

HEALTHCARE

SMART SME PLUS



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)



SMART SME PLUS

OVERVIEW

Group Medical Plan - Smart SME Plus is an easy-to-sell package specially designed to administer employee benefit plans for small and medium sized industries having 10 to 150 employees (fall under class 1 to 3 occupation) that provides comprehensive medical coverage for employees and their family members according to their healthcare needs.

Highlights

- 24 hours toll free admission assistance.
- Flexibility of opting for Cashless or Reimbursement option.
- Flexible plan design for medical coverage with option for Outpatient.
- Convenient usage of Medical Card (for Cashless option) with more than 100 panel hospitals in Malaysia.
- High coverage age, renewable up to 70 years old (next birthday); child covered from 15 days of birth up to 24 years old (next birthday) and unmarried.

Important Information

Before purchasing any medical product, you should ensure the following:

- What are the features of the product proposed?
- Does the proposed product best suit the needs of my company?
- Is the premium affordable?

MEDICAL BASIC COVERAGE

Hospitalisation and Surgical Benefit

Smart SME Plus provides 6 attractive plans with overall limit per annum ranging from RM12,000 to RM100,000. You have the option to choose the most suitable coverage for your employees and extend the coverage for their dependents too.

We extend to cover Second Surgical Opinion, Emergency Sickness Treatment, Emergency Medical Evacuation and Funeral Expenses.

OPTIONAL RIDER

Clinical Benefit

We provide both General Practitioner (GP) and Specialist (SP) care at Outpatient level. Employees can access to Panel GP or Panel SP on cashless basis which is a convenient way of seeking medical treatments. Coupled with the hospitalisation plan, your employees can enjoy a comprehensive medical coverage.

ELIGIBILITY

a. Eligible Member

Employee	All full time and actively at work employees in occupational classes 1 to 3 are eligible
Dependent	Yes

b. Group Size at policy inception

Minimum	10 employees
Maximum	150 employees

c. Eligible age (Age Next Birthday)

Employee			
	Minimum Age of Entry	Maximum Age of Entry	Maximum Renewable Age
Group Hospitalisation and Surgical	18	65	70
Optional Rider	18	65	70
Spouse			
	Minimum Age of Entry	Maximum Age of Entry	Maximum Renewable Age
Group Hospitalisation and Surgical	18	65	70
Optional Rider	18	65	70
Child			
	Minimum Age of Entry	Maximum Age of Entry	Maximum Renewable Age
Group Hospitalisation and Surgical	15 days old	24	24
Optional Rider	15 days old	24	24

SCHEDULE OF BASIC MEDICAL COVERAGE

Hospitalisation and Surgical Benefit

No.	Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
1.	Hospital Room & Board (Daily max up to 180 days)	370	270	200	160	135	80
2.	Intensive Care Unit (Daily max up 30 days)						
3.	Hospital Supplies and Services						
4.	Surgeon Fee						
5.	Anaesthetist Fee						
6.	Operating Theatre Charges						
7.	Daily In-Hospital Physician's Visit (Max. 180 days)						
8.	Pre-Hospital Diagnostic Tests (within 60 days before hospital confinement)						
9.	Pre-Hospitalisation Specialist Consultation (within 60 days before hospital confinement)						
10.	Second Surgical Opinion (within 60 days before hospital confinement)						
11.	Post-Hospitalisation Treatment (within 60 days from hospital discharge)						
12.	Emergency Accidental Outpatient Treatment (within 24 hours after the accident & follow-up up to 60 days)						
13.	Accidental Dental Treatment (within 24 hours after the accident & follow-up up to 14 days)						
14.	Outpatient Cancer Treatment						
15.	Outpatient Kidney Dialysis Treatment						
16.	Daycare Procedure						
17.	Ambulance Charges (by road)						
18.	Government Service Tax						
19.	Government Hospital Daily Cash Allowance (Max. 180 days)	200	100	100	100	100	100
20.	Emergency Sickness Treatment (10pm - 8am)	100	100	100	100	100	100
21.	Medical Report Fee Reimbursement	80	80	80	80	80	80
22.	Emergency Medical Evacuation*	10,000	10,000	10,000	10,000	10,000	10,000
OVERALL ANNUAL LIMIT (PER MEMBER)		100,000	75,000	50,000	35,000	20,000	12,000
23.	Funeral Expenses	10,000	10,000	10,000	10,000	10,000	10,000

Full Reimbursement
subject to Overall Annual Limit
provided the charges
are within the
recommendation
of the MMA Guidelines
and Reasonable and
Customary Charges

* Inclusive of Emergency Medical Evacuation which cover medical necessary expense for emergency transportation and medical care to move an Insured Person who has a critical medical condition to the nearest Hospital where appropriate care and facilities are available.

PREMIUM TABLE

Cashless**

SCHEDULE OF ANNUAL PREMIUM (RM)

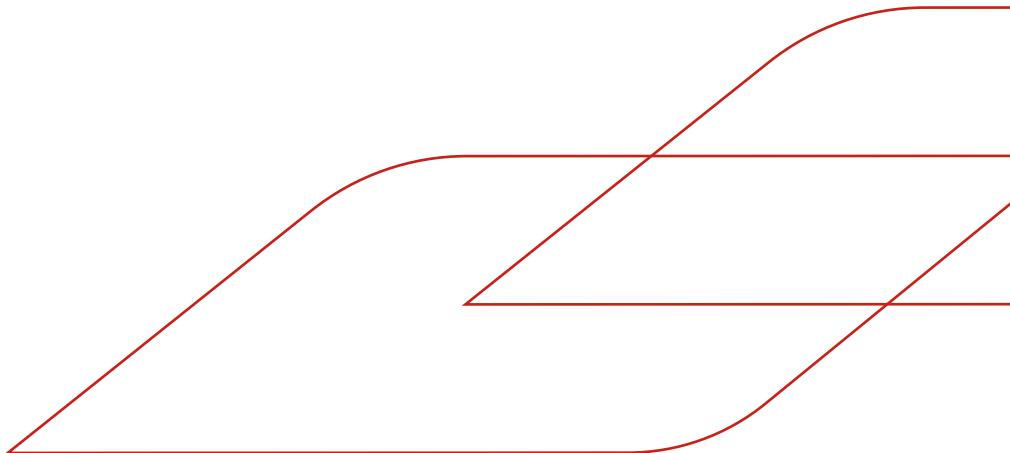
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Employee Only	1,794.00	1,136.00	877.00	633.00	456.00	335.00
Employee & Spouse	4,485.00	2,840.00	2,192.50	1,582.50	1,140.00	837.50
Employee & Children	4,485.00	2,840.00	2,192.50	1,582.50	1,140.00	837.50
Employee & Family	7,176.00	4,544.00	3,508.00	2,532.00	1,824.00	1,340.00

Reimbursement**

SCHEDULE OF ANNUAL PREMIUM (RM)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Employee Only	1,617.00	1,024.00	791.00	572.00	413.00	304.00
Employee & Spouse	4,042.50	2,560.00	1,977.50	1,430.00	1,032.50	760.00
Employee & Children	4,042.50	2,560.00	1,977.50	1,430.00	1,032.50	760.00
Employee & Family	6,468.00	4,096.00	3,164.00	2,288.00	1,652.00	1,216.00

** The premium rates shown do not include any applicable tax, duty or levy.



SCHEDULE OF OPTIONAL RIDER

Clinical Benefits

No.	Benefits	(RM)
1.	OUTPATIENT GENERAL PRACTITIONER CLINICAL TREATMENT	At Generali Panel Clinics
	Routine Consultation	
	Medication	
	Injection	
	Outpatient Surgical Procedures	
	Preventive Screening – Pap Smear (once per policy year)	
	Diagnostic Lab/X-Ray Procedure	
	Limit per visit	Unlimited
	Number of Visit per year per Insured Person	Unlimited
	Co-Payment	Nil
Overseas Treatment (Limit per visit)		50
2.	OUTPATIENT SPECIALIST TREATMENT	With Panel GP Referral
	Consultation	
	Medication	
	Injection	
	Outpatient Surgical Procedures	
	Diagnostic Lab/X-Ray Procedure	
	Limit per visit	Unlimited
	Number of Visit per year per Insured Person	Unlimited
	Co-Payment	Nil
	Limit per ANNUM	1,200
Overseas Treatment (Limit per visit)		150 (without GP Referral)
SCHEDULE OF ANNUAL PREMIUM (RM)		
	Annual Premium Per Person	675.00

Note: The premium rate shown does not include any applicable tax, duty or levy.



Occupation Class

Class	Description
Class 1	* Professionals and persons engaged in executive, administrative or clerical work solely in offices or similar non-hazardous places.
Class 2	* Persons engaged in skilled or semi-skilled work and not exposed to hazardous conditions.
Class 3	* Persons engaged in occupations requiring manual labour and involving the use of tools or light machinery but not of particularly hazardous nature.

Declined Occupations/Industry – Persons engaged in occupations with exposure to highly hazardous conditions. Below are some examples of declined occupations list and please note these are not exhaustive:

- Construction site workers or unskilled workers at construction site
- Divers or occupations involving deep sea diving
- Pilots, air stewards, stewardesses or air crew
- Ship crew or workers on board vessels (stationery or offshore) or shipbreakers
- Circus worker
- Nightclub & entertainment industry
- Timber industry
- Hawker
- Club, Cooperation, Government association
- Debt collector
- Sportsman (professional or amateur), horse jockey
- Medical organisation

Occupations or work involving:

- exposure to oil rig platform and/or offshore work
- fire fighters, police, military, naval or air force service and operations
- manual work in hazardous places (construction site, demolition, dock, hangar, oil refinery, shipyard and the like)
- wood or timber working, welding, working at heights exceeding 30 feet, underground (e.g. mining) & handling of hazardous chemical or explosive materials
- use of heavy machinery (cranes, forklifts, bulldozers and the like, vehicles requiring Class 4 license and above)

EXCLUSIONS

Basic Medical Coverage (Hospitalisation and Surgical Benefit)

1. Any medical or physical conditions arising within the first thirty (30) days from the Insured Person's coverage effective date or reinstatement date whichever is latest except for accidental injuries.
2. All Pre-existing Illnesses for the first twelve (12) months of issue date, unless declared and accepted by the Company. Pre-existing Illness shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured 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.
3. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (Radial Keratotomy), long-sightedness, astigmatism and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers, lens (except for basic lens) and prescriptions thereof.
4. 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.
5. Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilisation, 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.
6. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
7. Pregnancy, pregnancy related or its complications, childbirth (including surgical delivery), miscarriage, abortion, 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 sterilisation.
8. 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.
9. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
10. 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.
11. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
12. 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.
13. 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, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
14. 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 and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
15. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) and any other conditions classified under the 'Diagnostic & Statistical Manual of Mental Disorders (DSM-IV Codes) as published by American Psychiatric Association'.
16. Costs/expenses of services of a non-medical nature, such as newspapers, television, telephones, telex services, radios or similar facilities, admission/in-patient kit/pack, discharge pack, laundry, electricity, extra meal and other ineligible non-medical items.
17. Sickness or injury arising from illegal activities, playing professional sports, racing of any kind (except foot racing) or hazardous sports such as but not limited to skydiving, base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, water skiing, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, handgliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
18. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
19. Expenses incurred for sex changes.
20. Any treatment directed towards developmental delays and/or learning disabilities in Insured Children.
21. Cosmetic (aesthetic) surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment. However we will pay for reconstructive surgery if:
 - (a) It is done at a medically appropriate stage after the accident or surgery; and
 - (b) It is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that member has been continuously covered under a plan of ours since before the accident or surgery happened; and
 - (c) We agree to the cost of the treatment in writing before it is done.
22. Any treatment which only offers temporary relief of symptoms on any long term illness and disease rather than dealing with the underlying medical condition.

OPTIONAL RIDER

Clinical Benefits

1. More than one (1) Outpatient Consultation per day to a General Practitioner or Specialist.
2. Consultation made on the day of surgical operation or during convalescence therefrom, if cover for such operation is available under a Hospital & Surgical Insurance Policy.
3. Cost of prescribed medicine without Consultation.
4. Private nursing care and house calls by Doctors for any reasons.
5. Plastic/Cosmetic Surgery or Treatment, or Treatment of their complications (inclusive of double eyelids, acne, keloids etc) except as necessitated by Accidental Injuries.
6. Care and Treatment that is experimental, investigative and not according to accepted professional standards and care that is not Medically Necessary.
7. Treatment for Injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance or Injuries which are self-inflicted while sane or insane.
8. Any Treatment for or arising from substance abuse such as alcohol, narcotics, etc.
9. Private nursing care engaged by Insured Person or services for rest cures or sanitaria care provided by rest/nursing home for purely recuperative purposes.
10. Contraceptive medications and devices, sterilisation procedures, Treatment for complications, reversal of such procedures and the work up or Treatment of sexual dysfunction or infertility.
11. Investigation and Treatment relating to pregnancy including prenatal, childbirth, postnatal and all complications arising therefrom.
12. Hormone therapy.
13. Any circumcision unless Medically Necessary.
14. Conditions related to sexually transmitted Disease, AIDS and AIDS Related Complex or its sequelae.
15. Alternative therapy such as Treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist Treatment, massage or aroma therapy or other alternativeTreatment.
16. Vitamins, Food Supplement, Herbal Cures, Anti-Obesity/Weight Reducing Agents including off the counter medications.
17. Soaps, shampoos, vitamin creams and vitamin ointment.
18. Psychotic, mental, nervous disorders and behavioral conditions including neurosis, physiological or psychosomatic manifestations.
19. Treatment, therapy for congenital or hereditary Diseases, deformities and Disabilities and any medical or surgical complication arising therefrom e.g. childhood hernias, clubfoot, Ventricular Septal Defect, Atrial Septal Defect, Thalassemia etc.
20. Diseases or Disabilities of a newborn Child contracted prior to or during birth of within the first 14 days hereafter.
21. Blood and topical allergy testing.
22. Routine physical examination, health check-ups or tests not incidental to Treatment or diagnosis of a covered Disability.
23. Speech and Occupational Therapy.
24. Any process solely for the determination of eye refraction, lazy eye and the correction of the same by radial keratotomy, orthoptic or visual training or by any other means.
25. Supply of corrective glasses, or contact lens except cataract Surgery or eye Injury or any associated material for the correction of visual acuity.
26. The policy does not cover any dental treatment or surgery except for pain relieving dental treatment due to an Injury sustained in an Accident. Restorative procedure such as crowning, bridging, implant as well as root canal treatment will not be covered.
27. Use, acquisition or rental of external appliances such as artificial limbs, hearing aids, aero chambers, equipment for nebulising and orthopedic pads.
28. Treatment for effects from exposure to ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
29. 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.
30. Investigation and Treatment of sleep and snoring disorders.
31. Outpatient physical therapy or physiotherapy is not covered and cannot be referred by General Practitioner level. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist.
32. Outpatient rehabilitation therapy, chemotherapy, radiation therapy and kidney dialysis.
33. Preventive Vaccinations/Immunisations except for the following that are applicable to eligible Children only (subject to Outpatient Benefit limit, if any):
 - BCG (booster);
 - Hepatitis B (infants up to 1 year old);
 - Triple Antigen & TetrAct Hib (infants up to 1 year old);
 - Double Antigen (booster), including Oral Polio;
 - MMR;
 - Rubella.
34. 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 and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
35. Sickness or Injury arising from racing of any kind (except foot racing), hazardous spots such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
36. Expenses incurred for sex changes.
37. Any Treatment directed towards developmental delays and/or learning disabilities in Insured Children.
38. Any communicable diseases requiring quarantine by law.

FREQUENTLY ASKED QUESTIONS

1. Who is eligible for coverage?

- All full time and actively at work employees with maximum entry age 65 (next birthday) are eligible for medical coverage, renewable up to age 70 (next birthday).
- For the employee's legally married spouse, the eligible entry age is up to 65 (next birthday).
- Coverage is extended to unmarried children who have attained the age of 15 days and the coverage up to 24 years of age (next birthday).

2. How to enrol for Smart SME Plus and what are the documents required?

- a. Complete the Group Hospital & Surgical (H&S) Application Form
- b. Group Hospital & Surgical (H&S) Employee Enrolment Form
- c. Supplementary Agreement (applicable for cashless facility only)

3. Is medical examination required?

No medical examination is required for **Smart SME Plus**.

4. Can I change my employees' benefits?

Yes, any changes to the benefits are allowed upon policy anniversary subject to switching is due to promotion or demotion and it will be across the same employee category, a pro-rated premium will be charged or refunded. Any changes have to be informed within 30 days prior to the benefit eligible date.

5. Are the premiums guaranteed?

Premium rates are not guaranteed. We may change the premiums in future based on our overall experience in underwriting this class of business. Any changes of premium will be notified and made on your policy anniversary.

6. What is the procedure to declare new inclusion or deletion of employees?

Complete Group H&S Employee Enrolment Form for any new inclusion or deletion and email it to your servicing agent within 30 days prior to the benefit eligible date.

7. Does Smart SME Plus provide overseas coverage?

Yes, we provide worldwide coverage for twenty-four (24) hours a day. If the Insured Person elects to or is referred to be treated outside Malaysia by the Attending Physician, benefits payable shall be limited to the Reasonable and Customary and Medically Necessary Charges for such equivalent local treatment in Malaysia which excludes the cost of transport to the place of treatment.

No benefits shall be payable for any medical treatment received by the Insured Person if he/she resides or travels outside Malaysia for more than 90 consecutive days.

8. Does "Take-over" of previous policy conditions applied for Smart SME Plus?

Yes, "take-over" condition is applicable but existing insurer's policy Schedule of Benefits, current and past 2 years claims experience, member census are required for pre-approval take-over consideration and we reserve the right to decline any take-over application. Besides, the period of cover must be continue from the end date of existing policy under existing insurer before any take-over can be approved.

9. How do I make a medical claim under this policy?

Cashless facility can be arranged by Generali for the convenience of the Insured Person. Please refer to the complete Generali panel hospitals list on our website <https://www.generali.com.my/contact-us>.

Should the Insured Person wish to seek medical advice/ admission from hospital that does not fall in Generali panel hospital list, medical expenses are on 'Pay and File' basis. The Insured Person is required to settle the bills first and submit all claim documents to Generali for reimbursement of eligible expenses.



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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 Smart SME Plus Insurance Policy. Be sure to also read through the general terms and conditions of the Product Disclosure Sheet.
2. For additional information about medical and health insurance, please refer to the insuranceinfo booklet on 'Medical & Health Insurance', which is available at all our branches. You can also obtain a copy of the booklet from your insurance intermediary or visit www.insuranceinfo.com.my.
3. You should read and understand the insurance policy and discuss with the intermediary or contact us directly for more information.