

# AIA DENTAL PPO-PLUS

A comprehensive group  
dental plan to keep your  
employees smiling



HEALTHIER, LONGER,  
BETTER LIVES

## Giving your employees a reason to smile

Dental health is an important aspect of an individual's overall health. Companies can play their part by enrolling their company for AIA Singapore's Dental PPO-Plus, giving their employees ease of mind.

With AIA Dental PPO-Plus, you can now encourage your employees to take better care of their dental health, giving them more reasons to smile. For less than 90 cents a day for each employee, you can have a comprehensive dental plan that not only covers fees for basic dental procedures, such as scaling and polishing, fillings and extractions, but also complex dental procedures such as wisdom tooth surgery and root canal treatments!

Let AIA Dental PPO-Plus – a comprehensive group dental plan to keep your employees smiling.

### Key Benefits



**Low premium rate of less than S\$0.90 per employee per day**



**Comprehensive dental coverage:**

- Fillings
- Simple and surgical extractions
- Scaling and polishing
- Fluoride treatments
- Root canal treatments
- Excisions of tumours
- Jaw fractures
- Wisdom tooth extractions



**Reduced/zero administrative costs in handling and processing of dental claims**



**Monitors organisation's annual dental expenditure**



**Cashless process at AIA panel of dental clinics<sup>1</sup>**



**Hassle-free application – one premium rate with no medical check-ups required**

<sup>1</sup> Please refer to the Schedule of Allowances for the amount of cover for each covered dental procedure.

## Why AIA Dental PPO-Plus?

Affordable rates and simple procedures ... There's never been a better time to keep those pearly whites sparkling.



### Simple way to protect your staff's dental health<sup>2</sup>

- Your employees get to decide how many trips to the dentist they want to make in one policy year.
- Every visit is cashless, up to the Schedule of Allowances, if they visit AIA panel of dental clinics.
- This translates to reduced administrative costs for your organisation, and there's no annual claim limits for dental benefits!



### Wholesome dental care<sup>3</sup>

- Be it a routine scaling and polishing, surgical extraction or even a jaw fracture, AIA Dental PPO-Plus offers an extensive list of covered dental procedures, right down to the initial tooth examination and X-rays.



### A world of convenience

- Your employees can get dental treatment anytime, from any of the AIA panel of more than 500 dental clinics which are conveniently located near town centres and MRT stations.



### Hassle-free, always

- There are no claims to be submitted when your employees visit AIA panel of dentists – your administrative work is reduced.

## AIA Dental PPO-Plus Example:

The following illustration gives an indication of how AIA Dental PPO-Plus works.

TYPICAL ANNUAL CHARGES FOR BASIC DENTAL CARE*	
	Consultation Charges (per visit) ----- S\$60-S\$100
	Fillings (each) ----- S\$80-S\$150
	Extractions (each) ----- S\$80-S\$400
	Scaling & Polishing (twice a year) ----- S\$80-S\$180
	Fluoride Treatment (twice a year) ----- S\$40-S\$80
<hr/>	
<b>Total charges for Basic Dental Care ----- S\$340-S\$910</b>	
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<b>Annual premium per Insured Member for AIA Dental PPO-Plus</b>	<b>S\$332.45 (including GST)</b>



\* This illustration is based on the assumption of annual dental care required by a typical individual visiting AIA panel of dentists. The market rates indicated are also based on an approximate range of charges.

Note: The savings described are derived from basic dental procedures and exclude possible surgical procedures like wisdom tooth operations and root canal treatments.

<sup>2</sup> Please refer to the Schedule of Allowances for the amount of cover for each covered dental procedure.

<sup>3</sup> Subject to policy terms and conditions.

# Schedule of Allowances

GROUP DENTAL (DENTAL PPO-PLUS) SCHEDULE OF ALLOWANCES	AIA PANEL OF DENTAL CLINICS	NON-AIA PANEL OF DENTAL CLINICS (S\$) <sup>4</sup>
<b>EXAMINATION</b> Dental Checkup		15
<b>MEDICINE &amp; MISCELLANEOUS TREATMENT</b> Analgesics, antibiotics, sterilisation and disposables		15
<b>X-RAY</b> Intraoral Bitewing Panorex		12 12 32
<b>TEST &amp; LABORATORY</b> Biopsy and examination of tissue		48
<b>PROPHYLAXIS</b> Routine (Scaling & Polishing) Complex (Scaling, Polishing & Fluoride)		40 60
<b>FILLING (Tooth – Coloured Material or Amalgam) for Posterior Teeth Only</b> One surface Two surfaces Three or more surface Reinforced Pin		16 24 32 9
<b>FILLING (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) filling of Premolars only</b> One surface Two surfaces Three surfaces		30 40 50
<b>PULPOTOMY</b> Pulpotomy Pulp Cap		40 20
<b>ROOT CANAL TREATMENT</b> Single root canal filling Double root canal filling Three or more root canals (X-ray of the tooth involved with the diagnostic wire or wires in place must accompany claim for payment)	Cashless As Charged	150 220 350
<b>EXTRACTIONS</b> Routine (simple) – each tooth		30
<b>SURGICAL EXTRACTIONS</b> Erupted tooth or root Soft tissue impaction Part bony impaction Completely bony impaction		120 160 250 320
<b>ALVEOPLASTY</b> Per quadrant, in connection with extractions Per quadrant, not in connection with extractions For a complete Alveoplasty involving more than one quadrant		30 42 160
<b>EXCISION OF TUMOUR</b> Excision of tumour		76
<b>FRACTURE OF JAW</b> Simple Compound (X-ray of the fracture must accompany claim for payment)		500 600
<b>REPAIR OF PROSTHETIC APPLIANCE</b> Repair of broken complete or partial denture Repair of denture and replace broken tooth Adding tooth to partial denture to replace extracted tooth Add tooth to partial denture plus clasp		20 40 27 54
<b>SPACE MAINTAINERS</b> Fixed band type (uni or bilateral) Removal in acrylic (uni or bilateral)		135 67

Annual Premium Rates (Per Insured Member)

S\$332.45  
(including GST)<sup>4</sup> Maximum reimbursement amount.

## Frequently Asked Questions

### Q1. Will there be any pre-existing exclusion?

No, there is no exclusion for pre-existing dental problems.

### Q2. Can I include my dependants?

Yes, you can. It will be based on the same premium rate.

The term "Dependant" shall be construed to include only:

- a. The spouse of an Insured Member of this Policy, provided such spouse is below the Maximum Age of Coverage as stated in the Policy Schedule and is not insured under the Policy as an Insured Member;
- b. Each child of an Insured Member, provided such child is at least three (3) years old and is under 25 years of age, unmarried and unemployed.

### Q3. Is there any restriction on the number of visits?

There is no restriction on the number of dental visits in any one policy year. Expenses for the covered dental procedures will be reimbursed up to the limit as listed in the Schedule of Allowances.

### Q4. What happens if I do not visit a clinic from the AIA panel of dentists?

You will still be reimbursed for your dental visits. The reimbursement will be based on the non-AIA panel of dental clinics' Schedule of Allowances.

#### General Notes

- This plan can be sold as a standalone policy.
- Minimum group size of 11 employees (excluding dependants).
- Maximum entry age of 69 (Age last birthday).
- Renewable age up to 74 (Age last birthday).
- Voluntary participation is not allowed.
- Duration of coverage is for 1 year, renewable annually.
- Free look is not applicable.
- Premium rates include the prevailing 9% GST in SGD.
- Premium rates are not guaranteed and may be increased at policy renewal at the full discretion of AIA.
- GST is not reimbursable.
- Policy shall be administered on named basis.
- AIA reserves the right to modify/withdraw our quotation if there is any material change in underwriting information.

#### Main Exclusions (please refer to the policy contract for the full list of exclusions)

No benefit shall be payable under this policy for the following services, products or conditions:

- Charges for any dental procedures which are not included in the Schedule of Allowances.
- Any hospital charges.
- Injuries arising directly or indirectly, wholly or partly from war, declared or undeclared, revolution or any warlike operations.

#### IMPORTANT NOTES

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("AIA"). All insurance applications are subject to AIA's underwriting and acceptance. This brochure is not a contract of insurance. The precise terms and conditions of this plan, including exclusions whereby the benefits under your policy may not be paid out, are specified in the policy contract. You are advised to read the policy contract.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

This advertisement has not been reviewed by the Monetary Authority of Singapore. Information is correct as of 31 August 2024.



**WARNING:** In accordance with Section 25(5) of the Insurance Act, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.

**(Group Size: Minimum 11 insured employees. Voluntary participation is not allowed.)**

Please type/write clearly in **CAPITAL** letters.

Do refer to the policy contract for more information.

## COMPANY PARTICULARS

Name of Company (herein the policyholder):

Company Registration No. / Unique Entity No. (UEN)

Nature of Business:

Mailing Address:

Postal Code:

Total Number of Employees to be insured:

Total Number of Dependants to be insured:

## COMMENCEMENT OF INSURANCE COVERAGE

Effective Date:

DD/MM/YYYY  
(Commencement Date)

## CONTACT DETAILS OF AUTHORISED PERSON-IN-CHARGE

Name:

Identification Number:

(NRIC/FIN No.)

Email Address:

Office No.:

Mobile No.:

## OTHER SUBMISSION DOCUMENTS REQUIRED

- Accounting and Corporate Regulatory Authority (ACRA Bizfile)  
(Latest copy of not more than 12 months)
- MAS 314 (Form) List of Authorised Signatories and Beneficial Owners\*
- Excel Template for Members Census Reporting\*

## USEFUL INFORMATION



\* Forms can be downloaded from <https://eben.aia.com.sg/en/my-aia/login/information-library.html>

OR you can scan the QR code to get to the URL

- **MAS 314 Form** : Click on Administration >> MAS 314 List of Authorised Signatory and Beneficial Owners
- **Excel Template for Members Census Reporting** : Click on Administration >> Excel Template for Member Census Reporting
- **HR AIA eBenefits User ID Request Form** : Click on Administration >> eBenefits UserID and Password Application



## DECLARATION & AUTHORISATION

**The Applicant hereby agrees and declares, on behalf of itself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this Application:**

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this Application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA"), unless presented to AIA in writing and approved by an authorised officer of AIA .
2. The statements and answers contained in this Application, together with those contained in any required form including enrolment form, questionnaire or amendment of the Applicant, the statements and answers of the Applicant's employees and their dependants contained in any required form, or medical report, and any required supporting documents (collectively the "Information") are full, complete, true and correct and that no Information has been withheld. The Applicant further agrees that the Information shall form the basis of the contract between the parties hereto, and that the Information together with the group policy (including without limitation its riders, endorsements and any amendments thereto) shall constitute the entire contract between the parties. The Applicant understands that if any of the Information is not full or complete or true or correct, the group policy issued hereunder may be void and the Applicant/policyholder/employee/dependant as the case may be, may receive nothing from the group policy.
3. AIA shall assume no liability whatsoever and the group policy will only be effective after this Application and required forms, questionnaires or amendments have been completed by the Applicant, and its employees and their dependants, with the Application being accepted by AIA and the first premium fully paid for.
4. I/We hereby authorise, agree and consent to:
  - a) persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") disclosing and releasing to AIA, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "Personal Data"), relevant for the Purpose (defined below);
  - b) the AIA Persons sharing the scope of sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;
  - c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
  - d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "Using"/"Use") the Personal Data for the Purpose; and
  - e) waive any right (on my own behalf and on behalf of the insured person( s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above- mentioned Use and/or any Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person( s), except to the extent such consent is not required under relevant laws: ( i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/ We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "Purpose" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA. A photocopy of this authorisation shall be valid and effective as the original.

5. The Applicant is not insolvent or is unable to pay its debts as they become due, or making any assignment or arrangement for the benefit of its creditors, or is ceasing or threatening to cease to carry on its business.
6. Should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.
7. By signing this Application, the Applicant confirms that the AIA Financial Services Consultant / Insurance Representative has solicited insurance business from the Applicant in the Republic of Singapore and that the signing of this Application has taken place in the Republic of Singapore.

**WARNING: If a material fact is not disclosed in this Application, any insurance coverage issued to you may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the AIA Financial Services Consultant(s)/Insurance Representative(s) but was not included in this Application. Please check to ensure you are fully satisfied with the information declared in this Application. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of this Application, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.**

\_\_\_\_\_  
Authorised Signatory & Company Stamp

\_\_\_\_\_  
NRIC/ FIN No.

\_\_\_\_\_  
Date  
(DD/MM/YYYY)

\_\_\_\_\_  
Designation



## AIA CONSULTANT'S / INSURANCE REPRESENTATIVE'S DETAILS

### AIA Consultant's Details

Name of Consultant (1): \_\_\_\_\_

Contact No.: \_\_\_\_\_

Commission Share (%): \_\_\_\_\_

AIA Consultant Code: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Signature of AIA Consultant: \_\_\_\_\_

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

Name of Consultant (2) (if applicable): \_\_\_\_\_

Contact No.: \_\_\_\_\_

Commission Share (%): \_\_\_\_\_

AIA Consultant Code: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Signature of AIA Consultant: \_\_\_\_\_

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

### AIA Consultant (1) Supervisor's Details

Name of Supervisor: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Supervisor Code: \_\_\_\_\_

### Insurance Representative's (Broker/ Financial Advisor's) Details

Name of Broker/Financial Advisor (FA):  
\_\_\_\_\_

Financial Institution: \_\_\_\_\_  
\_\_\_\_\_

Contact No.: \_\_\_\_\_

Signature of Broker/FA: \_\_\_\_\_

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



**AIA Singapore Private Limited**

(Reg. No. 201106386R)

**Corporate Solutions**

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