

A COMPLETE MEDICAL PLAN TO FIT YOUR LIFESTYLE



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)





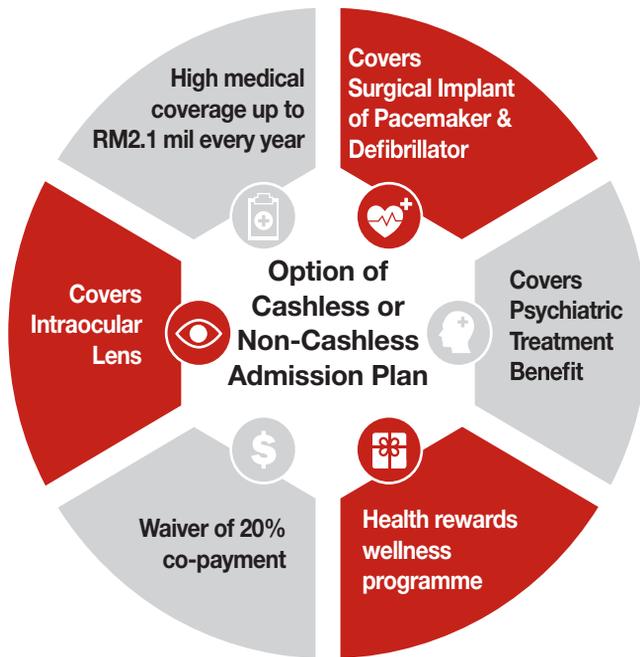
Get comprehensive protection for you and your loved ones against escalating medical costs, so you can focus on a healthy recovery!

Comprehensive medical care

An all-in-one medical plan that protects you against rising medical costs. Choose from 3 plan options designed to fit different lifestyle needs.

■ Schedule of Benefits

PLANS	PLAN 1	PLAN 2	PLAN 3
OVERALL ANNUAL LIMIT (for Section A and Section B only)	RM2.1 Mil	RM1.5 Mil	RM1.1 Mil
SECTION A: IN-PATIENT & DAYCARE SURGICAL PROCEDURE (per disability)			
Room & Board, daily maximum Total number of days	RM500 180 days	RM350 180 days	RM180 180 days
Intensive Care Unit, daily maximum Total number of days	Full Reimbursement 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		
Surgeon's Fees Anaesthetist's Fee Diagnostic Procedures & Physiotherapy In-Hospital Physician Fee (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 numbers 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	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: <ul style="list-style-type: none"> • 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	RM50,000	RM50,000
Home Nursing Care, up to 180 days, lifetime maximum	RM6,000	RM5,000	RM4,000



IMPORTANT INFORMATION

1. Needs and Affordability

You should satisfy yourself that this plan will best serve your needs and that the premium payable under the policy is an amount that you can afford.

2. Premium Computation

The Standard Annual Premiums are quoted based on your status of health and occupational duties being satisfactory to us. If there are adverse variations to the health and occupation status as declared in the Application Form, the Premiums and Policy Terms and Conditions may be adjusted according to the increased risk exposure. The premium is charged according to your age next birthday at entry. There is an additional of 15% loading for Occupation Class 3. All occupations under Class 4 are not covered by this plan. Renewal Premiums payable will increase with age.

3. Residence Overseas

No benefit whatsoever shall be payable for any medical treatment you received outside Malaysia, Singapore and Brunei, if you reside or travel outside Malaysia, Singapore and Brunei for more than 90 consecutive days.

4. Overseas Treatment

If the Insured Person elects to or is referred to be treated outside Malaysia by the Attending Physician, benefits in respect of the treatment shall be limited to the reasonable and customary and medically necessary charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment.

5. Cooling-off Period

If you decide not to take up the policy after it has been issued, you may return the policy to us for cancellation within 15 days from the date of issue provided no claim has been made. You are entitled to the return of the full premium paid less deduction of expenses incurred by the Company in the issue of the policy.

6. Automatic Termination

If you don't pay the premiums or if you fail to pay the premiums when due, your policy will be terminated automatically.

7. Claim Procedure

For Insured Persons who opted for Cashless Admission Plan, a 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, out-patient 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.

The cashless benefit applies to hospital admissions at any of our panel hospitals in Malaysia only. Non-panel hospital admissions, pre-hospitalisation, consultations, diagnostic procedures, emergency accidental outpatient treatment and post-hospitalisation 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.

DEFINITIONS

1. Occupation Classes

Class 1: Persons engaged in professional, administration, managerial, clerical and non-manual occupations generally.

Class 2: Persons engaged in work of a supervisory nature and others not in Class 1 whose duties may involve occasional light manual work but not using tools or machinery or not exposing them to any special hazard. Persons who are required to travel outside office for Business or Professional purposes but not engaging in manual labour.

Class 3: Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or light machinery.

Class 4: Persons engaged in heavy manual work involving the use of heavy tools and machinery.

2. Pre-existing Illness

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. Specified Illnesses

Specified Illnesses shall mean the following Disabilities and its related complications, occurring within the first 120 days of insurance of the Insured Person:

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

4. Waiting Period

Waiting Period shall mean the first 30 days between the beginning of an Insured Person's disability and the commencement of this policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

EXCLUSIONS

This policy does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-existing illness.
2. Specified Illnesses occurring during the first 120 days of continuous cover.

3. Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date of reinstatement whichever is latest except for accidental injuries.
4. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik), longsightedness, astigmatism and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, lens (except for cataract) and prescriptions thereof.
5. 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.
6. Private nursing, rest cures or sanatoria 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.
7. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
8. Pregnancy, pregnancy related or its complication, child birth (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.
9. 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.
10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
11. 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.
12. 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.
13. 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, except for the benefit as set forth in the Schedule of Benefits.
14. 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.
15. Expenses incurred for sex changes.

The major benefits as presented in this brochure are further subjected to exclusions and limitations. Please refer to the policy contract for the full listing of these exclusions and limitations as the contents in the brochure are not exhaustive.

FREQUENTLY ASKED QUESTIONS

1. Who is eligible to join?

If you are in the age group of 1 to 65 as of your next birthday, you are eligible to join. We offer renewal up to age 100 provided you were already a member on your 65th birthday. Dependent children (unmarried & unemployed) must be above 15 days and under 19 years of age, or under 23 years of age if the child is still on full-time higher education in Malaysia. If a policy is taken up for one member only, who is a child below 2 years of age, the child's health records have to be submitted for underwriting review.

2. Is there a surgical schedule?

No. There is no surgical schedule. Surgical fees are payable on a full refund basis.

3. 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**. 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.

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

4. Does the policy cover Daycare Procedures?

Yes, the policy covers the fees charged by the hospital or specialist centre and for all professional fees charged for minor Daycare Surgical Procedures performed as an out-patient without confinement in hospital. Examples of Daycare Surgical Procedures include minor operations such as but not limited to: Cataract Removal, Cholecystectomy, Colonoscopy, Simple Excision of Pilonidal Cyst, Haemorrhoidectomy, Tonsillectomy. The claims will be on a reimbursement basis where you are required to pay and claim for reimbursements later.

5. What does international emergency medical assistance provide?

It provides 24 hours telephone medical consultation, telephone referral to doctors and hospitals, emergency medical evacuation and repatriation services outside Malaysia.

6. Are the premiums guaranteed?

We may change the premiums in the future as the premium rates are not guaranteed. If we need to change, this will be based on our overall experience in underwriting this class of business and any changes in premiums will be notified and made on your policy anniversary.

7. Is the renewal guaranteed?

There is no selective Renewal Loading or Exclusion on individual if a claim is made during previous year. No restriction on lifetime limit and full annual limit is restated at Policy Renewal. However, the renewal of the policy is at the option of Policyholder until the occurrence of any of the following:

- a) non-payment of premiums or premiums 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 death of the Policyholder or an Insured Person
- e) the Insured Person ceases to qualify as a dependent based on the definition of the policy
- f) the Insured Person attains the coverage age limit specified
- g) termination of coverage for all policies in a certain market

8. What are the disadvantages on switching policy from one insurer to another?

One of the main disadvantages is that if your current health status is less favourable to the new insurer, new terms may be imposed to exclude such illness. To ensure continuous cover is provided, you are advised to check with us on the accepting terms prior to your policy expiry date.

9. Is medical examination required?

For applicants who are aged 55 (next birthday) and above, a medical examination and blood test are required for underwriting purposes. The cost of these tests will be borne by the applicant. For other ages, we may request for medical examination if deemed necessary.

Sign up for SmartCare Optimum Plus today!

For more information, call your agent or

Generali Customer Service Hotline (603) 2170 8282

Operating Hours: 8.30am to 5.30pm (Monday to Friday excluding public holidays)

Ask your insurance agent for more details

Generali Insurance Malaysia Berhad (formerly known as AXA Affin General Insurance Berhad)

Reg No: 197501002042 (23820-W) Service Tax Reg. No.: W10-1808-31015017

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

In the event of differences arising between the English and Bahasa Malaysia versions, the English version shall prevail.

Important Note:

1. Read this brochure before you decide to take out the SmartCare Optimum Plus 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 agent or visit www.insuranceinfo.com.my.
3. You are advised to note the schedule of benefits for Accidental Death in your insurance policy. You must nominate a nominee and ensure that your nominee is aware of the policy that you have purchased. You should read and understand the insurance policy and discuss with the agent or contact us directly for more information.