SmartCare Optimum Plus

Product Disclosure Sheet

Important Note

1. **Read this Product Disclosure Sheet before you decide to take up the SmartCare Optimum 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 agent 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?

SmartCare Optimum Plus is a comprehensive medical insurance policy which covers medical cost incurred by you for hospitalization due to accidents or sickness. This policy also provides coverage for outpatient medical expenses for accident treatments within 60 days from the date of the accident. There will be no coverage for outpatient medical expenses which are not related to the hospitalization.

You may opt for medical card facility for cashless admission to any of our panel hospitals in Malaysia or non-cashless plan where you will need to pay for the bill on your own and then submit your claim to us for reimbursement on those eligible expenses. Upon renewal, there will be no selective Renewal Loading or Exclusion on the individual if a claim is made during the previous year. There is no restriction on lifetime limit for inpatient treatment. Full annual limit is restated at Policy Renewal. However, there will be a lifetime limit for Home Nursing Care.

2. What are the covers / benefits provided?

BENEFITS	PLAN 1	PLAN 2	PLAN 3
Overall Annual Limit (for Section A and Section B)	RM2.1 million	RM1.5 million	RM1.1 million
SECTION A: IN-PATIENT & DAYCARE SURGICAL PROCEDURE (per disability)			
Room & Board, daily maximum	RM500	RM350	RM180
Total number of days	180 days		
Intensive Care Unit, daily maximum	Full Reimbursement		
Total number of days	180 days		
Ambulance Fees	Full Reimbursement		
Insured Child's Daily Guardian Benefit (for child below 15 years old, up to 180 days)	Full Reimbursement		
Prescription Drugs	Full Reimbursement		
Nursing, Theatre Consumables & other Ancillary Charges	Full Reimbursement		

Surgeons' Fees Anaesthetist's Fees Diagnostic Procedures & Physiotherapy In-Hospital Physician Fees (2 visits per day)	Full Reimbursement subject to Overall Annual Limit provided the charges are within the recommendations of the Malaysian Medical Association Guidelines and Reasonable and Customary charges.		
Operating Theatre	Full Reimbursement		
Surgical Implant of Pacemaker & Defibrillator	RM20,000		
Intraocular Lens	Up to RM1,000 per eye		
Medical Report Fee	RM100		
Daily Government Hospital Cash Allowance (per day) Total number of days	RM100 180 days		
SECTION B: OUT-PATIENT TREATMENT (per disability)			
Consultation & Diagnostic Procedures within 60 days before hospital confinement	Full Reimbursement		
Post-Hospitalisation Care within 90 days from hospital discharge	Full Reimbursement		
Accident & Emergency Treatment within 60 days from the date of the accident	Full Reimbursement		
Out-patient Kidney Dialysis Treatment	Full Reimbursement		
Out-patient Cancer Treatment	Full Reimbursement		
SECTION C: SPECIAL BENEFITS (additional limit on top of the Overall Annual Limit)			
Accidental Death	RM3,000		
In-patient & Out-patient Psychiatric Treatment Benefit of the following: • Major Depressive Disorder • Obsessive Compulsive Disorder (OCD) • Post- Traumatic Stress Disorder (PTSD) • Anorexia Nervosa, Bulimia Nervosa and Polyphagia (compulsive over-eating) • Schizophrenia • Bipolar Disorder • Anxiety	RM3,000 per annum.		
International Emergency Medical Evacuation and Repatriation, per annual maximum	RM500,000	RM 50,000	
Home Nursing Care, up to 180 days, lifetime maximum	RM6,000	RM5,000	RM4,000

Duration of cover is for one year. You need to renew your insurance cover annually.

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?

Age	Annual Premium for Cashless Admission Plan (Medical card to facilitate admission to Generali Insurance Malaysia Berhad Panel Hospitals ONLY)					
	Plan 1		Plan 2		Plan 3	
	Male	Female	Male	Female	Male	Female
10	958	876	767	688	751	610
20	1,163	995	934	832	795	711
30	1,441	1,326	1,201	1,104	1,021	933
40	1,817	1,849	1,544	1,501	1,320	1,249
50	3,156	2,994	2,442	2,357	2,064	1,943

60	**5,838**	**5,352**	**5,250**	**4,794**	**4,741**	**4,323**

Age	**Annual Premium for Non-Cashless Admission Plan (Pay upfront and seek reimbursement from Generali Insurance Malaysia Berhad)**					
	Plan 1		**Plan 2**		**Plan 3**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
10	**814**	**745**	**652**	**585**	**638**	**518**
20	**989**	**846**	**794**	**707**	**675**	**604**
30	**1,225**	**1,127**	**1,021**	**939**	**868**	**793**
40	**1,544**	**1,572**	**1,312**	**1,276**	**1,122**	**1,062**
50	**2,683**	**2,545**	**2,076**	**2,004**	**1,754**	**1,652**
60	**4,962**	**4,549**	**4,462**	**4,075**	**4,030**	**3,675**

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

The premium rates above are only for policyholders at selected ages. For the complete premium listing of other ages/gender kindly refer to the premium table.

The total premium that you need to pay depends on your age, gender, occupation, health status and selected plan of your choice. However, it may vary depending on our underwriting requirements. Please refer below for the premium for standard risks:

Example of **SmartCare Optimum Plus** coverage based on Cashless Admission Plan option:

Age	: 30
Gender	: Male
Plan	: Plan 1
Health Status	: Standard Risk
Total Premium that you have to pay for your **SmartCare Optimum Plus** coverage	: RM 1,441

Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the age next birthday of each member. The premium rates then in effect, and any other factors which may materially affect the risks insured.

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

What you have to pay in addition to the premium

i. Stamp Duty – RM10.00
ii. Service Tax – 6% of premium (for Corporate policy)

What is included in the premium

i. Commissions paid to insurance intermediaries (for Individual policy) – 15% of premium
ii. Commissions paid to insurance intermediaries (for Corporate policy) – 10% of premium

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

Eligibility

- New Application : 15 days old to 65 as of your next birthday
- Renewal : Up to age 100 provided you were already a member on your 65th birthday
- If you are an existing member who wants to upgrade your plan, it can only be done at renewal before 65 year old of your next birthday.

Importance of Disclosure

- You must disclose all material facts such as personal particulars, occupation and any medical condition which you already had when you apply for this policy. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which you should reasonable have known about even if you have not consulted a medical practitioner. If you are in any doubt, you should disclose the medical condition.
- Failure to notify Generali of all material facts and medical condition may result in claims being refused or cover withdrawn.

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) the Insured Person ceases to qualify as a dependent based on the definition of the policy;
   (e) the Insured Person attains the coverage age limit specified;
   (f) on the death of the Insured Person; and
   (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.

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.

Free-look period

- You may cancel your policy by returning the policy within 15 days after you have received the policy. The premiums that you have paid (less administrative cost incurred) will be refunded to you.

Waiting Period

- The eligibility for benefits under the policy will only start 30 days after the effective date of the policy except for accidental injuries.
- For specified illness, eligibility for benefits under the policy will only start 120 days after the effective date of the policy.

Claim Procedures

- **For Insured Persons who opted for Cashless Admission Plan, an Generali Healthcare Card will be given**. The medical card is to facilitate admission to Generali Insurance Malaysia Berhad **Panel Hospitals ONLY**. The panel hospital listing is available in our website: www.generali.com.my/contact-us. We will obtain the completed Medical Report from your attending physician and relevant investigation or diagnostic reports (which may take 1 to 2 hours). It is best for you to arrange such report before hospital admission for pre-planned treatment. You may be required to make personal deposit as required by the hospital's regulations.
- After validation of the completed medical report and information to determine that the condition requiring treatment is a covered condition under the policy, an initial Guarantee Letter will be issued to the hospital for your admission, subject to the benefit limits.
- Upon discharge, the hospital will provide the final diagnosis and itemised bill for us to settle the valid medical bill (which may take 1 to 2 hours). Any ineligible or excess expenses not covered are to be settled by you.
- In the circumstances that your preliminary diagnosis may not be easily ascertainable or that your condition requiring treatment may not be covered under the policy, you are advised to pay for your own treatment first and file a claim after discharge.
- Please notify us within 30 days of any occurrences for admission to non-panel hospital, outpatient treatment or any claim which has been settled by you. Please submit the claim form, original itemised bills, receipts and other relevant claims documents to us for processing. For non-panel hospitals, you will be compensated on reimbursement basis.
- The cashless benefit applies to hospital admissions only. Pre-hospitalization, consultations, diagnostic procedures, emergency accidental outpatient treatment and post-hospitalization costs are on reimbursement basis.
- **For Insured Persons who opted for Non-Cashless Admission Plan**, no Generali Healthcare Card will be given. You will be required to pay the hospital bill upon discharge and notify us within 30 days of any occurrences for admissions, outpatient treatment or any claim which has been settled by you. Please submit the claim form, original itemised bills, receipts and other relevant claims documents to us for processing.
- You cannot make multiple claims on medical expenses.

Daycare Procedure

- Daycare Surgical Procedures are performed as an outpatient without confinement in hospital. No minimum hour of stay is required for eligibility for a claim. Daycare Surgical Procedures should include minor operations such as but not limited to: simple excision of pilonodal cyst, cataract removal, colonoscopy that is commonly performed safely on an Outpatient basis. Any Daycare Surgical Procedures done for investigative and diagnostic purposes not related to treatment for any specified disabilities is not covered.

Upgraded Room & Board Co-Payment

- If the Insured Person is hospitalized at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person needs to pay the difference in Room & Board only.

Note: This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

6. What is cashless admission?

This means that you don't have to pay the full hospital bills if you are admitted to one of our **Generali Insurance Malaysia Berhad PANEL HOSPITALS.** Kindly note that Generali Insurance Malaysia Berhad reserves the right to update & vary the hospital listing as and when deemed necessary. The panel hospital listing is available in our website: www.generali.com.my/contact-us. Generali 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.

7. I am currently working and covered under the employee insurance coverage provided by my company. Does Generali Insurance Malaysia Berhad has any cost-sharing plan?

Yes, we have a cost-sharing plan in the form of deductible under **SmartCare Optimum**, which comes with a premium discount of up to 50% from the gross premium.

a) How does the deductible option works?
- Generali pays once eligible medical expenses exceeds your chosen deductible amount per year. Please refer to the available deductible amount & discount stated in the **SmartCare Optimum** premium rating table for more information.
- Claims are on "pay & file" basis. Member to pay upfront and seek reimbursement from Generali Insurance Malaysia Berhad.
- The policy pays up to the annual limit depending on your chosen plan under **SmartCare Optimum**.

b) Claim scenario (deductible option)
- **Total medical expenses : RM 45,000
  Maximum claim from another H&S plan : (RM 20,000)
- Expenses eligible for claims under **SmartCare Optimum** Deductible Policy : **RM 25,000**

***Note: Assuming all medical expenses submitted are payable and within the terms & condition under the policy.*

c) Conversion to full coverage

Conversion (no underwriting required) to full coverage / non-deductible policy is allowed subject to the following terms:
- Insured member's age next birthday is 65 or below;
- The **SmartCare Optimum** policy coverage for the Insured member is in-forced for at least 2 continuous policy years;
- Conversion is only allowed upon policy renewal;
- Conversion is same plan and product only;
- Insured member must submit a written request to the Company;
- The required additional premium must be paid;
- Any existing loadings and/or exclusions shall continue as per the original Deductible Policy; and
- Only one time conversion per life time is allowed from deductible to non-deductible policy.

8. What are the major exclusions under this policy?

Generally, the policy does not cover
- Pre-existing illness.
- Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
- Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
- Care or Treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity
- Plastic/Cosmetic Surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness and the use or acquisition of external prosthetic appliances or devices
- Dental conditions including dental treatment, restorative procedure or oral surgery except for reimburse charges for pain relieving Dental Treatment as a result of an Accident on sound natural teeth
- Private nursing, illegal drugs, intoxication, sterilization, sexually transmitted diseases, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related Diseases.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, pregnancy related 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.
- Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manisfestations) except for the benefit as set forth in the Schedule of Benefits.
- 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
- Costs/expenses of services for a non-medical nature

- Sickness or Injury arising from racing of any kind (except foot racing), and hazardous sports, winter sports, professional sports and illegal activities.
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- War or any act of war, criminal or terrorist activities, active duty in any armed forces, direct participation in riot, strikes 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.
- Expenses incurred for sex changes.
- Investigation and Treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy
- Any treatment directed towards developmental delay/or learning disabilities in children.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

9. What is Pre-Existing Condition?

Pre-existing Conditions shall mean medical conditions/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.

10. What is Specified Illness?

Specified Illness means the following Disabilities and its related complications, occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person:

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

11. Can I cancel my Policy?

You may cancel your policy at any time by giving a written notice to the Company. 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 (for renewal only)	90%
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%
Exceeding 11 months	No refund

12. 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.

13. Where can I get further information?

Should you require additional information about our **SmartCare Optimum Plus** Policy, you may contact us or your insurance agent.

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 agent or visit www.insuranceinfo.com.my.

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Authorized agent:

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

- SmartCancer Cash
- InternationalExclusive
- SmartCare Xtra
- SmartMedi Cash
- SmartMedi Outpatient

The information provided in this disclosure is valid as at 28/02/2023