

ACCIDENT & HEALTH

MEDIC SME



Member of PIDM

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)



MEDIC SME PLAN

This is a simple and easy-to-sell Group Medical Insurance designed to provide medical benefits for small and medium sized organisation of less than 150 employees.

HIGHLIGHTS

- All eligible expenses are covered up to the limits of policy.
- Medical Card facility for admission and discharge from panel hospitals and our Panel Clinics.
- One common level of premium regardless of age, occupational class and gender.
- Max entry age is 65 years but renewable up to 70 years.
- Optional covers for Dependents.
- Covers for Outpatient Cancer Treatment and Outpatient Kidney dialysis treatment.
- Optional coverage for Clinical Benefits with four (4) optional plans
- for group size of more than ten (10) employees only.

Eligibility – All your active service employees and their dependants who are Malaysians and residing in Malaysia.

Age Limit – Employee and Spouse: 16 to 65 years and renewable up to 70 years (last birthday).

Child – 30 days to 23 years (last birthday) if still on full-time education and not gainfully employed.

Minimum Group Size – Five (5) active service employees for Hospitalisation and Surgical Plan. But for Clinical Plan, the group size is more than ten (10) active service employees.



A) Hospitalisation and Surgical Insurance Plan

| Schedule of Benefits (in RM) | MS130 | MS160 | MS220 | MS300 | MS450 |
|---|--------|--------|--------|--------|---------|
| Hospital Room and Board (daily limit up to 180 days) | 130 | 160 | 220 | 300 | 450 |
| Intensive Care Unit (max 45 days) | | | | | |
| Surgical Fees (inclusive of 2nd Surgical Opinion) | | | | | |
| Anaesthetist Fees | | | | | |
| Operating Theatre Fees | | | | | |
| In-Hospital Physician Visits (max 180 days) | | | | | |
| Hospital Services and Supplies | | | | | |
| Pre-Hospital Diagnosis Tests (within 60 days) | | | | | |
| Pre-Hospital Specialist Consultation (within 60 days) | | | | | |
| Post-Hospitalisation Treatment (within 60 days) | | | | | |
| Emergency Outpatient Accidental Treatment (within 24 hours up to 30 days) | | | | | |
| Accidental Dental Treatment (within 24 hours up to 30 days) | | | | | |
| Ambulance Fee | | | | | |
| Home Nursing Care | | | | | |
| Outpatient Physiotherapy Treatment | | | | | |
| Daycare Procedure | | | | | |
| Outpatient Cancer Treatment | | | | | |
| Outpatient Kidney Dialysis Treatment | | | | | |
| Daily Cash Allowance at Malaysian Government Hospitals (max 180 days) | 100 | 100 | 100 | 150 | 200 |
| Medical Report Fees | 100 | 100 | 100 | 100 | 100 |
| Overall Annual Limit (Per Person) | 18,000 | 30,000 | 45,000 | 75,000 | 100,000 |
| Accidental Death Benefits | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 |

As Charged Subject to
'Reasonable and Customary Charges'
and Overall Annual Limit

Annual Premium Rate (inclusive of MCO fee)

| | | | | | |
|-----------------------|----------|----------|----------|----------|----------|
| Employee only | 312.26 | 375.47 | 469.81 | 638.68 | 845.28 |
| Employee and Spouse | 780.66 | 938.68 | 1,174.53 | 1,596.70 | 2,113.21 |
| Employee and Children | 780.66 | 938.68 | 1,174.53 | 1,596.70 | 2,113.21 |
| Employee and Family | 1,249.06 | 1,501.89 | 1,879.25 | 2,554.72 | 3,381.13 |

B) Clinical/Outpatient Insurance Plan (Rider)

| Schedule of Benefits | MSD | MSC | MSB | MSA |
|--|------------------------------|-------|-------|-------|
| Benefits applicable within Malaysia | | | | |
| Covers the medical charges for Consultation, Medicine, Injection, Diagnostic test and procedures performed by: | | | | |
| 1. General Practitioner Visit in Panel Clinic | As Charged with Medical Card | | | |
| | | | | |
| 2. General Practitioner Visit in Non-Panel Clinic | 40 | 40 | 40 | 50 |
| Limit per Day | | | | |
| 3. Outpatient Specialist Care – upon referral by Panel GP only | 800 | 1,200 | 1,600 | 2,000 |
| Limit per Policy Year | | | | |

Benefits applicable outside Malaysia

| | | | | |
|--|-----|-----|-----|-----|
| Covers the medical charges for Consultation, Medicine, Injection, Diagnostic test and procedures performed by: | nil | 60 | 80 | 100 |
| 4a. General Practitioner Visit | | | | |
| 4b. Outpatient Specialist Care – upon referral by GP only | nil | 150 | 175 | 200 |
| Limit per Day | | | | |

Annual Premium Rate (inclusive of MCO fee)

| | | | | |
|------------|--------|--------|--------|--------|
| Per Person | 533.02 | 589.62 | 650.94 | 745.28 |
|------------|--------|--------|--------|--------|

Note:

1. Premium rates shown are subject to 8% Service Tax (for business organisations only), and RM10 Stamp Duty. (Individuals are excluded from Service Tax).
2. MCO refers to the Managed Care Organization engaged by us to assess, administer and manage the claims arising from this plan.

SOME OF THE BENEFITS IN BRIEF**A) HOSPITALISATION AND SURGICAL BENEFITS****ROOM AND BOARD**

Reimburses the charges for daily hospital room accommodation and meals up to 180 days.

SURGICAL FEES

Reimburses the professional fees for surgical procedure, ward visits, pre-surgical and post-surgical care sixty (60) days before and after the operation, Daycare Surgical procedure. Consultation fee for a second opinion is also covered.

ANAESTHETIST FEES

Reimburses the professional fees for the supply and administration of anaesthesia.

OPERATING THEATRE

Reimburses the charges for the usage of operating theatre for a surgical procedure.

HOSPITAL SERVICES AND SUPPLIES

Reimburses the charges incurred during hospital confinement for general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, X-ray, diagnostic tests, laboratory examinations, electrocardiograms, physiotherapy, rental of appliance, surgical implants, basal metabolism test, intravenous injections and solutions, administration of blood and blood plasma, oxygen and its administration.

IN-HOSPITAL PHYSICIAN VISITS

Reimburses professional fees charged by an attending Physician for the daily visits and treatment of a non-surgical disability during the Insured Person's hospital confinement up to a maximum of two (2) visits per day.

PRE-HOSPITAL DIAGNOSTIC TEST

Reimburses charges for ECG, X-ray, laboratory and diagnostic test incurred within sixty (60) days preceding hospitalisation and only upon recommendation of a doctor.

PRE-HOSPITAL SPECIALIST CONSULTATION

Reimburses Specialist Consultation Fees for the first time consultation incurred within sixty (60) days preceding hospitalisation and only upon recommendation of a doctor.

POST-HOSPITALISATION TREATMENT

Reimburses medical charges incurred for follow-up treatment by the same attending physician and incurred within sixty (60) days immediately following discharge from hospital for a non-surgical disability. Cost of medicines prescribed for the Disability only is also covered but limited to the said sixty (60) days period.

HOME NURSING CARE

Reimburses the daily professional fees of a qualified nurse and incurred within sixty (60) days immediately following discharge from hospital, provided it is recommended by the attending physician.

OUTPATIENT PHYSIOTHERAPY TREATMENT

Reimburses the daily professional fees of physiotherapist for outpatient physiotherapy treatment and incurred within hundred (100) days immediately following discharge from hospital, provided it is recommended by the attending physician.

OUTPATIENT CANCER TREATMENT

Reimburses the medical charges incurred for radiotherapy and/or chemotherapy treatment on outpatient basis.

OUTPATIENT KIDNEY DIALYSIS TREATMENT

Reimburses the medical charges incurred for kidney dialysis treatment on outpatient basis.

OVERALL ANNUAL LIMIT

The maximum amount payable for eligible expenses incurred under this Hospitalisation and Surgical insurance to an Insured Person in one Policy Year.

ACCIDENTAL DEATH BENEFIT

Pays a stated lump sum benefit if death due to accidental cause occurs within six (6) months from the date of the accident.

B) CLINICAL BENEFITS (OPTIONAL)

1. GENERAL PRACTITIONER VISIT IN PANEL CLINICS ONLY

Covers the costs and charges made by General Practitioner (GP) for consultations, medication, injection, diagnostic lab/X-ray procedures and outpatient surgical procedures.

2. GENERAL PRACTITIONER VISIT IN NON-PANEL CLINIC FOR EMERGENCY CASES ONLY

Covers the costs and charges made by General Practitioner for consultations, medication, injection, diagnostic lab/X-ray procedures and outpatient surgical procedures up to limit set forth in the Schedule of Benefits. The settlement of claim will be on reimbursement basis.

3. OUTPATIENT SPECIALIST CARE

Covers the costs and charges made by Specialist for consultations, medication, injection, diagnostic lab/X-ray procedures and outpatient surgical procedures upon referral by GP of panel clinic only up to limit set forth in the Schedule of Benefits. The settlement of claim will be on reimbursement basis for consultation outside Panel Hospitals.

4. TREATMENT OUTSIDE MALAYSIA

Covers the costs and charges made by General Practitioner or Specialist for consultations, medication, injection, diagnostic lab/X-ray procedures and outpatient surgical procedures up to limit set forth in the Schedule of Benefits. Terms and conditions are as per respective item 2 and 3 above. The settlement of claims will be on reimbursement basis.

Notes: Benefit items 2, 3 & 4 above are subjected to one (1) visit per day.



SOME OF THE EXCLUSIONS IN BRIEF GENERALLY THE POLICY DOES NOT COVER:

A) HOSPITALISATION AND SURGICAL PLAN

- a. Pre-existing illness for the first twelve (12) months of cover.
- b. Specified illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
- c. Non-accidental injuries occurred within first thirty (30) days of insurance.
- d. Dental conditions, Cosmetic/Plastic treatment, refractive errors of the eyes, congenital abnormalities, Pregnancy related conditions, sexual dysfunction, HIV/AIDS or Sexually Transmitted Disease, self-inflicted injuries, illegal drugs, mental or nervous disorders, non-medically necessary expenses, weight control, food supplement, normal medical examinations, investigative procedures, preventive treatment, sleep disorder, hormone replacement therapy, alternative therapy, radiation or nuclear activities.

B) CLINICAL/OUTPATIENT PLAN

- a. Dental conditions, Cosmetic/Plastic treatment, refractive errors of the eyes, congenital abnormalities, Pregnancy-related conditions, sexual dysfunction, HIV/AIDS or Sexually Transmitted Disease, self-inflicted injuries, illegal drugs, mental or nervous disorders, weight control, investigative procedures, preventive treatment, sleep disorder, hormone replacement therapy, radiation or nuclear activities.
- b. Non-medically necessary expenses, soaps, shampoos, toiletries items, Allergy testing, facial or treatment of Acne, food supplement, normal medical examinations, costs/expenses of non-medical nature.
- c. House call or private nursing care, medicine or tests not prescribed by doctor, outpatient physiotherapy, alternative therapy.

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

FREQUENTLY ASKED QUESTIONS

Q: How do I enrol for Medic SME?

A: Complete the Group H&S Proposal Form and Employee Enrolment Form and attach the premium payment for submission to us. The insurance is subject to our underwriting acceptance based on satisfactory evidence of insurability.

Q: Are there any other forms to be completed or requirements to be met?

A: For companies with ten (10) employees or less, Personal Health Proposal Form is required to be completed and signed. The insurance is subject to our underwriting acceptance based on satisfactory evidence of insurability.

Q: What happens when an employee resigns or when there are new employees?

A: When an employee resigns or is recruited, please complete Employee Enrolment Form and submit it to us. We will refund or charge the premium on a pro-rated basis.

Q: Can I change/upgrade my employees' benefits?

A: Yes, change/upgrade of benefits can be done at renewal date and is subject to our usual underwriting acceptance. Policy condition on "Upgraded Policies" applies.

Q: What do you mean by an emergency?

A: An emergency means treatment needed in the event whereby immediate medical attention is required within twelve (12) hours for injuries, illnesses or symptoms which are sudden and severe, failing which will be life-threatening (e.g. accident and heart attack) or lead to significant deterioration of health.

Q: Does Medic SME provide overseas coverage?

A: YES, all benefits are applicable worldwide for 24 hours a day. However, if an Insured Person chooses to or is referred to be treated outside Malaysia by the attending doctor, benefits payable will be based on the reasonable and customary and medically necessary charges for such an equivalent treatment in Malaysia excluding the cost of transport to the place of treatment.

Overseas treatment of a Disability which was diagnosed in Malaysia and non-emergency or chronic conditions is excluded.

No benefit shall be payable if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.

Q: What is Pre-existing Condition?

A: Pre-existing condition shall mean a Disability that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of 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.

Q: What is Specified Illness?

A: Specified Illness shall mean the following disabilities and its related complications:

- i) Hypertension, diabetes mellitus and cardiovascular disease.
- ii) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
- iii) All ear, nose (including sinuses) and throat conditions.
- iv) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
- v) Endometriosis including disease of reproduction system.
- vi) Vertebro-spinal disorders (including disc) and knee conditions.

Q: Does the SME policy cover Cancer or Kidney failure which is pre-existing in nature?

A: Notwithstanding the exclusion of the Pre-existing Conditions, the Policy will not cover any expenses or claims for any Insured Person who had been diagnosed as a cancer patient and/or receiving cancer treatment, or who has developed chronic renal diseases and/or is receiving dialysis treatment prior to his/her effective date of insurance.

Q: Does co-payment apply for upgraded Room and Board?

A: Yes, if the Insured Person is hospitalised at a published Room and Board rate which is higher than his/her eligible benefit. The Insured Person shall bear 20% of the eligible benefits described in the Schedule of Benefits.

IMPORTANT NOTE TO EMPLOYERS

- Please note that for any disability arising out of injury during employment, whereby the Insured has received benefits under Workmen's Compensation Ordinance, SOCSO or similar legislation, the Insurer shall bear no charges unless benefits received do not fully cover incurred charges, which are covered under the Policy.
- You are to ascertain that this product will best serve the needs of your company and that you are agreeable to the premium payable.
- If this Policy is cancelled within the fifteen (15) days free look period, the full premium less medical expenses (if any) will be refunded.
- Please note that the exclusions, limitations, terms and conditions as stated in this brochure are not exhaustive. Please refer to the actual policy contract for detailed benefits, exclusions, limitations, terms and conditions.
- You should ensure that important information regarding the Policy is disclosed to you and that you understand the information disclosed. Where there is ambiguity, you should seek clarification from us.
- It may not be advantageous to switch from one Medical policy to another, as you may be subjected to new underwriting requirements for waiting period/exclusion of specified illness/pre-existing conditions under the new policy.
- Please note that if a Person Covered or Covered Member has received other medical insurance or coverage, we shall bear no charges unless benefits received do not fully cover incurred charges, which are covered under the Policy.
- The information enclosed is accurate as at the date of print.
- In the event of any dispute or ambiguity arising out of the Bahasa Malaysia translation of this brochure, the English version shall prevail.



Generali Insurance Malaysia Berhad

197501002042 (23820-W)

Generali Customer Service Centre

Level 1, Menara Generali,
27 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.

 www.generali.com.my

 1 300 13 2121 or +603 3007 2121

 customer.service.gi@generali.com.my



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

This brochure is not a contract of insurance. The precise terms, conditions and definitions are specified in the insurance policy.

Important Note:

1. Read this brochure before you decide to take out the Medic SME Insurance Policy. Be sure to also read through the general terms and conditions of the Product Disclosure Sheet.
2. You should read and understand the insurance policy and discuss with the intermediary or contact us directly for more information.