



MULTI MEDI-PLUS

Product Disclosure Sheet

Important Note

1. Read this Product Disclosure Sheet before you decide to take out the Multi Medi-PLUS insurance policy. Be sure to also read through the general terms and conditions.
2. You should satisfy yourself that this policy will best serve your needs. You should read and understand the insurance policy and discuss with the intermediary or contact the insurance company directly for more information.
3. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

1. What is this product about?

Multi Medi-PLUS is a comprehensive medical insurance policy which covers the cost of medical treatment incurred by you for hospitalisation due to accident or sickness.

2. What are the covers / benefits provided?

SCHEDULE OF BENEFITS		MP500	MP350	MP220	MP150	MP120
		RM	RM	RM	RM	RM
A. IN-HOSPITALISATION BENEFITS						
A1.	Hospital Room & Board, per day - up to 150 days	500	350	220	150	120
A2.	General Nursing Care & Services, per day - up to 150 days	100	80	70	70	50
A3.	Intensive Care Unit, per day - up to 30 days					
A4.	Hospital Supplies & Services					
A5.	Operating Theatre Fees					
A6.	Surgical Fees & Post-Operative Care					
A7.	Anaesthetic Fees					
A8.	In-Hospital Physician's Visits, per day - up to 150 days					
A9.	Insured Child's Daily Guardian Benefit, per day - up to 30 days for child below 15 years old	250	150	100	100	60
B. PRE-HOSPITALISATION BENEFITS						
B1.	Diagnostic X-rays & Laboratory Test - within 60 days preceding confinement					

B2.	Specialist's Consultation - within 60 days preceding confinement					
B3.	Second Surgical Opinion, with referral from doctor - within 60 days preceding confinement	5,000	4,000	3,500	2,000	2,000
C. POST-HOSPITALISATION BENEFITS						
C1	Post-Hospitalisation Treatment - within 60 days following discharge			Full Reimbursement		
D. OUTPATIENT & OTHER BENEFITS						
D1.	Daycare Surgery (inclusive of all incidental services & supplies)			Full Reimbursement		
D2.	Emergency Accidental Outpatient Treatment - within 24 hours & up to 30 days follow-up treatment			Full Reimbursement		
D3.	Emergency Accidental Outpatient Dental Treatment - within 24 hours & up to 14 days follow-up treatment			in excess of RM200 per accident		
D4.	Ambulance Fees					
D5.	Outpatient Physiotherapy Treatment - within 90 days from discharge			Full Reimbursement		
D6.	Outpatient Cancer Treatment - maximum per Policy year	40,000	30,000	25,000	20,000	15,000
D7.	Outpatient Kidney Dialysis Treatment - maximum per Policy year	30,000	25,000	20,000	15,000	15,000
D8.	Home Nursing Care - within 60 days following discharge	10,000	7,500	7,500	5,000	5,000
D9.	Accidental Death Benefit	5,000	5,000	3,000	3,000	3,000
D10.	Government Hospital Daily Cash Allowance, per day - up to 150 days	150	100	75	60	60
D11.	Medical Report Fee	100	100	100	100	100
E. POLICY LIMIT						
E1.	OVERALL ANNUAL LIMIT per Insured Person	125,000	100,000	70,000	50,000	50,000
E2.	LIFETIME LIMIT per Insured Person applicable after two consecutive years	450,000	300,000	210,000	150,000	150,000

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Generali Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

3. How much premium do I have to pay?

The total premium you need to pay depends on your age as of last birthday, gender, occupation, health status, and the plan selected. However, it may vary depending on our underwriting requirements.

A 10% family discount will be given for a family policy with three (3) or more family members consisting of spouse and children in addition to the discount given with the deductible option.

Deductible Option

Deductible Per Year	Discount (%) from Annual Premium Rate
RM500	5%
RM2,500	15%
RM5,000	25%

Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the age as of last birthday of each member. The effective premium rates will also depend on any other factors which may materially affect the risks insured.

4. What are the fees and charges I have to pay?

In addition to the premium, you have to pay:	Amount
a. Service Tax	Individual Policies are excluded from Service Tax.
b. Stamp Duty	RM10.00
What is included in the premium	Amount
c. Commission paid to the insurance intermediaries (if any)	15% of premium

The applicability of stamp duty and service tax amount herein applied, or any other taxes are subjected to the prevailing laws of Malaysia

5. What are some of the key terms and conditions that I should be aware of?

- **Cooling-off period:** You may cancel your policy by returning the policy within 15 days after you have received the policy and you will be refunded the full premium that you paid. No refund is made if a claim was made during this cooling-off period.
- **Waiting period:** Your eligibility for benefits under the policy will only start 30 days after the effective date of the policy except for accidental injury. For specified illness, eligibility for benefits under the policy will only start 120 days after the effective date of the policy.
- **Eligible Age:**
Adult: up to 60 years old as of last birthday. Provided policy was first commenced on or before age 60 years, the coverage can be renewed yearly up to the period before attaining age 101 years.

Child: from 30 days to 18 years old, unmarried and unemployed. Extension up to 23 years if studying full-time at a local institution of higher learning.
- **Cash Before Cover:** It is fundamental and an absolute special condition of this insurance that the premium due must be paid and received by us before cover commences. This insurance policy is automatically null and void if this condition is not complied.
- **Pre-existing Conditions:** These are disabilities that the Insured Person has reasonable knowledge of. A person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
 - a) the Insured Person had received or is receiving treatment
 - b) medical advice, diagnosis, care or treatment has been recommended;
 - c) clear and distinct symptoms are or were evident; or
 - d) its existence would have been apparent to a reasonable person in the circumstances
- **Specific Illness:** These are disabilities and its related complications, occurring within the first 120 days of Insurance
 - a) Hypertension, diabetes mellitus and cardiovascular disease.
 - b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - c) All ear, nose (including sinuses) and throat conditions.
 - d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - e) Endometriosis including diseases of the reproductive system.
 - f) Vertebro-spinal disorders (including disc) and knee conditions.
- **Deductible:**
You can choose a deductible amount to reduce your premium. This deductible will be applied to eligible medical expenses incurred, per insured person each policy year. All insured persons under the same policy must have the same deductible. You may adjust your deductible amount during the annual renewal, but it cannot be changed during the policy year. The Deductible does not apply to Emergency Accidental Outpatient Treatment, Emergency Accidental Outpatient Dental Treatment, Outpatient Kidney Dialysis, Outpatient Cancer Treatment, Accidental Death Benefit and Treatment sought at a Malaysian Government Hospital.

- **Conversion to Full Coverage**

For conversion to full coverage without Deductible, you will be required to provide health declaration to us. The conversion is subject to the following conditions:

- a) You are aged below sixty (60) years
- b) Conversion is only allowed upon Policy renewal
- c) Conversion is for the same plan only
- d) You must submit a written request to the Company
- e) The required additional premium must be paid
- f) Any existing loadings and/or exclusions shall continue as per the original Policy with Deductible option.

- **Policy Renewal / Renewal Premium**

- (i) This is a yearly renewable policy. Unless renewed, the coverage will cease on expiry date and the insurance company shall strictly not be liable for any expenses that take place after the expiry date.
- (ii) The renewal of the policy is at the option of the Policyholder until the occurrence of any of the following:
 - a) non-payment of premium or premium not made on time
 - b) fraud or misrepresentation of material fact during application
 - c) the Policy is cancelled at the request of the Policyholder
 - d) total claims of the Policy have reached the lifetime limit specified and/or on the death of the Insured Person
 - e) the Insured Person ceases to qualify as a dependant based on the definition of the Policy
 - f) the Insured Person attains the coverage age limit specified
 - g) termination of coverage for all policies in a certain market and the Company withdraws this Policy completely from the market in accordance with the Portfolio Withdrawal Condition.

- **Cashless admission**

This means that you do not have to pay the full hospital bills if you are admitted to one of our Generali Insurance Malaysia Berhad panel hospitals. Kindly note that We reserve the right to update and vary the hospital listing as and when deemed necessary. The panel hospital listing is available in our website: www.general.com.my/contact-us. We will pay, provided the nature of accident or illness is covered under the policy. You may be required to make deposit payments as required by the hospital's regulations.

NOTE:

This list is not exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.

6. What are the major exclusions under this policy?

This policy does not cover:

- Any medical or physical conditions arising or contracted within the first thirty (30) days of the Insured Person's cover or date of reinstatement, whichever is latest, except accidental injuries.
- Pre-Existing Illness.
- Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
- Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions.
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the period of insurance.
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary, and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aromatherapy or other alternative treatment.
- Care or Treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workmen's Compensation Insurance Contract.
- Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
- Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex change.
- Medical treatment received outside Malaysia if the Insured resides or travels outside Malaysia for more than ninety (90) consecutive days.

NOTE: This list is not exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.

7. Can I cancel my policy?

You may cancel your policy at any time by giving written notice to us. Upon cancellation, you are entitled to a certain amount of refund of the premium provided that you have not made a claim on the policy.

Period Not Exceeding	Refund of Annual Premium
15 days	90% (applicable for renewal only)
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months	No refund

8. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondence reaches you in a timely manner.

9. Where can I get further information?

If you have any enquiries about this product or any other types of similar products, you can contact us or your insurance intermediary or visit our website at www.generali.com.my.

Generali Insurance Malaysia Berhad

Reg No: 197501002042 (23820-W)

Generali Customer Service Centre

Level 1, Menara Generali,

27 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.

Tel: 1 300 13 2121 or +603 3007 2121

Email: customer.service.gi@generali.com.my

www.generali.com.my

10. Any other types of Medical and Health Insurance cover available?

- SmartCare Optimum Plus
- Multi Medic
- Medic 101

- Multi Medical Protector
- InternationalExclusive
- SmartCancer Cash

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE INTERMEDIARY OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this Product Disclosure Sheet is a summary for quick and easy reference. The exact terms and conditions that apply are stated in the policy wording.

Generali Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this disclosure is valid as at 24 February 2025.