

## Product Disclosure Sheet

# SOMPO Health

(Please read this Product Disclosure Sheet before you decide to take out this insurance. Be sure to also read the general terms and conditions.)

### 1. What is this product about?

This Policy provides comprehensive health insurance which covers hospitalisation & surgical expenses incurred due to accident and illnesses. This Policy comes with options either using medical card facility for cashless hospital admission to our panel hospitals in Malaysia, or non-cashless hospital admission i.e., to self-pay the medical expenses and submit the claim documents to us for reimbursement assessment and payment.

### 2. Who can be insured?

Malaysians aged from 19 to 60 years old, and Policy is guaranteed renewable up to 100 years old. Dependent children (unmarried & unemployed) must be 30 days old and under the age of 19 or up to the age of 23 for those registered full-time students at a recognised educational institution in Malaysia.

### 3. What are the covers / benefits provided?

This Policy covers the following benefits:

SCHEDULE OF BENEFITS	SH100	SH150	SH200	SH250	SH350	SH500
OVERALL ANNUAL LIMIT	RM 50,000	RM 75,000	RM 100,000	RM 150,000	RM 250,000	RM 500,000
<b>A) HOSPITAL BENEFITS</b>						
Hospital Room & Board (up to 180 days)	100	150	200	250	350	500
Intensive Care Unit	Full Reimbursement					
Lodger (Up to 180 days)	Full Reimbursement					
Operating Theatre	Full Reimbursement					
Hospital Services & Supplies	Full Reimbursement					
Surgical Implant of Pacemaker and Defibrillator	10,000	15,000	20,000	25,000	30,000	50,000
Daily Cash Allowance at Government Hospital (Up to 180 days)	100	100	100	150	150	150
<b>B) PROFESSIONAL FEES &amp; SERVICES</b>						
Pre-Hospital Diagnostic Tests (Within 60 days preceding confinement)	Full Reimbursement					
Pre-Hospital Specialist Consultation (Within 60 days preceding confinement)	Full Reimbursement					
Surgeon Fee	Full Reimbursement					
Anaesthetist Fee	Full Reimbursement					
Second Surgical Opinion	Full Reimbursement					
In-Hospital Physician's Visit (Up to 180 days)	Full Reimbursement					
Post-Hospitalisation Treatment (Non-surgical within 90 days from discharge)	Full Reimbursement					
Ambulance Fee	Full Reimbursement					
Hospital Miscellaneous Fee	100	100	100	100	100	100
Medical Report Fee	150	150	150	150	150	150
<b>C) OUTPATIENT / EXTENDED BENEFITS</b>						
Emergency Accidental Outpatient Treatment (Within 24 hours and follow-up treatment up to 60 days)	Full Reimbursement					
Emergency Accidental Dental Treatment (Within 24 hours and follow-up treatment up to 14 days)	Full Reimbursement					

SCHEDULE OF BENEFITS	SH100	SH150	SH200	SH250	SH350	SH500
OVERALL ANNUAL LIMIT	RM 50,000	RM 75,000	RM 100,000	RM 150,000	RM 250,000	RM 500,000
C) OUTPATIENT / EXTENDED BENEFITS						
Home Nursing Care (Up to 180 days) per disability limit	1,000	2,000	3,000	4,000	5,000	6,000
Bereavement Allowance	2,500	3,000	3,500	4,000	4,500	5,000
Alternative Medicine – per accident RM100 per visit, up to maximum	1,000	1,000	1,000	1,000	1,000	1,000
Hospitalisation Income (due to COVID-19 vaccination side effect)	100	100	100	100	100	100
Organ Transplant (Once per lifetime)	Full Reimbursement					
Outpatient Physiotherapy/Chiropractic Treatment (Within 90 days from discharge)	Full Reimbursement					
Service Tax	8% of eligible expenses					
D) CANCER TREATMENT / KIDNEY DIALYSIS subject to OVERALL ANNUAL LIMIT						
Outpatient Cancer Treatment	Full Reimbursement					
Outpatient Kidney Dialysis Treatment	Full Reimbursement					

**Deductible Option (Applicable for Cashless Plan Only)**

<u>Deductible Amount</u>	<u>Discount on Annual Premium</u>
5,000	10%
7,500	25%
10,000	30%
15,000	50%
20,000	60%

**Hospitalisation Income (due to COVID-19 Vaccination Side Effect)**

The Company will pay RM100.00 per day for the period of Hospitalisation not exceeding 10 days as a result of Sickness, Disease or Illness due to side-effects of the COVID-19 vaccination requiring Hospitalisation as advised by a Physician. Any Hospitalisation due to the same cause shall be considered as one Disability.

**Note:**

- The benefits payable under eligible Policy is (are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Berjaya Sampo Insurance Berhad or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my)).**
- Please refer to the Policy Contract for the full product features and benefits.**

**4. What is the Period of Cover and Renewal Options?**

Duration of cover is for one (1) year. You need to renew your insurance Policy annually.

**5. How much premium do I have to pay?**

The total premium may vary depending on your age, the plan chosen, and the underwriting requirements. For details, please refer to premium table of Cashless and Non-Cashless, available at [www.berjayasampo.com.my](http://www.berjayasampo.com.my). A group discount on the total premium payable will be offered when there are five (5) or more members insured under a single Policy.

<u>Number of Insured</u>	<u>Group Discount Rate</u>
0 to 4	0%
5 to 9	10%
10 to 19	15%
20 to 50	20%

Premium rates including renewal are not guaranteed. Factors which lead to increase in premium are your claim experience, medical inflation and our overall experience in underwriting Hospitalisation and Surgical insurance.

Please note that the past experience on the increase in premium rates do not necessarily reflect the future trend.

**6. What are the fees and charges that I have to pay?**

<u>What you have to pay in addition to the premium</u>	<u>Amount</u>
Stamp Duty	RM 10.00
Service Tax	0% of premium (individual Policy) 6% and/or 8% of premium (group Policy #)

*#The new service tax 8% is to be calculated on a pro-rated basis effective from 01 March 2024 onwards*

<u>What is included in the premium</u>	<u>Amount</u>
Commission paid to the insurance intermediaries (if any)	15% of premium (individual Policy) 10% of premium (group Policy)

Please refer to below computation of commission for illustration purpose only

	Age	Plan	Premium	Commission Amount
Annual Premium (Male)	25	SH100	RM505	15% of RM505 is RM75.75

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

You should provide sufficient and accurate information to us or our intermediary to enable us to advise you on the hospitalisation and surgical insurance which suits your needs.

### • **Duty of Disclosure**

#### **Consumer Insurance Contract**

Pursuant to Schedule 9 of the Financial Services Act 2013, you must take reasonable care to ensure that all your answers to the questions are to the best of your knowledge, full, complete, correct and honest. You also have a duty to inform us of any change in the details or information given to us before we issue the Policy to you, or before you renew or change any of the terms of your Policy. If you fail to do so, your Policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

#### **Non-Consumer Insurance Contract**

Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business, or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the Policy to you, or before you renew or change any of the terms of your Policy. If you fail to do so, your Policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

### • **Change in Risk**

If there are changes occur at any time or from time to time, and materially vary any of the facts provided at the date of the proposal, you shall give notice in writing to us within seven (7) days from the date of change and shall pay additional premium if it is required.

### • **Cash Before Cover**

Full premium must be paid before the commencement date of the Policy.

### • **Premium Payment**

Payment can be made by Cash, Cheque, Debit Card, Credit Card or Online Payment to Berjaya Sampo Insurance Berhad. Please keep a receipt of the premium paid as the proof of payment for future reference.

### • **Pre-Existing Illness**

Pre-existing illness shall mean disabilities that the Insured Person/Participant/Covered Person has reasonable knowledge of before the effective date of insurance. An Insured Person/Participant/Covered Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one which:-

- the Insured Person/Participant/Covered Person had received or is receiving treatment;
- medical advice, diagnosis, care or treatment has been recommended;
- clear and distinct symptoms are or were evident; or
- its existence would have been apparent to a reasonable person in the circumstances.

### • **120 days Specified Illnesses**

Specified illnesses shall mean the following disabilities, or any complications caused by such disabilities occurring within the first 120 days of commencement date or reinstatement date whichever is the later:

- Hypertension, diabetes mellitus and cardiovascular disease.
- Growths of any kind including tumours, cancers, cysts, nodules, polyps;
- Stones of the urinary system and biliary systems;
- Any disease of the ear, nose (including sinuses) and throat;
- Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
- Any disease of the Reproduction System including endometriosis; or
- Any disorders of the spine (including a slipped disc) or any knee conditions.

### • **30 days Waiting Period**

Any medical or physical conditions arising within the first 30 days from the commencement date or reinstatement date of the Policy whichever is later **except** for accidental injuries.

### • **Upgraded Room and Board Co-Payment**

If you are hospitalised at a published Room & Board rate which is higher than your eligible benefit, you shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

### • **Residence Overseas**

We will not reimburse the charge incurred for overseas treatment if the Insured Person/Participant/Covered Person has travelled or resides out of Malaysia for more than 90 consecutive days.

### • **Cooling-Off Period**

You may cancel your Policy by returning the Policy within 15 days after the Policy has been delivered to you. The premiums that you have paid (less any medical fee incurred) will be refunded to you.

- **Implications and disadvantages of switching Policy to another insurer**

One of the main disadvantages of switching Policy to another insurer is application of new terms & conditions. If your current health status is less favourable, it is advisable to check with the new insurer before making decision to switch Policy to the new insurer.

- **Claims Procedure**

Written notice must be given to us within 30 days from the date of occurrence. You may submit your claims by emailing us at [customer@bsompo.com.my](mailto:customer@bsompo.com.my) or visit any of our branches nationwide.

**Note: This list is non-exhaustive. Please refer to the Policy Contract for the full list of terms and conditions.**

**8. What are the major exclusions under this Policy?**

This Policy does not cover losses which are specifically excluded under the Policy, for example, any pre-existing illness, suicide or attempted suicide, intentional self-injury, and influence of alcohol or drug etc.

**Note: This list is non-exhaustive. Please refer to the Policy Contract for the full list of exclusions.**

**9. Can I cancel my Policy?**

You may cancel your Policy by giving us a written notice. Upon cancellation, we will retain minimum premium of RM60.00 and refund the pro-rated premium to you. However, premium will not be refunded if there was a claim paid or submitted to us during the Policy period.

**Note: Please refer to the Policy Contract for the full list of cancellation conditions.**

**10. What do I need to do if there are changes to my contact/personal details?**

It is important that you inform us of any change in your contact and personal details to ensure that all correspondences reach you in a timely manner. You may inform our branch office or our Customer Service Centre.

**11. Where can I get further information?**

Should you require additional information or any enquiries about Health Insurance, please contact our Customer Service Centre during the operating hours from 8:30 am to 5:00 pm (Monday-Friday) at 03-2170 7300 or call our Toll-Free number stated at the bottom of this page. Please visit [www.berjaysompo.com.my](http://www.berjaysompo.com.my) for the list of panel private hospitals

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

The information provided in this disclosure sheet is a brief summary for quick and easy reference. The exact terms and conditions that apply are stated in the Policy Contract.

Berjaya Sompo Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this disclosure sheet is valid from 01 March 2024