



Frequently Asked Questions (FAQ)

Changes wef 1 Jul
2023

AMHealthCare
Apps

Clinical (GP)

Specialist

GHS

Changes with effect on 1 July 2023

1. Where do I submit my medical claims (inpatient / Outpatient GP / Outpatient Specialist) from 1 July 2023 onwards?

For claims incurred before 1st July 2023, you may continue to submit via Aon Care App by 31 July 2023. Thereafter, the Aon Care Apps would be deactivated.

For claims incurred on and after 1st July 2023, you will have to submit them via the AM HealthCare App.

2. What happen to the claims that I have submitted previously under Aon Care App prior to 30 June 2023?

You may continue to access the Aon Care App / web portal until 30 July 2023 to check your claim status. In the event the processing of your previously submitted claims stretches beyond 31 July 2023, you may receive email notification from Aon Care once your claim has been approved, returned (e.g. request for additional information / documents) or declined.

3. When Can I download the AM HealthCare App?

Downloading can be done starting from 30th Jun 2023 onwards

4. What is the hotline number / email address that I can contact?

AM HealthCare hotline: 6305 4538 | Email Address : AMHealthCare@mhcasigroup.com

5. What if I do not have email address? Does it mean that I cannot download the new AM HealthCare App and cannot onboard come 1 July 2023?

Yes. Email is the default login ID for the new AM Healthcare App.

6. Can I still visit my usual panel clinic when I have not downloaded the new AM HealthCare App on 1 July 2023?

Yes. However, you will have to pay first and seek reimbursement in this case. Claim would be adjudicated under non-panel limit in the absence of the new E-Card at the panel clinic.



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Changes wef 1 Jul
2023

AMHealthCare
Apps

Clinical (GP)

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GHS

Changes with effect on 1 July 2023

7. Can I still present my Aon Care E-Card when I visit a panel clinic from 1 July 2023?

No. The E-Card function in the Aon Care App will be deactivated from 1 July 2023. You will have to present the new E-Card from AM HealthCare App for cashless panel visit from 1 July 2023 onwards. Please always check if the clinic that you are visiting is still under the panel at the point of your visit.

8. Is there any change to the panel clinic from 1 July 2023 onwards?

Yes. Some of the existing panel clinics might not be on panel from 1 July 2023 onwards. Please check and search for panel clinic under “Find A Clinic” from AM Healthcare App.

9. How would I know if my existing panel clinic is included in the new AM HealthCare? Who do I call for this information?

Employee may either search for the clinic via AM HealthCare App or call AM HealthCare hotline at 6305 4538.

10. I have noticed that the panel clinic that I have been seeking treatment and getting regular medication is no longer under panel. What should I do?

You may consider the following options:

- a. To continue with the same clinic and submit your expenses under non-panel clinic expenses.
- b. You may get a memo from your existing doctor pertaining to your medical condition and present it to another panel clinic of your choice to continue treatments.



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Changes wef 1 Jul
2023

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Specialist

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Part 1 : Account Registration, Login and Profile Management

1. I have difficulty registering my account. What should I do?

You can contact AM HealthCare Hotline **6305 4538** or via email at AMHealthCare@mhcasiagroup.com for further assistance.

2. How do I update my corporate/personal email address?

You are unable to update your email address on App. Please contact your HR Department via Workplace: HR Assist Hotline: **6773 9368** | Email: pj-AETOS-HRBenefits@aetos.com.sg

3. How do I update my mobile number?

You are unable to update your mobile number on App. Please contact your HR Department via Workplace: HR Assist Hotline: **6773 9368** | Email: pj-AETOS-HRBenefits@aetos.com.sg

4. Do I have to enter One-Time Password (OTP) each time I login?

Yes, this helps to protect against online fraud. However, you can turn on Biometrics (either Fingerprint or Face ID, depending on phone model) as a substitute for OTP.
To activate, simply go to "Profile" > "My Biometrics", turn on the toggle switch.

5. What if my biometrics failed to log me in to the App?

You can still choose to receive OTP via email.

6. Is it mandatory to add a credit card to my account?

No, it is not mandatory to add a credit card to your account.

Part 2: Switch Account, Insured Programme

1. What is the use of "Switch Account" function?

It enables you to toggle between Insured Programme (medical coverage by AIA) and Non-Insured Programme (emotional well-being and health screening).



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Changes wef 1 Jul
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GHS

Part 2: Switch Account, Insured Programme

2. What is Insured Programme?

Insured Programme consists of all the medical coverage related features including panel clinic locator, e-Card for panel GP visit, claims submission, claims history as well as policy benefits.

3. Where do I check my benefit balance?

You can contact AM HealthCare at **6305 4538** or via email at AMHealthCare@mhcasigroup.com to enquire on benefit balance.

Part 3: Non-Insured Programme

1. What does the non-insured programme refer to?

The non-Insured programme consists of:

- a. mental wellness/emotional well-being
- b. post-health screening services via Teleconsultation.

Do note that these are **NOT** part of the Insurance benefit / coverage.

2. What are the services included under mental wellness/emotional well-being?

You will have access to articles, a mental health self-assessment tool and the mental health concierge (i.e. a video consultation with a para-counsellor).

3. What are the operating hours of the mental health concierge?

The operating hours are from 7.00pm to 7.00am daily including public holidays.

4. Will Aetos be aware of my video consultation with the para-counsellor?

Yes, MHC will inform and provide a handover document to designated individuals within your company for the continuation of care. Prior to utilizing this service, you will be given an in-app consent form to sign that permits MHC to disclose your data.

5. Will I be charged for using the mental health concierge?

No. This service is funded by Aetos for all full-time employees.



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Changes wef 1 Jul
2023

AMHealthCare
Apps

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Specialist

GHS

Outpatient GP

1. Am I able to continue with my Aon Care e-Card after 1 July 2023?

No. With effective 1 July 2023 onwards, you will have to present the AIA e-Card via AM HealthCare App for cashless visit at panel GP and panel Specialist clinics.

2. Will the panel clinic that I am seeking treatment be still under the panel with changes on 1 July 2023 onwards?

Some panel clinics may no longer be under the existing panel clinics network. You may search for the clinic by filtering the panel clinics under “Find A Clinic” function from the AM HealthCare App to check if your regular clinic is under the panel clinics network.

If your regular clinic is not under the panel clinics network, you may have to pay first and seek reimbursement via claim submission. Claim will be assessed under Non-Panel benefit.

3. I am currently visiting an Aon Care Panel Clinic for regular follow-up and treatment for an existing medical condition. What should I do if this clinic is no longer under the panel clinics network?

You may consider the following options:

- a. To continue with the same clinic, but submit your expenses under non-panel clinic benefit.
- b. You may get a memo from your existing doctor pertaining to your medical condition and present it to another panel clinic of your choice to continue treatment.

4. I am currently visiting my family GP Clinic for regular treatments, can I continue to do so?

Yes.

If your family GP is a Panel GP, you can present your e-Card and identification card at the clinic to enjoy cashless facility.

However, if the family GP is a non-panel GP, your claim would be on reimbursement basis up to 4 visit per policy year.



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Changes wef 1 Jul
2023

AMHealthCare
Apps

Clinical (GP)

Specialist

GHS

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5. Is Clinical visit at polyclinics covered?

It is covered on As-Charged on reimbursement basis.

6. Will my overseas medical outpatient / specialist treatment be covered?

Yes. It is covered up to 4 visits per policy year under, subject to policy terms and conditions.

7. I am a new employee. When can I retrieve my e-Card?

You will receive a welcome email from AM HealthCare to register yourself. Once you have completed your registration, you may retrieve your e-Card from the AM HealthCare Mobile App.

8. What if I forget to bring the e-Card (or due to change of my mobile phone) when I visit the panel GP / Specialist Clinics?

Visit to panel clinics without presentation of e-Card will be treated as non-panel visits. For non-panel GP expenses, employee will have to pay first and seek reimbursement later.

9. How do I obtain the e-Card?

You may retrieve the e-Card from AM HealthCare Mobile App with the login ID and password as stated in AM HealthCare welcome email. Please remember to switch on the location service in the mobile to access the e-Card



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Changes wef 1 Jul
2023

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Apps

Clinical (GP)

Specialist

GHS

Outpatient Specialist

1. The panel Specialist I used to visit is no longer under panel with effect on 1 July 2023. What should I do?

You may consider to:

- a. Continue your current Specialist and be considered a non-panel visit
- b. Reach out to AM HealthCare contact centre for appointment with new panel Specialist with memo from current attending specialist indicating the medical condition, treatment plan and date of first treatment date.

2. What supporting document is required for Specialised investigation Test (e.g. MRI and CT Scans)?

Order form from specialist is required for claim submission. Referral to specialist is required as well.

3. What is the validity period of the referral letter?

Validity of the referral letter is 12 months from date of last visit.

For follow-up Specialist visit that is more than 1 year from the last visit, please obtain a GP referral letter to visit a specialist.



Frequently Asked Questions (FAQ)

Changes wef 1 Jul
2023

AMHealthCare
Apps

Clinical (GP)

Specialist

GHS

Group Hospital & Surgical Insurance (GHS)

1. Must I complete the Medisave Authorisation for admission using Letter of Guarantee?

Yes. This is only applicable for Singaporean and Singapore Permanent Resident (SPR).

2. Is hospitalisation bill incurred overseas covered?

Yes, subject to claim assessment by the insurer and benefits entitlement will be in Singapore Dollar. Note all overseas hospitalisation bill will be processed under private hospital limits. You must ensure all supporting documents are in English Language. Translation cost is not covered.

3. For the medical expenses incurred, can I claim from more than 1 medical insurance policy?

The insured employees may claim from more than 1 policy if the case is within the scope of coverage. Total reimbursable amount by both insurers will not exceed the total amount paid.

If medical expenses paid have exceeded the first policy limit, (e.g. your personal medical insurance), you may seek reimbursement via the second policy, (e.g. your GHS Policy limit with the following list of documents:

- a. Integrated Shield Plan Settlement letter (please note that Payment made under Shield Riders and non-MediShield Medical Insurances are not eligible for reimbursement under GHS)
- b. Certified True Copy (CTC) of the medical bill that is not reimbursable.

4. My hospitalisation bill is paid via Letter of Guarantee (LOG), CPF Medisave and Cash, what is the mode of reimbursement?

Order of reimbursement as follows:

- a. Any amount due to hospital (if LOG is utilised)
- b. Any cash amount paid
- c. Any Medisave amount utilised (if any balance after reimbursing above)
- d. Any MediShield / Integrated Shield Plan amount paid (if any balance after reimbursing above)



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Changes wef 1 Jul
2023

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Apps

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Specialist

GHS

Group Hospital & Surgical Insurance (GHS)

5. How would I be reimbursed? Do I need to provide bank account details for reimbursement transaction?

Reimbursement will be made via GIRO to your payroll bank account.

6. Under what scenario will I receive a reimbursement lower than the policy limits indicated in the schedule?

For example, if you undergo a surgical procedure in a private or overseas hospital, there might be policy shortfall as Surgical Schedule of Fee will apply. Above scenario listed is not exhaustive.

7. How do I request for Letter Of Guarantee (LOG) if I have a scheduled admission / surgery in a Singapore Hospital?

- a. Please **call the hotline at 6305 4538 and press 3 for LOG request** to obtain AIA LOG Plus request form.
- b. You will need to email amhealthcare@mhcasigroup.com with the Completed LOG Plus Request Form, Financial Counselling Form and Admission Form (including the diagnosis) at least 5 working days in advance from your scheduled admission date for AIA review.
- c. If the request is approved, AIA will issue the pre-certified LOG based on employee's benefit entitlement and email to the hospital.
- d. If the LOG request is rejected, AIA will write back to employee with reason of rejection.

LOG is not applicable at GP clinics, Specialist Clinics, Rehabilitation Hospitals, Nursing Hospitals
More details can be found in Employee Benefits Handbook.

8. If I have an emergency admission, how do I request for LOG?

For emergency case where Pre-Certification is not available, you or your family member may call AIA at +65 6305 4538 (press 3) to request for emergency LOG by providing employee's particular, hospital detail and the medical condition. AIA will check for employee's eligibility, then issue LOG directly to hospital, up to S\$10,000. Insured members need to submit claim for amount beyond S\$10,000 emergency LOG. LOG is not an admission of liability by insurers. In the event an LOG is issued in advance and the claim is not admissible, AIA will seek recovery of the amount paid in advance to hospital from the claimant.