharge and submit claim online via [Great Eastern eConnect Portal](#) for reimbursement (including any Pre/Post hospitalization treatment bills, if any).

In the event the LOG is issued but the insurance claims are not admissible, the insured member(s) has to settle the amount that was utilized by the LOG facility directly with the Insurer, or otherwise will be deducted from the employee's salary.

Overseas Hospitals: No Letter of Guarantee (LOG)

For overseas hospitalization, a LOG will not be issued. Kindly settle payment with the hospital first and and submit claim online via [Great Eastern eConnect Portal](#).

Online Submission (Recommended option)

Step-by-Step Guide:



GE eConnect User
Guide.pdf

1. Login to [Great Eastern eConnect Portal](#). Select "My Claims" and "Employee Claims Submission".
2. Select Policy No. and Subsidiary Name from the dropdown and click on the magnifier icon to begin.
3. Please fill in the mandatory fields and upload the necessary [supporting documents](#).
4. You are recommended to provide your banking information for direct reimbursement (faster option).
5. Please keep the original claim documents for a minimum of 6 months from the e-submission date as Great Eastern reserves the right to request for the original documents for audit purpose.
6. Claim assessment by insurer may take up to 8 working weeks depending on claim complexity. You may check the claim status via the portal. Alternatively, please email Mercer to find out the claim status.

Hardcopy Submission

1. Complete the claim form and obtain HR signatory and company stamp.
 - a. For Hospital & Surgical claims: [Group Hospital and Surgical claim form](#)
2. Prepare and attach original relevant [supporting documents](#) such as medical reports and original medical tax invoices showing expenses and diagnosis.
3. Please make a photocopy of all claim documents before submitting the original physical claim documents directly to:
Attention: Claims Department
Mercer Health & Benefits (Singapore) Pte Ltd
8 Marina View, Asia Square Tower 1
#09-00
Singapore 018960
4. Claim assessment by insurer may take up to 8 working weeks depending on nature of claim. You may email Mercer to find out the claim status.



Flexible Spending Account (FSA)

This benefit is applicable to all Management and Confidential employees in Singapore, including Outbound ISEs.

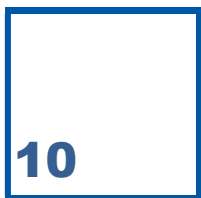
The CatFlex points available after insurance enrolment can be used for reimbursement of any Flexible Claim Items. Any unused carry CatFlex points not utilised by 31st December 2024 shall be deemed to be forfeited.

Schedule of Benefits

Depending on the Flexible Claim Items selected, the reimbursement may be subject to Tax and/or CPF as per the prevailing statutory requirements. The examples provided are not exhaustive. Refer to the full list of inclusions and exclusions under [Claims Guidelines](#).

Flexible Claim Items	Examples	Subject to Tax	Subject to CPF
Vacation	Air ticket, Accommodation	Yes	Yes
Electronic Devices	Laptop, Handphone, Printer, Smartwatch	Yes	Yes
Optical	Spectacles, Contact Lens, Sunglasses	Yes	Yes
Personal and Family	Utilities, Retail, or Household expenses	Yes	Yes
Personal Development	Course fees, Tuition fees, Subscription fees	Yes	Yes
Financial Planning	Personal insurance premium, Will-writing	Yes	Yes
Health and Wellness	Gym membership, Fitness class, Sports Equipment, Health Screening (self-pay)	Yes	Yes
Child Daycare	Expenses for childcare centre licensed under the Child Care Centres Act in Singapore only	No	Yes
Elder Care	Medical & TCM expenses for parents/ grandparents (including in-laws), Expenses for registered eldercare centres in Singapore only	Yes	Yes
Traditional Chinese Medicine	Medical expenses by registered TCM practitioners in Singapore	No	No
Alternative Medicine and Preventive Treatment	Non-registered TCM, Chiropractor, Osteopathic, Vaccination, Health Screening	No	Yes
Medical*	Medically necessary expenses in excess of the Medical Spending Account (MSA) limit	No	No
Dental*	Medically necessary expenses in excess of the Dental Account (DA) limit	No	No

**In the event of an audit, employees need to ensure that the claim(s) are medically necessary and may be required to submit the relevant documents from the Doctor as supporting document.*



Medical Spending Account (MSA)

This benefit is applicable to all Management and Confidential employees in Singapore and their eligible dependents (see [Dependent Definition](#)). Outbound ISEs are not eligible for this benefit.

This benefit covers for all medically necessary outpatient treatment (both GP and Specialist) sought by you and your eligible dependent(s), by any registered medical professional within Singapore or overseas. You are required to keep a copy of all your receipts, referral letters and doctor prescriptions in case of audit.

Benefits

Claim items	Benefit	Subject to Tax	Subject to CPF
MSA – GP Expenses (Employee)	Full Reimbursement, capped at \$5,000 per year	No	No
MSA – Specialist Expenses (Employee)		No	No
MSA – Dependent(s) Medical Expenses	80% reimbursement, capped at \$1,200 per dependent per year	No	No

Scope of Cover

The medical expenses are reimbursable at the actual cost incurred by you or your dependent(s), subject to the annual limit. The detailed scope of cover can be found under [Claims Administration Rules](#).

General Practitioner (GP) Expenses:

- Doctor consultation at polyclinics or GP clinics, including any medically necessary tests, scans, treatments and medication prescribed by the Doctor
- A&E Visit due to sickness/illness or accident.

Specialist Expenses:

- Specialist doctor consultation at hospitals or specialist clinics supported with GP referral letter
- Any medically necessary tests, scans, treatments and medication prescribed by the Doctor
- Medically necessary follow-up tests or day surgery procedures arising from Health Screening with Doctor's referral letter/memo (e.g., Mammogram, Colonoscopy, Endoscopy)
- Excess amount not payable under Group Insurance pre/post hospitalization expenses.
- Therapy treatments regulated under Allied Health Professions Council (AHPC) (e.g., Physiotherapy)

Exclusions

- Treatments which are not medically necessary or cosmetic in nature
- Medical treatments or procedures that are preventive or screening in nature
- Amount paid using Medisave
- Pregnancy-related costs

Seeking Treatment: General Practitioner (GP) Doctors

When seeking medical treatments in Singapore, you and your eligible dependents have the flexibility to visit both panel and non-panel clinics. For medical costs incurred at non-panel clinics, you have to pay first and seek reimbursement via the [CatFlex Portal](#) under Medical Spending Account (MSA) later.

The list of approved clinics below is provided for convenience of the employee and at discounted rates as agreed with the approved clinics. It is not an endorsement of any particular approved clinics, and the Company bears no responsibility or liability with regard to the services provided by such approved clinics.

Panel Clinics

The Company's existing panel clinic provider is Managed Health Care (MHC) Medical Network Pte Ltd. When seeking treatment from the MHC panel clinics, you are required to show the Caterpillar Staff Pass or MHC e-card to enjoy corporate rates and cashless visit (for dependents: you will have to pay 20% at the clinic).

To retrieve your MHC e-card or locate panel clinics near you:

1. Download "MHC M-Plify App" from App Store or Google Play
2. For first-time user, please select "Login" and input your NRIC/FIN (e.g. S1234567A) and Date of Birth (e.g. DD/MM/YYYY) as username and password respectively.

Telemedicine

You and your eligible dependent(s) may also seek Telehealth services virtually from the safety of your home. While there are no restrictions to the telemedicine vendors, you can enjoy special corporate rates with DoctorAnywhere if you register using their your email via their mobile app. Note that you have to pay first and seek reimbursement via the [CatFlex Portal](#) under Medical Spending Account (MSA) later.

Seeking Treatment: Specialist Doctors

A referral letter from GP doctor is required for medical consultation or diagnostic tests at all Specialist clinics, except for Gynecology and Pediatrics clinics. The referral letter will need to indicate the medical condition and is valid for 12 months. You will have to attach the referral letter as supporting letter for the 1st submission. For subsequent visits for the same medical condition, you may just indicate the referral letter number in the comments section when submitting the claim via the [CatFlex Portal](#) under Medical Spending Account (MSA) .

In case of continuation of visit for the same condition, please attach a memo from the existing Specialist doctor indicating the medical condition in order to extend the validity period for another 12 months.

Note: Please keep a copy of your referral letter/doctor's prescription for your own records.



Dental Account (DA)

This benefit is applicable to all Management and Confidential employees in Singapore and their eligible dependents (see [Dependent Definition](#)). Outbound ISEs are not eligible for this benefit.

This benefit covers for all medically necessary outpatient treatment (both GP and Specialist) sought by you and your eligible dependent(s), by any registered medical professional within Singapore or overseas. You are required to keep a copy of all your receipts, referral letters and doctors' prescription in case of audit.

Benefits

Claim items	Benefit	Subject to Tax	Subject to CPF
DA – Dental Expenses	Employee: Full reimbursement Capped at \$400 per year	No	No
	Dependent: Full reimbursement Capped at \$150 per dependent per year	No	No

Scope of Cover

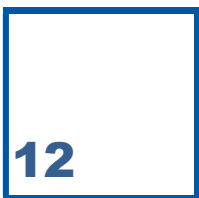
The dental expenses are reimbursable at the actual cost incurred by you or your dependent(s), subject to the annual limit. The detailed scope of cover can be found under [Claims Administration Rules](#).

Inclusions

- Routine consultation, scaling and polishing, fillings, extractions (including wisdom tooth), cleaning and other restorative treatment (including root canal)
- Medication used in the course of treatment
- Gum or Fluoride treatment
- Diagnostics tests certified by dentists as necessary in the course of treatment
- Crowning, bridging, bone grafting and implant
- Orthodontic related expenses such as braces, retainers with a doctor's memo

Exclusions

- Dental treatments for cosmetic purposes such as whitening/bleaching, braces and retainers without doctor's memo
- Dentures, veneers, dental braces, bite splints and protective mouth guards
- Oral hygiene products (e.g., toothbrush, toothpaste, dental floss, mouth wash)
- Amount paid using Medisave



Maternity Account (MA)

This benefit is applicable to all Management and Confidential employees in Singapore and their eligible dependents (see [Dependent Definition](#)). Outbound ISEs are not eligible for this benefit.

Eligibility

You are eligible for this benefit if you have worked at least 90 calendar days' service with Caterpillar by the date of delivery.

Benefits

Claim items	Benefit	Subject to Tax	Subject to CPF
MA – Maternity Expenses (C)	Management Employees: \$3,000 per delivery Confidential Employees: \$2,000 per delivery	No	Yes

**Second Maternity Account is applicable if there is a second birth in the same calendar year*

Scope of Cover

The maternity expenses are reimbursable at the actual cost incurred by you or your dependent(s), subject to the annual limit. The detailed scope of cover can be found under [Claims Administration Rules](#).

Inclusions

- Expenses relating to childbirth
- Pre and post-natal medical expenses
- Inclusive of stillbirth expenses (after 22nd week of pregnancy)

Exclusions

- Termination of pregnancy / accidental miscarriage (claimable under GHS if conditions are met)
- Any cost not related to pregnancy
- Amount paid using Medisave

Important Notes:

- To activate the Maternity Account, send a copy of the new-born Birth Certificate to Mercer team.
- Collate all original invoices (pre & post-natal) and hospital invoices in the name of the claimant and submit as 1 claim within 90 days from the new-born date of birth.



Health Screening

With effect from January 2023, employees who are eligible for periodic Health Screening benefit can claim reimbursement of their health screening expenses under CatFlex Benefit Portal, under the 'Miscellaneous Account'. The reimbursement will then be credited to the employee's payroll.

Eligibility

All Management and Confidential employees with minimum 12 months of service are eligible for annual Health Screening benefit if they meet the following qualifying age criteria.

Benefits

Claim items	Age Criteria	Benefit	Subject to Tax	Subject to CPF
Health Screening	Age 35 to 40: 1x Health Screening Age 40 to 49: Every 2 years Age 50 and above: Every year	\$320	No	Yes

Scope of Cover

The health screening expenses are reimbursable at the actual cost incurred by you, subject to the annual limit. The detailed scope of cover can be found under [Claims Administration Rules](#).

Inclusions

- Health screening packages
- Additional tests on top of the standard health screening package (to be billed in the same invoice)
- Additional charges for face-to-face consultation

Exclusions

- Standalone tests or scans which are not offered as part of Health Screening or not billed in the same invoice as Health Screening package

Corporate Health Screening Packages

Eligible employees have the flexibility to choose any medical provider and health screening of their choice and/or customize their health screening package to meet their medical needs. The list of corporate health screening packages is also extended to non-eligible employees and dependents at the discounted corporate rate. Please refer to [Quick Links](#) on the [CatFlex Portal](#) for the screening packages details and instructions on how to book appointment and enjoy the corporate rates.

The list of corporate health screening packages is provided for convenience of the employee and at discounted rates as agreed with the clinics. It is not an endorsement of any particular clinics, and the Company bears no responsibility or liability with regard to the services provided by such clinics.



Miscellaneous Account

The Company pays for the following miscellaneous expenses incurred by the employees. The detailed scope of cover can be found under [Claims Administration Rules](#).

Hepatitis B Adult Immunization

The Company will reimburse 100% of expenses of screening and vaccination against Hepatitis B (typically a series of 3 doses) for all employees. Dependents are not included in this program. Employee needs to pay first and consolidate the expenses as a **single claim submission** under [CatFlex Portal](#) once a year, under the "Miscellaneous Account". Vaccination has to be rendered from Caterpillar's panel clinics in Singapore, and any portion of the expense paid by Medisave is not payable under this program.

Pap smear

The Company will reimburse 100% of expenses (including consultation fees) for an annual Pap smear test for female employees. Employee needs to pay first and submit the claim under [CatFlex Portal](#), under the 'Miscellaneous Account'. Pap smear test is to be taken from a registered medical practitioner in Singapore, and any portion of the expense paid by Medisave is not payable under this program.

Insurance Goods & Services Tax (GST) Expense

The Company will reimburse the GST expenses that are not payable under the Group Insurance Program incurred by the employee and eligible dependent(s) under the same policy year if the GST expenses are incurred in cash.

Once a group insurance claim is approved and paid, the employee/eligible dependent(s) will receive the Explanation of Benefits (EOB) statement from Great Eastern (GE). The employee may file the GST expense under the 'Miscellaneous Account' in [CatFlex Portal](#) and submit the insurer's EOB statement with the GST amount indicated as supporting document.

The GST expense incurred in the previous policy year can only be admissible in the next year if the EOB statement is dated the next year. If the claim was incurred in the previous policy year, under the 'Date of Claim', please ensure to select the Date of which the claim was paid by GE and indicate in the 'Comments' box that the claim is for the payment of the Insurance GST which was incurred in the previous policy year.

H&S Insurance

Employees above the insurance medical coverage age of 70 years old are eligible for an annual subsidy of SGD 1,500 to subsidize the purchase of your personal hospital and surgical (H&S) insurance. This entitlement will follow these guidelines:

- The medical premium must be paid in cash to be eligible for reimbursement. Premiums paid by Medisave will not be eligible for reimbursement
- You must be the legal insured person under the policy
- Any Tax and CPF treatment, if applicable, will apply to the sum reimbursed

Excess Medical & Hospital Expenses

Excess Medical Expenses

For employees who have over-utilized their medical benefits under the [Medical Spending Account \(MSA\)](#), the Company will reimburse the [medical consultation fees](#) (for medically necessary claims only) incurred in cash, if the medical practitioner is from an approved public medical institution listed in either the Ministry of Manpower (MOM) website / Company’s approved panel clinics and only if the visit results in paid sick leave.

Excess Hospital Expenses

For employees who have hospital consultation fees which is not covered by GHS/GMM, the Company will reimburse the [hospital consultation fees](#) (for medically necessary claims only) incurred in cash, if the employee visits a medical practitioner from an approved Singapore registered medical institution, and only if the visit results in paid sick leave or hospitalization leave.

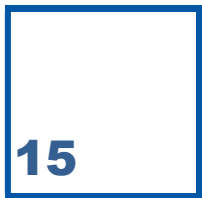
Claim(s) Eligibility

The miscellaneous expenses are reimbursable at the actual cost incurred by you or your dependent(s).

Claim items	Employee	Dependents	Subject to Tax	Subject to CPF
Misc – Hepatitis B (C)	•		No	Yes
Misc – Pap smear (C)	Female Only		No	Yes
Misc – Insurance GST Reimbursement	•	•	No	No
H&S Insurance	Above age 70 Only		Yes	Yes
Misc – Excess Medical Expenses*	•		No	No
Misc – Excess Hospital Expenses*	•		No	No

* Relevant statutory requirements for S Pass / Work Permit employees shall apply. Please reach out to your HR / benefits administrator for more information if you have exceeded your medical, dental or hospitalization limits within the same plan year.

- If you have filed the claim under the Misc – Excess Medical Expenses, the claim will first be deducted from your MSA balance and any excess thereafter, will then be reimbursed from the Misc – Excess Medical Expenses account.
- For claims under the Misc – Excess Hospital Expenses, eligible excess inpatient claims not covered by group insurance will only be reimbursed if it is incurred in cash and not covered by the member’s personal insurance.



CatFlex Claims Reimbursement

General

Employees have to submit for their outpatient and FSA claims in the [CatFlex Portal](#) for reimbursement. Claims for reimbursement must be for expenses in the current year. You have up to January 10th of the following year to file your claims. Any claims exceeding the benefit limit or submitted after the deadline will not be reimbursed.

The monthly claims submission cut-off date is 20th of each month and reimbursement will be credited in the next payroll cycle (if the claim is approved). You are required to keep a copy of all your receipts, referral letters, doctor prescriptions or any other supporting documents for 6 months in case of audit.

Generally, employees will need to support the claims with an official itemized receipt or tax invoice in your name or your dependents' name (if applicable). Expenses paid using Medisave will not be reimbursable. The principle of no double-claiming applies: if the expenses are already funded by Company, or will be claimed under insurance, employees should not submit them for double reimbursements. For more details on the scope of cover of each claim item, please refer to the [Claims Administration Rules](#).

For Overseas Incurred Claim(s)

For overseas incurred claim(s), the Company will reimburse you the claim(s) based on the foreign exchange (FX) rate with proof of the relevant documents submitted such as credit card statement or money changer receipts. Otherwise, please use the Catpeg rate to convert your foreign currency to SGD. The FX rate used should be in the same month as the receipt date.

If the itemized receipt or tax invoice is in a foreign language, please provide the English translation (handwritten translation is accepted).

Step-by-Step Guide

- Step 1 Go to [CatFlex Portal](#) and log in to your Account.
- Step 2 Select 'Spending Accounts' tab and '+ Make a Claim' blue button on the top right of the screen.
- Step 3 Select the 'Claimant' and 'Type of Claim'
- Step 4 Attach all receipts and supporting documents (if applicable) and click on 'Submit'.
- Step 5 Your reimbursement will be credited directly to your next payroll cycle if the claims is approved.



Frequently Asked Questions (FAQs)

1. Does the group insurance provide adequate protection for me and my family?

The group insurance is arranged by the Company for the benefit of all employees and is meant to provide employees with a baseline coverage that is market competitive. It is not meant to be a replacement for personal insurance as the group insurance will lapse once you are no longer in service with the Company (i.e. resignation, transfer or retirement). You should speak with your personal Insurance Agent to determine how you can complement the group insurance coverage (either core or optional benefits) with personal insurance for you and your family.

2. What is the coverage scope for group insurance – does it have to be during working hours or within Singapore only?

The group insurance provides 24 hours worldwide coverage, within Singapore and outside of Singapore (for business or leisure).

3. What is the time limit to submit a claim?

Claims must be lodged **within 30 days** from the date of occurrence to ensure timely and prompt processing and payment. Please notify Mercer in writing if the timeline cannot be met.

4. When can I get my claim settled?

Once the insurer has received your fully completed claim form and relevant information/documents, the insurer will assess the claim and send any payments due as soon as possible. This will usually take about **4 to 8 weeks**, subject to the nature and complexity of the claim. Should the insurer require more information, Mercer will contact you directly. In these instances, the assessment may take longer.

5. Who can I contact for any claim related query?

You may contact Mercer hotline at (+65) 6797 9613, please key in Client Pin at **0228 (Dialpad "OCAT")**. Mercer hotline operates on Monday to Friday (except Public Holidays) 8:30am to 5:30pm (excluding public holidays). Alternatively, you may send an email to eh&b@mercermarshbenefits.com

6. What should I do if I am unable to request for Letter of Guarantee (LOG) before hospitalisation?

You may still request for LOG from Mercer and submit the LOG to the hospital as long as it's before your discharge from the hospital. If you are unable to get the LOG before you are discharged, kindly settle payment with the hospital first and submit the claim online via [Great Eastern eConnect Portal](#).

7. If I have activated the company's LOG facility, am I still required to do the insurance claims submission for Group Hospital and Surgical?

If the LOG has been fully completed by the Insured Member and the medical information given by the hospital is sufficient for the Insurer's claim processing, the Insurer will proceed with the settlement accordingly once the final hospital bills are received. You do not need to make any insurance claims submission.

However if you have any Pre/Post hospitalization treatment invoices related to the surgery admission (incurred within 90 days before and after discharge), you will need to submit these invoices separately online via [Great Eastern eConnect Portal](#). Please indicate the LOG reference/serial number on the invoices before submission. Please see section on [LOG](#) for more information.

8. I have my own medical insurance plan. Can I claim my expenses under the company medical plan?

Yes, if you have activated your personal insurance's LOG facility and would like to have it reimbursed by the Group Hospital & Surgical policy, please obtain the Settlement Letter and certified true copy of the bill from your personal insurance and submit it online together with your necessary [supporting documents](#) via [Great Eastern eConnect Portal](#). Please be informed that you are unable to make a double claim from both the company's medical plan & your personal insurance plan.

For Singaporean/PRs only, kindly take note Group Hospital & Surgical policy will only be reimbursed to your personal Shield main plan and not the rider.

9. Are the expenses for day surgery procedures (e.g., colonoscopy or endoscopy) reimbursable?

If the day surgery procedure is medically necessary due to a diagnosed medical condition, you have the flexibility to claim the medical expenses either under the Group Hospital & Surgical policy or the outpatient medical benefits.

To claim under the GHS policy, you may either activate the company's [LOG](#) facility, or submit the insurance claim online together with your necessary [supporting documents](#) via [Great Eastern eConnect Portal](#). Alternatively, you may claim the expenses under the outpatient medical benefits via [CatFlex Portal](#) under [Medical Spending Account](#) (remember to attach Doctor's referral letter).

If the day surgery procedure is for screening purposes without a medical diagnosis, you may claim the medical expenses via [CatFlex Portal](#) under the [Flexible Spending Account](#) (FSA) under "Alternative Medicine and Preventive Treatment".

10. For medical expenses are incurred due to an accident, which insurance should I claim under first and what is the process?

If the medical treatment was sought within 24 hours of the accident, you may claim for the reimbursement of the outpatient medical expenses (including any follow-up treatment up to 31 days) under the Group Hospital & Surgical (GHS) policy up to the applicable limit (see [Schedule of Benefits](#)). To claim under GHS policy, please submit the claim online via [Great Eastern eConnect Portal](#) together with the follow-up treatment expenses up to 31 days (if any).

If there are any excess amount not reimbursable by GHS policy, you may claim the excess amount under the Group Personal Accident (GPA) policy (see [GPA Benefits](#)). To claim under GPA policy, please download and complete the GPA claim form and mail the necessary documents to Mercer team (see [Hardcopy Submission](#) for more details).

11. If hospitalization expenses are incurred during business travel, which insurance should I claim under first?

You may first claim for medical expenses under the company's Business Travel insurance policy up till USD\$150K.

If there is still excess amount not claimable, you may then claim it under the Group Hospital & Surgical (GHS) policy and submit the claim online via [Great Eastern eConnect Portal](#). For overseas hospitalization, the attending doctor will need to complete the [Group Hospital and Surgical claim form](#) (Medical Report section) in English and you will need to obtain Itemized Detailed Final Hospital Bill for insurer's assessment.

12. Will the company inpatient insurance cover for Covid-19 hospitalization expenses? Does it include overseas coverage for personal travel?

Hospitalization due to COVID-19 will be treated the same just like any other medical condition. For overseas hospitalization, employees will have to pay first and seek reimbursement later by submitting the claim online via [Great Eastern eConnect Portal](#). See [Supporting Documents](#) for more details.

For Covid-19 cover during Business travel, please refer to the company Business Travel insurance policy for more information.

13. Can I claim for GST incurred for my medical bills?

GST is not reimbursable under Group Hospital & Surgical (GHS) policy. However, employees may file the GST expense incurred in cash under the Miscellaneous Account via [CatFlex Portal](#). Please attach the insurer's Explanation of Benefits (EOB) /Settlement Statement with the GST amount indicated.

14. Under what circumstances would an inpatient claim be considered pre-existing condition?

Pre-existing conditions refers to any illnesses, diseases, injuries or impairments from which employee is suffering, whether know or unknown to the employee as long as the cause or pathology of the conditions has already existed before the effective date. An inpatient claim incurred for pre-existing condition shall not be claimable during 12 months from join date. It can be lifted if the lapse of coverage is less than 31 calendar days between the termination date under previous employer to join date under Caterpillar Singapore and there was a continuous 12 months GHS Singapore insurance benefit by previous employer.

International Transferees who have been seconded from Caterpillar's overseas office to Singapore office, will not be covered for any disability which originated before the Effective Date of coverage under this Policy, unless the Insured Member has been continuously insured for 12 months under this Policy and/or under the Company's sponsored insurance scheme.

Supporting document such as Certificate of insurance can be requested from previous employer from the Corporate Insurer to reflect the insured person name, GHS cover and period of insurance.

15. Is the company-provided Health Screening benefit part of the Medical Spending Account (MSA)?

No, the [company-provided Health Screening](#) benefit of \$320 is provided to eligible employee as a standalone benefit under the Miscellaneous Account.

Commented [CLK9]: Will need to first explain what are pre-existing conditions, and maybe list some examples of what may be considered as pre-existing. Also need to rephrase the part about the lapse in coverage and emphasise that continuous cover is for Singapore group insurance or Caterpillar policies.



Policy Details

	<p>When converting from Full-time to Part-Time basis or vice versa, CatFlex points for Salary Grade and Dependent Factor as well as insurance price tag will be pro-rated based on calendar days.</p>
Permanent Part-Time Employees	<p>The optional Group Term Life/Personal Accident Insurance sum assured will be revised in corresponding with the change in salary while the selected plan basis (e.g., 12 or 24 times basic monthly salary) shall remain for the plan year. Please note that the medical insurance benefits you selected remain unchanged for the plan year. You will only be able to reselect your benefits in the next Benefits Selection Period.</p>
Fixed-Term Contract Employees	<p>Fixed-term contract employees with minimum 3-months contract duration are accorded the same benefits eligibility as permanent employees.</p> <p>However, the insurance benefits for the fixed-term contract employees would not be operative if they are carrying out his or her occupational duties for another employer other than the Company.</p>
Benefit Group Changes	<p>Changes to Benefit Group (e.g., from Non-Management H01 to Support S01) will be processed in the same year and employees will receive the adjusted CatFlex points in the same year.</p> <p>However, please note that the insurance benefits selected remain unchanged for the plan year. You will only be able to reselect your insurance benefits in the next Benefits Selection Period.</p>
Salary Grade Changes	<p>Employees with changes of salary grade band (i.e. promotion) during the year will only receive adjusted CatFlex points in the following year.</p> <p>Meanwhile, please note that the insurance benefits you selected remain unchanged for the plan year. You will only be able to reselect your benefits in the next Benefits Selection Period.</p>
Pro-Ration Policy	<p>CatFlex points for Salary Grade and Dependent Factor will be pro-rated based on calendar days for New Joiners and Leavers. Any over-utilized medical benefits will be deducted from the employee's payroll.</p> <p>The benefit price tags for new joiners will be pro-rated by calendar days. For leavers, there will be no refund of the price tags and the CatFlex points used for flexible benefits selection in the plan year will not be refunded back to the employee.</p>

**Leavers /
Terminated
employees**

If you leave the Company, you will be allowed to claim reimbursements up to the earned balance of CatFlex points (pro-rated) in your FSA as at your last day of service. Any earned balance in your FSA not utilized will automatically be forfeited. There will also be no refund of the amount deducted from payroll due to over-purchase of optional benefits during enrolment. The final reimbursement will be made in your next payroll.

Only in exceptional circumstances where tax clearance is required for foreign employees leaving the country immediately, the Company may at its sole discretion, encash the remaining FSA earned balance points subject to applicable tax and CPF.

If employee is on long term illness leave/ long term no pay leave, please refer to Caterpillar respective leave policies for impact to group insurance and benefits.

Failure to Enrol

New Employees

New Employees will automatically be given Core Benefits and a chance to select Optional Benefits. If you do not make your benefits selection by the end of the selection period, you will receive the core employee coverage. Note: Dependents' coverage are not automatic.

Existing Employees

If you do not make your benefits selection by the end of the selection period, you will receive your previous year's confirmed coverage.

First Selection (New Hires)

Group Term Life:

All new Employees may select up to Free Cover Limit (FCL*) (Core plus Optional) without evidence of health within the selection period. If the new employee's total sum assured exceeds FCL*, only the excess amount requires evidence of insurability.

Group Hospital & Surgical/Group and Major Medical Insurances:

All new Employees may select any plan or insure their Dependent(s), with no evidence of health. However, pre-existing conditions will not be covered on all upgraded plans. Please refer to Exclusions List [here](#).

Subsequent Enrolments

Group Term Life:

Underwriting

Employees may select up to the previous confirmed sum assured or FCL*, whichever is higher, without evidence of health. If the new sum assured is higher than this, only the excess amount requires evidence of health.

Group Hospital and Surgical/Group and Major Medical Insurances:

Employees and their Dependent(s) may select any plan with no evidence of insurability. However, pre-existing conditions will not be covered on all upgraded plans. Pre-existing conditions will also not be covered for Dependent(s) who were previously eligible but not enrolled. (Please refer to Exclusions List [here](#)).

* FCL= Free Cover Limit

FCL = S\$1,368,000, up to 70 years old. FCL is subject to change from year to year.

Reminder: Please read the Great Eastern Group Insurance Product Summaries stored in 'Quick Links' of [CatFlex Portal](#).

Contact Information

Accessibility	Contact Details
CatFlex Portal	https://ssl2.perquisite.net/RewardCentre/M/Login/
Mercer Hotline	<p>Email: eh&b@mercermarshbenefits.com Mercer will respond to your request within two to three business days</p> <p>Hotline: (+65) 6797 9613 Client ID – 0228 (Dialpad “0CAT”) (Open from Monday to Fridays, 8.30am to 5.30pm, excluding Public Holidays)</p>
Great Eastern eConnect Portal	<p>https://uip.greateasternlife.com/econnect-new/#/login</p> <p>For Technical Issues: Email : groupcso-sg@greateasternlife.com Hotline: (+65) 6248 2112</p>
Great Eastern Hardcopy Insurance Claims Submission	<p>Attention: Claims Department Mercer Health & Benefits (Singapore) Pte Ltd 8 Marina View, Asia Square Tower 1, #09-00 Singapore 018960</p>
MHC Panel Clinic & Health Screening	<p>m-Plify App Technical Issue: mplify_apps@mhcasiaigroup.com</p> <p>Health Screening Appointment: http://www.mhcamara.sg</p>
Minmed Health Screening	<p>Health Screening Appointment: Download Minmed Connect app Staff code: NWWVXA, Dependent code: RKPUHO</p>
DoctorAnywhere Health Screening	<p>Health Screening Appointment: https://corporatebooking.timetap.com/#/ Campaign ID: 0228</p>
Fullerton Health Screening	<p>Health Screening Appointment: http://www.fullertonhealth.com/book-an-appointment</p> <p>Email: ehs@fullertonhealth.com Hotline: +65 6333 3636 (Select Option 3) or +65 6672 5008 (for Primary Care Asia only)</p>



Appendix

List of approved public medical institutions*

Admiralty Medical Centre	National Skin Centre
Alexandra Hospital	National University Hospital
Ang Mo Kio – Thye Hua Kwan Hospital	Ng Teng Fong General Hospital
Bright Vision Hospital	NHG Eye Institute
Changi General Hospital	Ren Ci Community Hospital
Institute of Mental Health/Woodbridge Hospital	Sengkang Community Hospital
Jurong Community Hospital	Sengkang General Hospital
Jurong Medical Centre	Singapore General Hospital
KK Women's and Children's Hospital	Singapore National Eye Centre
Khoo Teck Puat Hospital	St. Andrew's Community Hospital
National Cancer Centre	St. Luke's Hospital
National Centre for Infectious Diseases	Tan Tock Seng Hospital
National Dental Centre	Yishun Community Hospital
National Heart Centre	All polyclinics
National Neuroscience Institute	

* Please note that this list may be subject to changes by Ministry of Manpower (MOM).

Group Hospital & Surgical Policy – Schedule of Surgical Operations

SCHEDULE OF SURGICAL OPERATIONS

Surgical Code Table	Surgical Percentage
1A	5%
1B	10%
1C	15%
2A	20%
2B	25%
2C	30%
3A	40%
3B	45%
3C	50%
4A	55%
4B	60%
4C	65%
5A	70%
5B	75%
5C	80%
6A	85%
6B	90%
6C	95%
7A	100%
7B	100%
7C	100%

Note:
Detailed surgical procedures under each category shown above can be found in Medisave Table of Operations.

Claims Administration Rules

The below claims administration rules are supplementary to the [Claims Guidelines](#).

Medical Spending Accounts

MSA – GP Expenses	
Provider	<ul style="list-style-type: none"> No geographic restriction Must be registered medical practitioner with the respective medical authority/association of the country. For Singapore, it refers to general practitioner (GP) registered with the Singapore Medical Council (SMC) or polyclinic doctors
CPF and Tax	No impact to CPF and Tax
Scope of Cover	<ul style="list-style-type: none"> Doctor consultation at polyclinics or GP clinics or telemedicine, including any medically necessary tests, scans, treatments and medication prescribed by the Doctor <i>(Note: Doctor's memo required to show treatment for acne, eczema or other skin condition is medically necessary)</i> A&E visits due to illness or accident Over-the-counter purchase from retail pharmacy must be supported with doctor's prescription
Exclusion	<ul style="list-style-type: none"> Consultations, treatments or tests that are non-medically necessary or for cosmetic purposes (e.g., acne treatment, pigmentation, hair loss), unless otherwise indicated to be medically necessary with a doctor's memo Specialist consultations, treatments or tests that should be claimed under the MSA Specialist Account Medical treatments or procedures that are preventive or screening in nature (e.g., health screening, pap smear, vaccinations) and not incidental to treatment or diagnosis of any medical condition Alternative treatment not regulated under Allied Health Professions Council (AHPC): e.g., Chiropractic, Homeopath, Naturopath, Osteopath, Podiatry treatment) Drugs without doctor's prescription (e.g., vitamin & supplements) Pregnancy-related costs including but not limited to birth control, infertility, impotency and related conditions, miscarriage, abortion, ligation etc. Medical appliances (e.g., wheelchair, crutches, implants, artificial limbs) Special investigative test (e.g., MRI, CT, PET Scan, Barium test, ECG) Non-medical personal services Amount paid using Medisave
Claim Documents	<ul style="list-style-type: none"> If the receipt/invoice is non-itemized, the itemized breakdown can be handwritten if it is endorsed by the clinic

Commented [AS10]: This should be claimed under Outpatient Specialist claim type

Commented [CLK11R10]: A&E should not be Specialist as there may not be any referral letter

Commented [PK12]: Please provide some examples of What all non medical personal services are in exclusion

Commented [ZV13R12]: E.g. Surcharges for late night visit

MSA – Specialist Expenses	
Provider	<ul style="list-style-type: none"> No geographic restriction Registered Specialist medical practitioner with the respective medical authority/association of the country For Singapore, the Specialist will have to be registered with the Singapore Medical Council (SMC) or the Allied Health Professions Council (AHPC) Referral letter or doctor's memo with medical condition stated required for all Specialist consultation (except for Paediatrics or Gynaecologist)
CPF and Tax	No impact to CPF and Tax
Scope of Cover	<ul style="list-style-type: none"> Medically necessary consultation, tests, treatment and medication prescribed by the Specialist doctor Medically necessary follow-up tests or day surgery procedures arising from Health Screening with Doctor's referral letter/memo (e.g., Mammogram, Colonoscopy, Endoscopy) <p>Note: Day surgery procedures may be claimable under Group Insurance if there is a medical condition diagnosis. However, if employee choose to submit the expenses under MSA, it will be processed as such.</p> <p>If the day surgery procedures is done for screening purposes or tested negative for medical condition, it will not be admissible under MSA.</p> <ul style="list-style-type: none"> Rental & purchase of nebulizer AIDS or HIV treatment Special investigative test (e.g., MRI, CT, PET Scan, Barium test, ECG) and scans (e.g., ultrasound scan, x-ray scans) Excess pre/post-hospitalization expenses not payable by group insurance Expenses relating to any type of therapy that are regulated under AHPC (e.g., Physiotherapy, Occupational Therapy) Dialysis treatment at Renal Dialysis Centre licensed by Ministry of Health Mental or psychiatric consultation and treatments
Exclusion	<ul style="list-style-type: none"> Consultations, treatments or tests that are non-medically necessary or for cosmetic purposes (e.g., acne treatment, pigmentation, hair loss), unless otherwise indicated to be medically necessary with a doctor's memo Medical treatments or procedures that are preventive or screening in nature and not incidental to treatment or diagnosis of any medical condition (e.g., health screening, pap smear, vaccinations) Alternative treatments not regulated by SMC or AHPC (e.g., Chiropractic) Medical appliances (e.g., wheelchair, crutches, implants, artificial limbs) Drugs without doctor's prescription (e.g., vitamin & health supplements) Pregnancy-related costs including but not limited to birth control, infertility, impotency and related conditions, miscarriage, abortion, ligation etc. Amount paid using Medisave
Claim Documents	<ul style="list-style-type: none"> For subsequent visits for the same medical condition, input referral letter claim reference number in the comments section Referral letters are valid for 1 year, a doctor's memo from the existing Specialist is required to allow continuation of visit for the same condition If the receipt/invoice is non-itemized, the itemized breakdown can be handwritten provided it is endorsed by the clinic

Dental Spending Accounts

DA – Dental Expenses	
Provider	<ul style="list-style-type: none"> No geographic restriction Registered dental clinics with the respective medical authority/association of the country
CPF and Tax	No impact to CPF and Tax
Scope of Cover	<ul style="list-style-type: none"> Routine consultation, scaling and polishing, fillings, extractions (including wisdom tooth), cleaning and other restorative treatment (including root canal), including the medication used Gum or Fluoride treatment Diagnostics tests certified by dentists as necessary in the course of treatment (e.g., radiographs-bitewing and periapical x-rays) Crowning, bridging, bone grafting and implant Orthodontic related expenses such as braces, retainers with a doctor's memo
Exclusion	<ul style="list-style-type: none"> Dental treatments for cosmetic purposes such as whitening/bleaching, braces and retainers without doctor's memo Dentures, veneers, dental braces, bite splints and protective mouth guards Oral hygiene products (e.g., toothbrush, toothpaste, dental floss, mouth wash) Amount paid using Medisave
Claim Documents	<ul style="list-style-type: none"> If the receipt/invoice is non-itemized, the itemized breakdown can be handwritten if it is endorsed by the clinic

Maternity Spending Accounts

MA – Maternity Expenses	
Provider	<ul style="list-style-type: none"> No geographic restriction Registered medical practitioner with the respective medical authority/association of the country
CPF and Tax	Subject to CPF
Scope of Cover	<ul style="list-style-type: none"> Expenses relating to childbirth Pre-natal medical expenses including medical check-ups, ultrasounds, tests and medication Post-natal medical check-up (limited to 1 visit) Inclusive of stillbirth expenses if it is after the 22nd week of pregnancy
Exclusion	<ul style="list-style-type: none"> Termination of pregnancy / accidental miscarriage (which may be claimable under GHS if conditions are met) Amount paid using Medisave Any cost not related to pregnancy Expenses relating to assisted reproduction or associated with Assisted Reproduction Program (ARP)
Claim Documents	<ul style="list-style-type: none"> Birth Certificate of new-born child to be submitted to activate the Maternity Account. Official itemized receipt/tax invoice in the name of claimant with the bills (pre & post-natal, hospital bills) to be collated and submitted at one-go after delivery within 90 days along with the birth certificate of the new-born

Flexible Spending Accounts

FSA – Vacation Expenses	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF and Tax
Provider	Any provider, no geographical restriction
Scope of Cover	Expenses relating to personal vacation including tour package, accommodation (e.g., hotel, airbnb, chalets), transportation (e.g., flight, train, ferry, cruise, coach)

FSA – Purchase of Electronic Devices	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF and Tax
Provider	Any provider, no geographical restriction
Scope of Cover	Any electronic devices e.g., Tablets, Mobile Phone, Computer, Computer Peripherals, Digital Camera, Fax Machine, Scanner, Smartwatch, Network Switch, Laptops, Printer etc
Exclusion	Electronic device paid by the company

FSA – Optical Expenses	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF and Tax
Provider	Optical provider, no geographical restriction
Scope of Cover	<ul style="list-style-type: none"> • Prescribed / non-prescribed glasses & sunglasses • Contact lens and other accessories such as lens solution/tablet • Vision check-up done by Optometrist /Optician • Repair of glasses • Eye care medication

FSA – Personal and Family Expenses	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF and Tax
Provider	Any provider, no geographical restriction
Scope of Cover	Any lifestyle expenses including but not limited to <ul style="list-style-type: none"> • Retail and grocery shopping • Utilities bills (e.g., electricity, water) • Transportation and vehicle-related expenses (e.g., petrol, car park, road tax, maintenance and repair) • Mobile and broadband bills • Entertainment and wellness (e.g., restaurants, movies, spa, reflexology) • Household expenses (e.g., furniture, pet expenses, domestic helper, household appliance)

FSA – Personal Development/Enrichment Courses	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF and Tax
Provider	Any provider, no geographical restriction
Scope of Cover	<ul style="list-style-type: none"> • Course fees (including membership fees or subscription fees) for hobbies / interests • Professional courses / education fees e.g., MBA, LCCI Accounting that are not covered by CTAP program • School and tuition fees from any education institute

	<ul style="list-style-type: none"> • Purchase of book materials and school uniform
Exclusion	<ul style="list-style-type: none"> • CTAP program courses funded by the Company are not in scope • Amount paid using Edusave

FSA – Health and Wellness Expenses	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF and Tax
Provider	Any provider, no geographical restriction
Scope of Cover	Fitness & exercise related expenses including: <ul style="list-style-type: none"> • Class/course fee, trainer expenses, fitness club membership/entrance fee • Registration fees to participate in sporting events e.g., marathon, cycling • Children Physical Activities

FSA – Financial Planning Expenses	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF and Tax
Provider	Any provider, no geographical restriction
Scope of Cover	<ul style="list-style-type: none"> • Will-Writing • Personal Insurance Premiums • Financial Advice Consultation
Exclusion	<ul style="list-style-type: none"> • Amount paid using Medisave
Claims Document	For insurance premiums: Premium statement showing payment date <input type="text"/>

Commented [PK14]: Should be part of exclusion

Commented [ZV15R14]: This is standard as per eligibility so claims team to verify when processing claim

FSA – Child Daycare Expenses	
Eligibility	Eligible Child Dependents
CPF and Tax	Subject to CPF
Provider	Registered MCYS day-care centres in Singapore only
Scope of Cover	Covers childcare/student-care fees for child up to <u>12 years of age</u>
Claims Document	<ul style="list-style-type: none"> • Bank statement showing the deduction of school fees • Payment using CDA Account is admissible

Commented [PK16]: Should be part of claim document

FSA – Elder Care Expenses	
Eligibility	Parents/Grandparents of employees including in-laws
CPF and Tax	Subject to CPF and Tax
Provider	Any Provider, no geographical restriction
Scope of Cover	<ul style="list-style-type: none"> • Medical-related expenses by registered medical practitioner with the country's medical authority/association • Alternative medical expenses such as TCM • Eldercare expenses of employee's parents (with registered eldercare centres and Singapore hospice or rehab centres only)
Exclusion	<ul style="list-style-type: none"> • Retail items and non-prescribed medication • Amount paid using Medisave

FSA – Traditional Chinese Medicine [Registered]	
Eligibility	Employee and eligible Dependents
CPF and Tax	No CPF or Tax impact
Provider	Registered TCM practitioners in Singapore with Ministry of Health, http://www.tcmpb.gov.sg/tcm/searchtcmp.do
Scope of Cover	<ul style="list-style-type: none"> • General consultation & medication for illness & injuries • Acupuncture, Bone setter, Tui-na massage, Cupping • Purchase of medication with consultation must be prescribed by registered TCM practitioners

Exclusion	<ul style="list-style-type: none"> • Foot reflexology and massage • Cosmetic related expenses • Retail item and non-prescribed medication
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FSA - Alternative Medicine and Preventive Treatment	
Eligibility	Employee and eligible Dependents
CPF and Tax	Subject to CPF
Provider	Any Provider, no geographical restriction
Scope of Cover	<ul style="list-style-type: none"> • Non-registered TCM • Alternative treatments such as Chiropractor, Osteopathic, Podiatric, Homeopathy, Naturopathy and Therapeutic • Health Screening expenses (for those not eligible under company health screening benefit) • Vaccination
Exclusion	<ul style="list-style-type: none"> • Cosmetic related expenses • Retail items and non-prescribed medication

Commented [PK17]: Vaccination should be part of scope of cover as the same was in PY 23.

Commented [ZV18R17]: Noted

FSA - Medical Expenses [Other than Caterpillar plans]	
Eligibility	Employee and eligible Dependents
CPF and Tax	No CPF or Tax impact
Provider	Registered medical practitioner with the respective medical authority/association of the country
Scope of Cover	<ul style="list-style-type: none"> • Medical expenses in excess of the Medical Spending Account • Medically necessary specialist expenses without referral letter • 20% employee co-payment of dependent MSA
Exclusion	Similar to MSA Exclusion

FSA - Dental Expenses [Other than Caterpillar plans]	
Eligibility	Employee and eligible Dependents
CPF and Tax	No CPF or Tax impact
Provider	Registered dental clinics with the respective medical authority/ association of the country
Scope of Cover	Similar to DA Scope of Cover
Exclusion	Similar to DA Exclusion

Miscellaneous Spending Accounts

Misc – Pap Smear	
Eligibility	Female employees only
CPF and Tax	Subject to CPF
Provider	Any registered medical practitioners in Singapore only
Scope of Cover	Annual Pap Smear or Thin Prep (including consultation fees) <ul style="list-style-type: none"> • Management and Confidential: 100% reimbursement • Non-Management: 50% reimbursement
Exclusion	Amount paid using Medisave

Misc – Hepatitis B	
Eligibility	Employees only
CPF and Tax	Subject to CPF
Scope of Cover	Hepatitis B Adult Vaccination once a year
Exclusion	Amount paid using Medisave
Claim Documents	All receipts/tax invoice to be collated and submitted at one-go after 3 rd Dose

Misc – Health Screening	
Eligibility	Employees who meet age criteria only
CPF and Tax	Subject to CPF
Provider	Any corporate vendors or registered medical vendors in Singapore
Scope of Cover	<ul style="list-style-type: none"> Health screening packages, including any additional tests on top of the standard health screening package (to be billed in the same invoice) Additional charges for face-to-face consultation
Exclusion	<ul style="list-style-type: none"> Follow up medication or treatments recommended by the doctor (to claim under the Medical Spending Account with a doctor's memo/referral letter) Standalone tests or scans not offered as part of Health Screening or not billed in the same invoice DNA test kits
Claim Documents	Official receipt/tax invoice in the name of employee indicating Health Screening

Misc – Insurance GST Reimbursement	
Eligibility	Employees and eligible Dependents
CPF and Tax	No CPF or Tax impact
Scope of Cover	GST payments not admissible by Group Insurer
Exclusion	Amount paid using Medisave
Claim Documents	To provide insurer's EOB/settlement letter and original invoice with the GST amount

Misc – Excess Medical Expense	
Eligibility	Employees only
CPF and Tax	No CPF or Tax impact
Source Account	Payable under Medical Spending Account first then Miscellaneous Account
Provider	Medical practitioner from an approved public medical institution listed in the MOM website (https://www.mom.gov.sg/employment-practices/leave/sick-leave/medical-reimbursements-and-salary) or Caterpillar's panel GP network
Scope of Cover	<p>For all employees who have over-utilized their medical benefits under MSA, the following expenses can be reimbursed under Misc Account:</p> <ol style="list-style-type: none"> Full A&E outpatient treatment expense Medical consultation fees only if the visit results in paid sick leave S Pass/Work Permit holders only: Full medical/dental claims that are deemed medically necessary by a Singapore registered doctor. <p><i>Note: Employees must indicate in the comments section that they are S Pass / Work Permit holders</i></p>
Exclusion	Amount paid using Medisave
Claim Documents	<ul style="list-style-type: none"> A Medical Certificate from Caterpillar's panel clinics or medical practitioner from an approved public medical institution as listed in the MOM website Receipt showing the itemized consultation fees to be reimbursed from an approved public medical institution or Caterpillar's panel GP network

Misc – Excess Hospital Expenses (not covered by insurance)	
Eligibility	Employees only
CPF and Tax	No CPF or Tax impact
Provider	Government approved hospitals only (https://www.mom.gov.sg/employment-practices/leave/sick-leave/medical-reimbursements-and-salary)
Scope of Cover	<p>The following hospital expenses can be reimbursed under Misc Account:</p> <ol style="list-style-type: none"> Full A&E outpatient treatment expense In-hospital doctor consultation fees not admissible by the insurance claim only if the visit results in paid sick leave

	c) S Pass/Work Permit holders only – Excess eligible inpatient claims that are not covered by group insurance <i>Note: Employees must indicate in the comments when submitting claims that they are S Pass / Work Permit holders.</i>
Exclusion	Amount paid using Medisave <i>Note: Principle of no double claiming applies – employees should not be claiming for the same reimbursement from company insurance and personal insurance.</i>
Claim Documents	<ul style="list-style-type: none"> • A Medical Certificate/hospitalization leave + official itemized receipt/tax invoice in the name of employee from an approved public medical institution/government hospital • Insurance Settlement Letter to show proof that claims are not reimbursable by company insurance

H&S Insurance claim	
Eligibility	Employees aged above 70 years old only Benefit Limit: \$1,500
CPF and Tax	Subject to CPF
Scope of Cover	<ul style="list-style-type: none"> • Personal medical and hospitalization insurance premium • Employee must be the legal insured person under the policy
Exclusion	Amount paid using Medisave