Generali Life Insurance Malaysia Berhad

OneMedic Plus - <Plan Type>

PRODUCT DISCLOSURE SHEET

FIND OUT MORE:

The Product Disclosure Sheet (PDS) provides some of the key information that You should consider before You buy a medical insurance plan that best meets Your needs. You should read Your insurance policy contract carefully for full details on Your coverage.

Step 1: Is this plan right for You?

This plan pays the covered hospitalisation and surgical expenses of the Insured in accordance with the benefit level of Your chosen plan, up to <Coverage Term>. Provided there is sufficient Account Value at the end of the coverage term to deduct the insurance charges, this plan will be guaranteed to be renewed without evidence of insurability at Your option and the coverage shall continue up to the Insured's age 100. You will be notified on the renewal option at least 90 days prior to the rider expiry age.

Units will be deducted from Your Account Value into the insurance risk fund to pay for the insurance charges. Your insurance charges will be pooled with other policy owners' insurance charges to pay claims. If the total claims paid out from the pool of insurance charges is high, the insurance charges for all policy owners in the same pool may increase, including Your insurance charges **even if You did not make a claim**.

Step 2: Does it meet Your needs?

What is covered?

- **Hospital Room and Board:** MYR <999> (daily maximum)
- **In-Patient Related Fees (including Surgical Fees):** As charged. Benefits payable are on pay first, claim later and/or cashless basis, and subject to the Annual Limit.
- **Annual Limit:** MYR <999,999>
- **Lifetime Limit:** No limit

What is not covered?

- Medical conditions that You had or had symptoms of, before buying the plan (i.e.: pre-existing illnesses).
- Specified Illnesses (e.g.: hypertension or diabetes) occurring within the waiting period.
- Diseases requiring quarantine by law (This exclusion does not apply to Coronavirus Disease (COVID-19)).

Note: This is not a complete list. Please read the attached Supplementary Information and supplementary contract carefully for the full details on what is and is not covered.

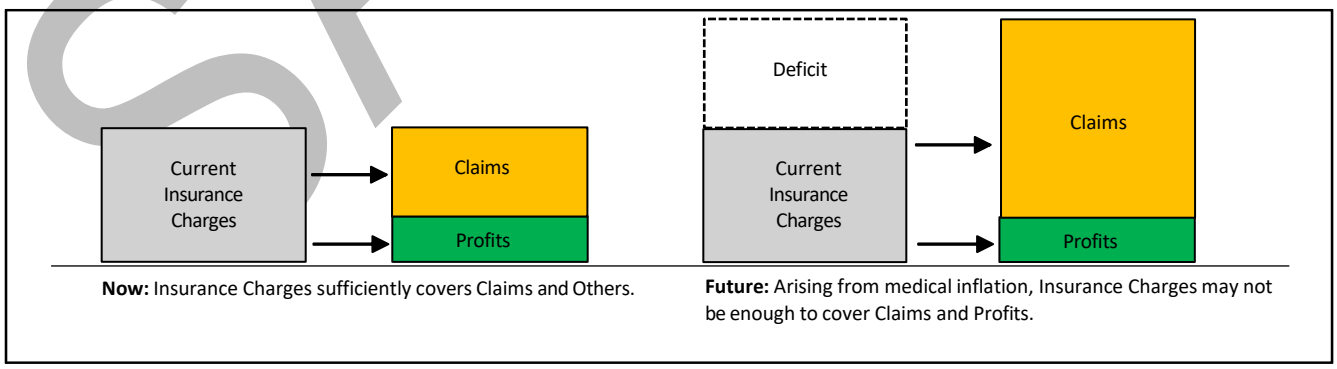
Step 3: Can You afford the increase in insurance charges over time?

Insurance Charges Projection Table

Age	Current insurance charges upon attained age (MYR)	Estimated Insurance Charges		Over the long term, You can reduce insurance charges payable by choosing plans with (if applicable): (a) A higher deductible; (b) A higher co-insurance; or (c) A lower Annual Limit.
		Based on medical inflation of <99>%[1] per annum (MYR)	Based on medical inflation of <99%> per annum (MYR)	
<99>	<99>			
<99>	<99>	<99>	<99>	
<99>	<99>	<99>	<99>	
<99>	<99>	<99>	<99>	
<99>	<99>	<99>	<99>	

- The projection above is solely for **illustration purposes only**.
- Insurance charges are affected by both the increase in treatment costs and the increased use of healthcare services by policy owners. This can result in actual medical inflation rate being higher or lower than the above illustration. We are undertaking the necessary cost containment measures in co-operation with other stakeholders to manage the insurance charges increase over time.
- The actual insurance charges You will have to pay depends on the actual medical inflation of the plan You purchased. **Arising from medical inflation, the current insurance charges level may not be enough to cover future claims**.

[1]This is the year-on-year increase in the average treatment cost as billed by Hospitals to the insurance and takaful industry from years <2099> to <2099>.



Now: Insurance Charges sufficiently covers Claims and Others.

Future: Arising from medical inflation, Insurance Charges may not be enough to cover Claims and Profits.

Note: This chart is not drawn to scale.

Step 4: What else should You be aware of?

- **Importance of disclosure** – You must answer the questions that We ask fully and accurately. Failure to take reasonable care in answering the questions may result in rejection of Your claim or termination of Your Policy. All material facts such as medical condition must be disclosed, and the Age must be stated correctly.
- **Free-look period** – You may cancel this rider by returning it to Us within 15 days from the date of Your receipt of supplementary contract to this rider. We will refund to You any insurance charges that have been deducted for this rider less any medical fees incurred.
- **Waiting period** – The eligibility for benefits under this rider will only start 120 days for Specified Illnesses and 30 days for any other causes after the rider effective date or any reinstatement date of this rider, whichever is later, except for injuries due to accidents. Specified Illnesses refer to the following disabilities and its related complications:
  (a) Hypertension, diabetes mellitus or cardiovascular Disease;
  (b) Growths of any kind including tumours, cancers, cysts, nodules, polyps, kidney stones or gallbladder stones;
  (c) Any diseases of the ear, nose (including sinuses) or throat;
  (d) Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
  (e) Any diseases of the reproductive system including endometriosis; or
  (f) Any disorders of the spine (including but not limited to a slipped disc) or any knee conditions.
- <**Basic Co-Insurance** – This rider comes with < co-insurance 5%, minimum MYR 500 and maximum MYR 1,000 per policy year / co-insurance 5%, minimum MYR 500 and maximum MYR 2,000 per policy year>. Co-insurance refers to the specified amount that You must pay first for the total eligible expenses incurred and We will reimburse the excess, if any.>
- <**Deductible** – This rider comes with <MYR 5,000 deductible per policy year / MYR 10,000 deductible per policy year>. Deductible refers to the fixed amount that You must pay first for the total eligible expenses incurred and We will reimburse the excess, if any.>
- **Co-Payment Waiver** – <Basic Co-Insurance/Deductible> and co-insurance under Out-Patient Illness Treatment Benefit shall not be applicable for any treatment, hospitalisation or surgeries due to an accident or emergency treatment; or sought at a Malaysian government hospital or government healthcare facility such as government clinic; or any claims under the benefits of Out-Patient Kidney Dialysis Treatment and Out-Patient Cancer Treatment.
- **Premium** – No explicit premium is payable for this unit deducting rider. However, insurance charge in respect of this rider will be deducted from the Account Value of Your Policy.
- **Commission** – The commissions paid to the servicing agent forms part of your premium for your basic plan. Please refer to the Sales Illustration for more information.
- **Insurance charges** - The insurance charges are not guaranteed and will increase as You grow older. You are advised to refer to the details of insurance charges and other charges shown in the Sales Illustration. We reserve the right to revise the insurance charge and premium amount by giving You at least 30 days' notice to You before effecting the revised insurance charge.
- **Renewal** – This rider is renewable at Your option. If You opt not to renew this rider, the coverage will cease and We shall not be liable for any claims that take place after the cessation of this rider.

Note: This is not a complete list. Please read Your supplementary contract carefully for full details on the key terms and conditions.

Step 5: Have You considered other products that might suit Your needs?

Product Options Table

	Recommended Product	**Alternative Product Options**	
Name	**Unit Deducting Rider OneMedic Plus – <Plan Type>**	**Option 1: Unit Deducting Rider OneMedic Plus – <Plan Type>**	**Option 2: Unit Deducting Rider OneMedic Plus – <Plan Type>**
Annual Premium	MYR <99,999>[2]	MYR <99,999> *The annual premium is <lower/higher> by MYR <99,999>*	MYR <99,999> *The annual premium is <lower/higher> by MYR <99,999>*
Type	Reimbursement *(You pay for treatment first and claim from Us later) and/or Cashless (We pay directly to hospital)*	Reimbursement *(You pay for treatment first and claim from Us later)* and/or Cashless *(We pay directly to hospital)*	Reimbursement *(You pay for treatment first and claim from Us later)* and/or Cashless *(We pay directly to hospital)*
Coverage Term	<Coverage Term> *Renewal is guaranteed without evidence of insurability at Your option up to age 100, but insurance charges are not guaranteed.*	<Coverage Term> *Renewal is guaranteed without evidence of insurability at Your option up to age 100, but insurance charges are not guaranteed.*	<Coverage Term> *Renewal is guaranteed without evidence of insurability at Your option up to age 100, but insurance charges are not guaranteed.*
Basic Co-Payment	<Basic Co-Insurance/ Deductible>	<Basic Co-Insurance/ Deductible>	<Basic Co-Insurance/ Deductible>
Hospital Room and Board	MYR <999> per day	MYR <999> per day	MYR <999> per day
Surgical Fees	As charged	As charged	As charged
Annual Limit	MYR <999,999>	MYR <999,999>	MYR <999,999>
Lifetime Limit	No limit	No limit	No limit

- [2]This amount includes the annual premium and regular top-up premium (if any) for the basic plan attached with this medical rider only. This annual premium is illustrated based on Your entry age, gender, smoking status and occupation class for Wealth Protect Assure 2 with Basic Sum Insured MYR 100,000 and no other riders attached except for the medical rider. This amount assumes annual payment mode, standard risk without any loadings and investing in 100% Select Bond Fund.
- **Deductible** refers to the fixed amount that You have to pay before Your actual coverage begins. For example: MYR 5,000 deductible means You have to pay MYR 5,000 out of your own pocket and We will pay the balance up to the Annual Limit.
- **Co-insurance** refers to the fixed percentage of a medical charge that You have to pay and subject to the minimum and maximum amount. For example: 5% co-insurance means You have to pay 5% of the total eligible expenses incurred for each policy year and subject to minimum and maximum amount, We will pay the balance up to the Annual Limit.
- **Annual Limit** plus the accumulated Inflation Defender (if any) refers to the maximum amount of eligible expenses that You can claim for each policy year.

- **Lifetime Limit** refers to the maximum amount of eligible expenses that You can claim throughout the coverage term.

Note: This table does not capture all the features of products compared. Please ask us, Your servicing agent, for more information on the differences in features of these products.

PROTECTION BY PIDM ON BENEFITS PAYABLE FROM THE UNIT PORTION OF THIS POLICY IS SUBJECT TO LIMITATIONS.
Please refer to PIDM's TIPS Brochure or contact Generali Life Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

Generali Life Insurance Malaysia Berhad

OneMedic Plus

SUPPLEMENTARY INFORMATION

1. What are the covers / benefits provided?

Your chosen plan: <Plan Type>

Basic Co-Payment: < Basic Co-Insurance: co-insurance 5%, minimum MYR 500 and maximum MYR 1,000 per policy year / Basic Co-Insurance: co-insurance 5%, minimum MYR 500 and maximum MYR 2,000 per policy year / MYR 5,000 deductible per policy year / MYR 10,000 deductible per policy year>

Plan (MYR)		Lite 1	Lite 2	Elite 1	Elite 2
Annual Limit (applicable to benefits no.1 to no.20)		250,000	500,000	1,500,000	2,500,000
Inflation Defender		Not applicable		Annual Limit will be increased by 10% of the initial Annual Limit at the end of every 5 policy years starting from the rider effective date. This benefit shall not exceed 100% of the initial Annual Limit of the plan.	
Lifetime Limit		No limit			
Basic Co-Payment (applicable to benefits no.1 to no.15)		(a) Basic Co-Insurance: Co-insurance 5%, minimum 500 and maximum 1,000 per policy year; or (b) Deductible: 5,000 or 10,000 per policy year		(a) Basic Co-Insurance: Co-insurance 5%, minimum 500 and maximum 2,000 per policy year; or (b) Deductible: 5,000 or 10,000 per policy year	
Section A: In-Patient and Surgical Benefit (for any one disability)					
1	**Hospital Room and Board** (daily maximum)	150		250	300
	Maximum number of days	150 days for any one disability		No limit	
2	**Room and Board Enhancer**	Hospital Room and Board will be increased by 10% of the initial Hospital Room and Board at the end of every 5 policy years starting from the rider effective date. This benefit shall not exceed 100% of the initial Hospital Room and Board of the plan.			
	Intensive Care Unit	As charged			
3	Maximum number of days	150 days for any one disability		200 days for any one disability	
4	**In-Patient Related Fees** (a) Hospital Supplies and Services (including medical report charges up to MYR 200 per Hospitalisation) (b) Surgical Fees (c) Anaesthetist Fees (d) Operating Theatre Fees (e) In-Patient Prescribed Medicines (f) In-Patient Diagnostic Procedures and In-Patient Physiotherapy (g) In-Patient Physician Visit (up to 2 visits per day per physician)	As charged			
5	**Pacemaker and Implantable Cardiac Defibrillator**	Up to 20,000 for any one disability			
6	**Ambulance Fees**	Up to 500 per hospitalisation		As charged	
7	**Daily Guardian Benefit** (for child or Insured aged above 65 years)	As charged			
	Maximum number of days	150 days for any one disability			
8	**Daily Allowance for Hospitalisation in Government Hospital**	60 per day			
	Maximum number of days	60 days for any one disability			
9	**Additional Daily Allowance for Hospitalisation in Government Hospital Isolation Ward**	60 per day			
	Maximum number of days	30 days for any one disability			
Section B: Out-Patient Benefit (for any one disability)					
10	**Day Surgery and Daycare Surgical Procedure**	As charged			
11	**Pre-Hospitalisation Benefit** (within 90 days before hospitalisation) (a) Consultation (b) Diagnostic Tests (c) Medication and Treatment	Up to 5,000	Up to 10,000	As charged	
12	**Post-Hospitalisation Benefit** (within 210 days after hospital discharge) (a) Medication and Treatment (b) Out-Patient Physiotherapy	Up to 5,000	Up to 10,000	As charged	
13	**Chiropractic Treatment** (within 150 days after hospital discharge)	Not applicable		Up to 1,000	
14	**Traditional and Complementary Medicine Treatment** (within 150 days after hospital discharge)	Not applicable		Up to 200 per visit and 2,000 for any one disability	

15	**Home Nursing Care**	Up to 5,000 per hospitalisation	Up to 10,000 per hospitalisation	As charged
	Maximum number of days	180 days per lifetime		
16	**Out-Patient Illness Treatment Benefit** (a) Acute Bronchitis / Acute Bronchiolitis (b) Acute Gastroenteritis (c) Dengue Fever (d) Influenzas (e) Pneumonia	Up to 150 per visit and 1,500 per policy year, after deduction of co-insurance 5%		
17	**Out-Patient Kidney Dialysis Treatment**	As charged		
18	**Out-Patient Cancer Treatment** (including but not limited to radiotherapy, chemotherapy, targeted therapy, hormonal therapy or immunotherapy, and including consultation, examination tests and prescribed medicines)	As charged		
19	**Emergency Accidental Out-Patient and Follow-up Treatment** (within 30 days from the date of an accident)	As charged		
Section C: Special Benefit				
20	**Intraocular Lens**	Up to 3,000 per lifetime		Up to 6,000 per lifetime
21	**Prosthetic Devices and Hearing Aids**	Not applicable		Up to 10,000 per lifetime
22	**Genomic Test for Cancer**	Not applicable		Up to 10,000 per lifetime

- Additional Daily Allowance for Hospitalisation in Government Hospital Isolation Ward is payable in addition to the Daily Allowance for Hospitalisation in Government Hospital.
- The list of illnesses under Out-Patient Illness Treatment Benefit is subject to our review and may be extended to include additional illness(es) from time to time.
- Genomic Test for Cancer and Prosthetic Devices and Hearing Aids are not subject to Annual Limit, and any claims made under these benefits will not reduce the Annual Limit.

Note: Please refer to the supplementary contract for full benefit description.

PROTECTION BY PIDM ON BENEFITS PAYABLE FROM THE UNIT PORTION OF THIS POLICY IS SUBJECT TO LIMITATIONS.
Please refer to PIDM's TIPS Brochure or contact Generali Life Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

2. What are the major exclusions under this plan?

All benefits under this rider will not be payable if the Insured's hospitalisation, surgery or charges incurred is caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- Pre-existing Illnesses;
- Specified Illnesses occurring within the waiting period;
- Any disabilities, medical or physical conditions and its signs and symptoms occurring within the waiting period, except for injuries due to accidents;
- Circumcision, eye examination, refractive surgery or surgical procedure for visual impairments due to astigmatism, farsightedness or nearsightedness (Radial Keratotomy or Lasik), glasses or contact lenses, and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof (This exclusion does not apply to Pacemaker and Implantable Cardiac Defibrillator, and Prosthetic Devices and Hearing Aids as stated in the Schedule of Benefits);
- Dental conditions including dental treatment or oral surgery except as necessitated by injuries due to accidents to sound natural teeth occurring during the period of insurance;
- Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases, and any communicable diseases requiring quarantine by law (this exclusion does not apply to any hospitalisation, surgery, charges incurred or death, whichever is applicable, due to Coronavirus Disease (COVID-19));
- Any treatments or surgical operation for congenital conditions or deformities including hereditary conditions;
- Pregnancy, pregnancy related condition or its complications, 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 sterilisation;
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examinations, general physical or medical examinations that are not related whether directly or indirectly to treatment or diagnosis of a covered disability, any treatments which is not medically necessary, tests and investigations done for the purpose of excluding diagnosis other than the final diagnosis in which final treatment is rendered, any preventive treatments, preventive medicines or examinations carried out by a physician, and any treatments specifically for weight reduction or gain or bariatric surgery;
- 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, civil commotion or insurrection;
- Biological or chemical contamination, 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 parts or organs by the Insured 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, placenta/serum therapy, chelation therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to acupressure reflexology, bone setting, herbalist treatment, traditional and complementary medicine, supplementary medicine, vitamin, nutritional herb, massage or aroma therapy or other alternative treatment (This exclusion does not apply to Chiropractic Treatment, and Traditional and Complementary Medicine Treatment as stated in the Schedule of Benefits);

- 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;
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) and any other conditions classified under the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV Codes) as published by American Psychiatric Association;
- 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 violation of any law, participating in 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 changes;
- Any treatments directed towards developmental delays and/or learning Disabilities of an Insured;
- Any diagnostic tests, procedures, blood tests, investigations or screenings that are not directly related to the final diagnosis and treatment for the covered disability; or
- cosmetic/aesthetic/plastic surgery or treatment, or treatment which relates to or is needed because of previous cosmetic treatment. however, we will pay for the reconstructive surgery if:
  (a) it is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that the Insured has been continuously covered under this rider since before the occurrence of accident or surgery;
  (b) it is done at a medically appropriate stage after the accident or surgery; and
  (c) We agree, in writing, to the cost of the treatment before it is done.

Note: This list is non-exhaustive. Please refer to the supplementary contract for the full list of exclusion.