



BERJAYA SOMPO
INSURANCE

Health Insurance

SOMPO Health

Reliable Health Companion In
Hospitalisation And Surgical Care.



Berjaya Sompo Insurance Berhad is a 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 Berjaya Sompo Insurance or PIDM (visit www.pidm.gov.my)

WHAT IS THE PRODUCT ABOUT?

SOMPO Health is a comprehensive health insurance which covers hospitalisation & surgical expenses due to accident and illness, with guaranteed renewal up to 100 years old. This product 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.

KEY BENEFITS

- ✓ Outpatient Kidney Dialysis and Cancer Treatment up to Annual Limit
- ✓ Outpatient Physiotherapy / Chiropractic care up to 90 days
- ✓ Guaranteed renewal up to 100 years old
- ✓ No lifetime limit
- ✓ Deductible option with discounted premium
- ✓ Coverage for Surgical Implant of Pacemaker and Defibrillator

SCHEDULE OF BENEFITS

BENEFITS	PLAN (RM)					
	SH100	SH150	SH200	SH250	SH350	SH500
OVERALL ANNUAL LIMIT	50,000	75,000	100,000	150,000	250,000	500,000
HOSPITAL BENEFITS						
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 & 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
PROFESSIONAL FEES & SERVICES						
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

OUTPATIENT / EXTENDED BENEFITS						
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 -					
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% eligible expenses -					
CANCER TREATMENT / KIDNEY DIALYSIS subjected to OVERALL ANNUAL LIMIT						
Outpatient Cancer Treatment	- Full Reimbursement -					
Outpatient Kidney Dialysis Treatment	- Full Reimbursement -					

DEDUCTIBLE OPTION (Applicable for Cashless Plan Only)		GROUP DISCOUNT	
Deductible Amount	Discount	Number of Insured	Discount
5,000	10%	0 to 4	0%
7,500	25%	5 to 9	10%
10,000	30%	10 to 19	15%
15,000	50%	20 to 50	20%
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: Please refers to the Policy Contract for the full product features and benefits.

FREQUENTLY ASKED QUESTIONS

1. Who can be insured?

Malaysians aged 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.

2. 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.

3. 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. A group discount on the total premium payable will be offered when there are five (5) or more members insured under a single Policy.

Number of Insured	Group Discount Rate
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.

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

What you have to pay in addition to the premium

Stamp Duty
Service Tax

Amount

RM 10.00
0% of premium (individual Policy)
8% of premium (group Policy)

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

a) 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.

b) Importance Of Disclosure

Consumer Insurance Contract

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 and 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. You are also 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.

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for purposes related to your trade, business or profession, 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.

This duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed. 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 is inaccurate or has changed.

c) Pre-existing Illnesses

Pre-existing Illnesses shall mean disabilities that existed before the Effective date of Insurance 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:-

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

d) 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:

- i) Hypertension, diabetes mellitus and cardiovascular disease.
- ii) All tumours, cancer, cysts, nodules, polyps, stones of the urinary system and biliary system.
- iii) All ear, nose (including sinuses) and throat condition.
- iv) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
- v) Endometriosis including disease of the Reproduction System.
- vi) Vertebro-spinal disorders (including disc) and knee conditions.

e) 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.

f) Upgraded Room & Board Co-payment

If the Insured Person is hospitalised at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

g) Residence Overseas

No benefit whatsoever shall be payable for any medical treatment received by the Insured outside Malaysia, if the Insured resides or travels outside Malaysia for more than ninety (90) consecutive days.

h) Overseas Treatment

If the Insured Person elects to or is referred to be treated outside Malaysia by the Attending Physician, and subsequently proceeds with such treatment, benefits in respect of the treatment shall be limited to Reasonable and Customary and Medically Necessary Charges for such equivalent local treatment in Malaysia based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided;

Reasonable and Customary charges which are medically necessary shall be deemed to be:

- i) fees laid down in the Malaysian Medical Association's Schedule of Fees
- ii) average charges of medium-cost hospital treatment shall be the basis of payment for all other related charges applied to similar or equivalent severity of the medical condition being treated.

i) Reasonable And Customary Charges

Reasonable and Customary Charges shall mean charges for medical care which is medically necessary and it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

j) Cooling-off Period

If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within fifteen (15) days from the date of issue of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company.

k) 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.

l) You are advised to keep the receipt as proof of payment of premium.

m) It may not be advantageous to switch insurance Policy / insurer because you may be subjected to new terms and conditions of the new Policy or of the new insurer.

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

6. What are the General Exclusions under this policy?

This Policy does not cover :-

- a) Pre-existing illnesses.
- b) Specified Illnesses occurring during the first 120 days of continuous cover.
- c) Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date reinstatement whichever is later except for accidental injuries.
- d) 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.
- e) Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of prosthetic appliances or devices such as artificial limbs, hearing aids and prescriptions thereof.
- f) 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.
- g) Private nursing, rest cures or sanitarium 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.
- h) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- i) Pregnancy, child birth (including surgical delivery) and its related complications, 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.
- j) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- k) Hospitalisation primarily for investigatory purposes, all diagnostic tests including and not limited to Positron Emission Tomography (PET) Scan, Computed Tomography (CT) Scan, Computed Axial Tomography (CAT) Scan, Magnetic Resonance Imaging (MRI), 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 hyperhidrosis, weight reduction or gain.
- l) 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.
- m) Sickness or Injury arising from 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.
- n) Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- o) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- p) War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- q) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- r) 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.
- s) Expenses incurred for sex changes
- t) Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and stem cell treatment.
- u) Treatment directed towards development delay / or learning disabilities in children (including dyslexia)

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

7. 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.

WHERE CAN I GET FURTHER INFORMATION?

For further information, please refer to the **Premium Table of Cashless and Non-Cashless, Product Disclosure Sheet (PDS)** and **List of Panel Private Hospitals** which are available at our website www.berjayasompo.com.my.

Should you require additional information or any enquiries about Health Insurance, you may contact our branch office or Customer Service Centre at **03-2170 7300** during the operating hours from 8.30am to 5.00pm (Monday – Friday) or call our Toll-free number at **1-800-889-933**.

Privacy Notice

The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at www.berjaysompo.com.my for details. You may contact us for access or correction of your Personal Data, or for any other queries or feedback.

This brochure is not a contract of insurance. The descriptions in the brochure are only a summary for quick and easy reference. Please refer to the **Product Disclosure Sheet (PDS)** for more information and **Policy Wording** for full details of the Policy terms and conditions, which are available at www.berjaysompo.com.my.

Underwritten by Berjaya Sampo Insurance Berhad (Registration No. 198001008821 (62605-U)). Berjaya Sampo Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.



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