



SmartMedi Outpatient

Product Disclosure Sheet

Important Note

1. Read this Product Disclosure Sheet before you decide to take out the **SmartMedi Outpatient** 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?

SmartMedi Outpatient is a standalone outpatient medical insurance policy which covers outpatient medical expenses incurred at General Practitioner and/or Specialist. This policy also provides coverage for medical expenses relating to Diagnostic Imaging and Laboratory tests, as well as clinical procedures following consultation by General Practitioner and/or Specialist. There will be no coverage for inpatient medical expenses which are related to the hospitalization.

2. What are the covers / benefits provided?

SCHEDULE OF BENEFITS	PREMIUM PLAN	BASIC PLAN
OVERALL ANNUAL LIMIT	RM 15,000	RM 8,000
1. General Practitioner Consultation including Medication		
Co-Payment Per Visit	Not Applicable	RM 30
Number of Visits Per Year	Unlimited	Unlimited
2. Specialist Consultation including Medication (Subject to Referral)		
Co-Payment Per Visit	10%	25%
Number of Visits Per Year	12	6
3. Diagnostic X-Ray and Laboratory Test (Subject to Referral)		
Co-Payment Per Visit	10%	25%
Number of Visits Per Year	12	6
4. Clinical Procedures		
Co-Payment Per Visit	10%	25%
Number of Visits Per Year	12	6

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

3. How much premium do I have to pay?

Annual Premium	Premium Plan	Basic Plan
Adult (aged 19 – 45 next birthday)	RM 1006	RM 634
Child (aged 3 – 18 next birthday)	RM 590	RM 360

Note:

1. Calculation of age is based on age next birthday.
2. The premium shown does not include stamp duty, any applicable tax, duty or levy.

The total premium that you need to pay depends on your age next birthday, 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:

For **SmartMedi Outpatient** coverage for an Individual based on Basic Plan Option

Example:

Age : 30
Gender : Male
Plan : Basic Plan
Health Status : Standard Risk
Total Premium that you have to pay for your coverage : RM 634

The renewal premiums payable will increase with age and is not guaranteed. On each such anniversary, this policy is renewable at the premium rates in effect at that time as notified by us. We will give you at least 30 days written notice in the event of premium revision.

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

What you have to pay in addition to the premium

Stamp Duty – RM10.00

What is included in the premium

Commissions paid to insurance intermediaries – 15% of premium

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

a) Eligibility

- Malaysian Citizen residing in Malaysia who possesses a Malaysian National Registration Identity Card (NRIC) Number
- New Application : Age 3 to 45 as of your next birthday
- Renewal : Up to age 46 as of your next birthday
- For a child aged between 3 years old to 18 years old next birthday at the time of application, the parent or legal guardian must also be covered under the **SmartMedi Outpatient** policy. The policy issued must be to a parent or guardian who is aged eighteen (18) years old and above who is a Malaysian Citizen residing in Malaysia who possesses a Malaysian National Registration Identity Card (NRIC) Number.
- For member aged between 19 to 45 next birthday, the policy will be issued to the member

Please note:

* For avoidance of doubt, each of the child member to be insured in this policy must submit evidence of insurability such as birth certificate and any relevant documents from the authority, and accepted by us in writing.

* A child cannot stay on the policy after the policy anniversary following his nineteenth (19th) next birthday. For the policy to be re-issued to the member child as the policyholder, he will not be required to submit further evidence of insurability provided there is no change in the plan and the member child has been continuously insured in this policy without any break in cover.

b) 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 the 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. Kindly ensure that all information provided are complete and accurate as this form the basis of the insurance contract.

- Failure to notify AXA of all material facts and medical condition may result in claims being refused or cover withdrawn.
- c) Policy Renewal / Renewal Premium**
- This is a yearly renewable policy and the renewability is not guaranteed. AXA reserves the right to revise the applicable premium rate at the time of renewal. 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.
 - This policy is renewable at the option of policyholder until the occurrence of any of the following:
 - (i) non-payment of premium or premium not made on time;
 - (ii) fraud or misrepresentation of material fact during application;
 - (iii) the policy is cancelled at the request of the Policyholder;
 - (iv) the Insured Person ceases to qualify as a dependent based on the definition of the Policy;
 - (v) the Insured Person attains the coverage age limit specified;
 - (vi) on the death of the Insured Person; and
 - (vii) 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.
- d) Cash Before Cover**
- 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.
- e) Cooling-off Period**
- You have a free-look period of 15 days from the date of transmission of your policy to you to review. If you decide that this policy does not suit your needs, you may request to cancel it by giving us clear, written instructions within the free-look period. Provided that no claim has been made during this period, we shall refund the full premium paid by you, less expenses incurred by the Company. This free-look period shall not apply to policy renewals.
- f) Claim Procedures**
- The claim forms and detailed claims guide can be obtained at axa.com.my/claims
 - Claims incurred within 90 days from the policy inception will be on Pay & Claim basis.
 - The Insured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of Treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
 - The Insured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a Treatment or service becomes necessary due to failure of the Insured to do so.

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

6. Can SmartMedi Outpatient replace my other Hospitalization and Surgical medical plans?

No, as **SmartMedi Outpatient** is a standalone outpatient product which primarily covers for medical expenses incurred for visitation to General Practitioner and/or Specialist Clinics without the need for hospitalization. It complements other Hospitalization and Surgical Medical plans which cover medical expenses relating to hospitalizations, to offer a comprehensive medical coverage to our policyholders relating to both inpatient and outpatient coverages

7. What is cashless facility?

This means that you don't have to pay the full outpatient medical bills if you seek medical consultation or treatment at any of **AXA Affin General Insurance Berhad Panel Clinics**. Kindly note that AXA Affin General Insurance Berhad reserves the right to update and vary the panel clinic listing as and when deemed necessary. The panel clinic listing is available on our website: www.axa.com.my. AXA Affin General Insurance Berhad will pay, provided the nature of accident or illness is covered under the policy. You may be required to make the co-payment payments as stipulated in your schedule of benefits at the clinic.

Member without medical card facility will need to pay upfront and seek eligible reimbursement from AXA Affin General Insurance Berhad.

8. When and where can I use my medical card?

Medical card will be issued to eligible insured member who is accepted as standard risk upon inception of the policy. Simply flash your medical card at any of our Panel Providers (listing available on www.axa.com.my) after 90 days from initial policy inception. Please note that you may be required to make the co-payment as stipulated in your schedule of benefits at the clinic.

If you do not have a medical card, the eligible medical expenses can be reimbursed on Pay and File basis.

9. Can I seek treatment at a non-panel clinic?

Yes, you can. Eligible medical expenses incurred at non-panel clinic will be on Pay and File basis (member to pay upfront and seek eligible reimbursement from AXA Affin General Insurance Berhad) and you need to notify us within 30 days from the date of treatment. Please submit the claims form, original itemized bills, receipts and other relevant claims documents to us for processing.

10. What is Co-Payment Per Visit and how does it work?

Co-payment is the percentage amount of the eligible claim amount that will be borne by the Insured Person. The rest of the eligible claim amount will be paid by AXA Affin General Insurance Berhad.

Example: **SmartMedi Outpatient** coverage for an Individual based on Basic Plan Option

- Total medical expenses for Specialist Treatment** : RM 300
- 25% co-payment per visit : (RM 75) [25% of RM 300: will be borne by member]
- Expenses eligible for claims under **SmartMedi Outpatient** policy : **RM 225**

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

11. What are the major exclusions under this policy?

Generally, the policy does not cover

- Pre-existing illness of carcinoma, cancer, leukemia, systemic lupus erythematosus (SLE), disorder of immune system or blood, diabetes, epilepsy, Parkinson disease, kidney failure/dialysis.
- Any claims incur within 90 days from the policy inception will be on Pay & File basis.
- More than one (1) Outpatient Consultation per day to a General Practitioner or Specialist.
- Cost of prescribed medicine without Consultation.
- Private nursing care and house calls by Doctors for any reasons.
- 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, conditions related to sexually transmitted Disease, AIDS and AIDS Related Complex or its sequelae.
- 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, nervous disorders and behavioural conditions including neurosis, physiological or psychosomatic manifestations.
- 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 sex changes.

- Investigation and Treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy
- Outpatient physical therapy or physiotherapy is not covered.
- Outpatient rehabilitation therapy, chemotherapy, radiation therapy and kidney dialysis.
- Preventive Vaccinations / Immunisations.
- Any communicable diseases requiring quarantine by law.
- 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.

12. What is Pre-Existing Condition?

Pre-existing Conditions 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.

13. 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

14. 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.

15. Where can I get further information?

Should you require additional information about our **SmartMedi Outpatient** 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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16. Other types of Medical and Health Insurance cover available?

- **Smart***Care Optimum*
- **Smart***Cancer Cash*
- **Smart***Care Optimum Plus*
- **International***Exclusive*
- **Smart***Medi Cash*

The information provided in this disclosure is valid as at 30/09/2021