

PRODUCT DISCLOSURE SHEET

Read this Product Disclosure Sheet before you decide to take up the MediSavers eSME Insurance. Be sure to also read the general terms and conditions.

MediSavers eSME Insurance

1. What is this product about?

This product provides for hospitalisation and surgical expenses incurred due to illnesses & injury covered under the policy with optional plan for Clinical / outpatient benefits. This policy is designed for companies with minimum of five (5) active employees and up to two hundred and fifty (250) active employees.

2. What are the covers / benefits provided?

This Policy comprises the following two Sections:

Section 1 – Hospitalisation and Surgical Insurance

Section 1 of this policy is a mandatory cover.

Section 1 of this policy witnesses that if the Insured Person is confined to a hospital for treatment or is surgically treated as a day case during the Period of Insurance stated in the Policy Schedule, the Company will pay to the Policyholder or his legal personal representative the sum or sums stated in Policy Schedule. Payment is subject to reasonable and customary charges and will only be made upon receipt and approval of proofs of expenses incurred.

No Benefits will be payable unless the entire hospital confinement had been recommended and approved by a legally qualified medical practitioner. The due observance and fulfilment by the Insured Person of the terms and conditions contained herein or endorsed hereon, which terms and conditions shall form part of this Policy, shall insofar as the context permits, be deemed to be conditions precedent to any liability under this Policy.

Description (RM)	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Room & Board, daily limit	100	150	200	250	250	300
Overall Annual Limit	10,000	15,000	20,000	25,000	75,000	90,000
Funeral Expenses (with Covid-19 Cover) (Separate Limit)	10,000	10,000	10,000	10,000	10,000	10,000

You may opt for 25% or 50% Co-payment if you wish to pay lesser premium. Co-payment is not applicable to Funeral Expenses Benefit.

Section 2 – Outpatient Insurance

Section 2 of this Policy is optional and will only be provided, subject to the following:

- (a) Section 1 must be purchased to qualify for cover under Section 2
- (b) Section 2 is only provided at the Policy level. Therefore, if Section 2 is purchased all persons insured under this Policy must be insured under Section 2.
- (c) Section 2 is not provided unless coverage is specified in the Policy Schedule.

Description of Limits (RM)	Plan 1	Plan 2
1. Within Malaysia Covers the medical charges for Consultation, Medicine, Injection, Diagnostic test and procedures performed by: (a) General Practitioner Visit in Panel Clinic (b) General Practitioner Visit in Non-Panel Clinic (c) Outpatient Specialist Care - upon referral by Panel GP only	As Charged 40 per day 800 per year	As Charged 40 per day 1,200 per year
2. Outside Malaysia Covers the medical charges for Consultation, Medicine, Injection, Diagnostic test and procedures performed by: (a) General Practitioner Visit (b) Outpatient Specialist Care - upon referral by GP only	Nil Nil	60 per day 150 per day

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BENEFITS OF COVERAGE FOR SECTION 1

Before the patient is admitted to hospital or surgically treated in a hospital, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred for consultation prior to hospital admission or surgery.

- a. Pre-Surgical Consultation & Diagnosis, limited to one (1) consultation prior to surgery
- b. Pre-Hospital Specialist Consultation, limited to one (1) consultation prior to hospitalisation
- c. Pre-Hospital Diagnostic Tests, related to one (1) consultation prior to hospital admission
- d. Second Surgical Opinion, limited to one (1) consultation prior to surgery

When the patient is being treated as a bed-paying patient in a hospital or is surgically treated, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.

- a. Room & Board, incurred during the policy period of insurance
- b. Intensive Care Unit, incurred during the policy period of insurance
- c. Hospital Supplies & Services, incurred during the policy period of insurance
- d. Surgical Fees, with post-surgery care up to sixty (60) days from the date of surgery
- e. Anaesthetist Fees
- f. Operating Theatre Fees
- g. In-Hospital Physician Visit incurred during the period of insurance, subject to two (2) visits a day
- h. Insured Child's Daily Guardian Benefit, incurred during the policy period of insurance

If the patient is surgically treated as a Day Surgery Case, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.

- a. Daycare Surgery

After the patient is discharged from hospital for a treatment, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.

- a. Post-Hospitalisation Treatment, incurred within sixty (60) days following discharge from hospital. (applicable for a non-surgical case only)
- b. Out-Patient Physiotherapy Treatment, incurred within sixty (60) days following discharge from hospital.

If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis

- a. Ambulance Fees, incurred during the policy period of insurance

If the patient is injured in an accident but does not require inpatient treatment, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.

- a. Emergency Outpatient Treatment for Accidents, within twenty-four (24) hour and follow-up up to sixty (60) days.
- b. Emergency Dental Treatment for Accidents, within twenty-four (24) hour and follow-up up to fourteen (14) days.

The following additional benefits incurred during the policy period of insurance will be payable subject to reasonable, customary and necessary expenses incurred but shall be payable as part of the Overall Annual Limit.

- a. Organ Transplant
- b. Services Tax
- c. Medical Report Fee
- d. Home Nursing Care
- e. Emergency Sickness Treatment
- f. Outpatient Cancer Treatment
- g. Outpatient Kidney Dialysis
- h. Government Hospital Cash Allowance, RM100 per day up to one hundred and eighty (180) days

If the patient needs to be hospitalised or surgically treated, you may call our 24-Hour Call Centre.

- a. Hospital Admission Assistance

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3. How much premium do I have to pay?

The total premium that you have to pay may vary depending on the choice of plan required and underwriting requirements:

Section 1 – Hospitalisation and Surgical Insurance

TABLE OF ANNUAL PREMIUM IN RINGGIT MALAYSIA (WITHOUT CO-PAYMENT)						
Group Size	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Group Size 5 to 9	278	372	504	603	890	996
Group Size 10 to 14	277	370	502	600	886	992
Group Size 15 to 34	275	369	500	597	882	987
Group Size 35 to 49	274	366	497	594	876	981
Group Size 50 to 99	272	365	494	591	872	976
Group Size 100 to 250	270	361	489	585	863	966

TABLE OF ANNUAL PREMIUM IN RINGGIT MALAYSIA (WITH 25% CO-PAYMENT)						
Group Size	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Group Size 5 to 9	212	283	384	459	677	757
Group Size 10 to 14	211	282	382	456	674	754
Group Size 15 to 34	209	281	380	454	671	751
Group Size 35 to 49	208	279	378	452	666	746
Group Size 50 to 99	207	278	376	450	663	742
Group Size 100 to 250	206	275	372	445	656	735

TABLE OF ANNUAL PREMIUM IN RINGGIT MALAYSIA (WITH 50% CO-PAYMENT)						
Group Size	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Group Size 5 to 9	145	194	263	314	463	518
Group Size 10 to 14	145	193	262	312	461	516
Group Size 15 to 34	143	192	260	311	459	514
Group Size 35 to 49	143	191	259	309	456	511
Group Size 50 to 99	142	190	257	308	454	508
Group Size 100 to 250	141	188	255	305	449	503

Note:

If payment of premium is made in half yearly frequency the premium shall be subject to 3% modal premium loading.

Section 2 – Outpatient Insurance

TABLE OF ANNUAL PREMIUM IN RINGGIT MALAYSIA		
Description	Plan 1	Plan 2
Annual Premium Per Person	640	678

Important Note:

Premium rates are not guaranteed. The pricing of the premium shall be reviewed every two (2) years on the each even anniversary of the launch date. The launch date is 12 November 2020. The respective revised premium shall apply to new Policy or Renewal Policy with period of Policy commencing after the revision date.

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

In addition to the premium, you have to pay:	Amount
a. Services Tax	6%
b. Stamp duty	RM 10.00

The premium that you have to pay includes commission paid to the intermediaries, if any, amounting to 10% of the premium.

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

(a) Duty of Disclosure

- Non-Consumer Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing medical insurance benefits to your employees and their dependents, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it 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.

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 is inaccurate or has changed

- (b) Cooling-off Period – You may cancel your policy by returning the policy within fifteen (15) days after you have received the policy. The premiums that you have paid (less any medical fee incurred) will be refunded to you.
- (c) Qualifying/Waiting Period – the eligibility for the benefits under the policy will only start thirty (30) days after the effective date of the policy except for accidental injuries.
- (d) Unless renewed, the coverage will cease on expiry date and MPI Generali Insurans Berhad shall strictly not be liable for any expenses that take place after the expiry date.
- (e) Upgraded Room and board co-payment Clause – If you are hospitalised at a room and board which is higher than your eligible benefits, you shall bear 20% of the other eligible benefits described in the Schedule of Benefits. For expenses incurred in Malaysia eligible benefits stipulated in the Private Healthcare Facilities and Services Act 1998 shall not be subjected to 20% co-payment but shall be limited to the maximum amount stipulated in the applicable Schedule of Fees.

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6. What are the major exclusions under this policy?

The policy generally does not cover:

- Any medical or physical conditions arising or contracted within the first thirty (30) days of the Insured Person's cover or reinstatement date except accidental injuries.
- All Pre-existing Illness for the first twelve (12) months of issue date, from the effective date of insurance of the respective Insured Person
- Congenital conditions, dental and maternity conditions, AIDS/HIV related conditions
- Self-inflicted injury or suicide, alcohol and illegal drugs,
- Psychotic, mental or nervous disorders
- Cosmetic or plastic surgery, refractive error of eyes,
- War, strike, riot, civil commotion, radiation/radioactivity,
- Routine medical or physical examination, investigative procedures and alternative therapy
- Persons who resides outside Malaysia for more than ninety (90) consecutive days
- A separate list of exclusions for Clinical Plan.

Outpatient Insurance under Section 2 may have more exclusion, such as:

- More than one (1) consultation per day to a General Practitioner, doctor or Specialist
- Vitamins, food supplements, soaps, shampoos, toiletries items, herbal cures, weight reduction or induction agents, off the counter medications, and preventive vaccinations /immunisation except as mentioned in Description of benefits
- Purchase of treatment of rehabilitation drugs (i.e. smoking patches and etc)
- Facial or treatment for Acne
- Eye examination, refractive errors of the eyes and its correction, supply of corrective glasses or contact lens
- Dispense of member's current medication for a period of more than two (2) weeks except for member with chronic conditions e.g. diabetes, hypertension, etc where one (1) month supply is allowed

NOTE:

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

7. Can I cancel my policy?

You may cancel your policy at anytime by giving written notice to us and provided that no claims have been made during the current policy year. Upon cancellation, any refund of the premium would be based on the conditions stipulated in the policy contract.

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 correspondences reach you in a timely manner.

9. Where can I get further information?

Should you require additional information about this insurance or any other types of insurance product, you can contact us or your insurance intermediary or visit our website www.mpigenerali.com

If you have any enquiries, please contact us at:

MPI Generali Insurans Berhad
8th Floor, Menara Multi-Purpose
Capital Square,
8, Jalan Munshi Abdullah
50100 Kuala Lumpur

Tel: 03-2034 9888

Fax: 03-2694 5758

Email: info@mpigenerali.com

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10. Other types of Medical and Health Insurance cover available

- Multi Medical Protector
- Multi Medi-PLUS
- Medic 101
- Group Hospital & Surgical Insurance

IMPORTANT NOTE:

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

The information provided in this disclosure sheet is valid as of 20/10/2020

MPI Generali Insurans Berhad
Reg No: 197301001061 (14730-X)

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