

**SmartMedic Million Plus (Plan code: U197-U200)****Plan Name : SmartMedic Million Plus 精明百万医保加值**

Plan Code &amp; Product Abbreviation:

Plan Name	Plan Abbreviation	Plan Code
SmartMedic Million Plus-150	SMMP-150	U197
SmartMedic Million Plus-200	SMMP-200	U198
SmartMedic Million Plus-300	SMMP-300	U199
SmartMedic Million Plus-400	SMMP-400	U200

Product Launch Date : 01 April 2021

**Product Design:**

- This product is renewable comprehensive medical unit deduction rider attachable to identified Investment-Linked Plans.
- This product is cashless; no medical card will be issued.
- This rider can be attached at any time effective at next monthly due.
- This rider can only co-exist with SmartMedic Million (Plan Code: U191-U194). This rider can be attached PROVIDED SmartMedic Million (Plan Code: U191-U194) is attached to the same basic plan.
- This rider is subject to Medical and Health Insurance (MHI) guideline.
- This rider can be attached to the following IL Basic Plans:

**Current selling plans:**

Basic Plan & Plan Code	NB Stage	Inclusion of rider at CS Stage
SmartProtect Essential 3 (0500, 0501, 0502)	√	√
SmartProtect Junior (0495)	√	√

**Withdrawn plans:**

Basic Plan & Plan Code	NB Stage	Inclusion of rider at CS Stage
SmartEducate Saver (0403)	-	√
SmartProtect Essential Insurance 2 (0281)	-	√
SmartProtect Essential Insurance (0276)	-	√
AddVantage Plus Insurance (0275)	-	√
Centennial AddVantage Insurance (0271)	-	√
GreatLife International Portfolio Insurance (0266)	-	√
GreatLife Education Insurance (0237 / 237Y)	-	√
GreatLife Portfolio Insurance (Great ProtectLink Insurance) (0231 / 231Y)	-	√

- Any future plans that the Company may introduce from time to time. (Note: Please refer to the PWU of the basic plan on which this rider can be attached to.)

- This rider cannot co-exist with:
  - SmartMedic Xtra (Plan Code: U158 – U161); or
  - SmartMedic Enhancer (Plan Code: U167 – U169); or
  - Smart Extender (Plan Code: U162 – U166); or
  - SmartMedic Xtra (Plan Code: U119 – U122); or
  - SmartMedic (Plan Code: U153 – U157); or
  - SmartMedic (Plan Code: U65 – U69) or
  - SmartMedic Enhancer (Plan Code: U110-U112); or
  - Smart Extender (Plan Code: U130-U139); or
  - Smart Extender Max (Plan Code: U123 – U126); or
  - Smart Premier Health (Plan Code: U115 – U118); or
  - IL Health Protector (Plan Code: U35 – U38); or
  - IL HealthCare Benefit (Plan Code: U40 – U44 / U53 – U57);
 as well as future similar products as specified there and then.
- Can be offered to standard and sub-standard policies.
- This rider will be terminated if the SmartMedic Million which is attached to the same basic plan is terminated.

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- g) Adjusted first policy year- If SmartMedic Million Plus is subsequently included to your investment-linked insurance plan after your coverage under SmartMedic Million becomes effective, then SmartMedic Million Plus's first policy year will be adjusted accordingly and will be shorter than a year.

For subsequent years, SmartMedic Million Plus's policy anniversary will coincide with SmartMedic Million's policy anniversary.

**BENEFITS**

In the event of expenses incurred on the insured due to accident or illness (subject to exclusions) or any other covered eventuality, the plan will reimburse such expenses, up to the limits as stated in the Schedule of Benefits below. The Insured Benefits provided under this rider shall be payable provided the benefits under the corresponding SmartMedic Million is payable.

**a) Co-insurance**

Co-insurance is not applicable for this plan.

**b) Waiting Period**

The eligibility for insured benefits due to illness will only start 30 days after the risk effective date of this rider. For specified illnesses, 120 days waiting period shall apply.

Specified Illnesses means the following disabilities and its related complications, occurring within the first 120 days from the Risk Effective Date:

- a) Hypertension, diabetes mellitus and Cardiovascular Disease;
- b) All tumours, cancers, cysts, nodules, polyps;
- c) Stones of the urinary system and biliary system;
- d) All ear, nose (including sinuses) and throat conditions;
- e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- f) Diseases of the Reproduction system including endometriosis;
- g) Vertebro-spinal disorders (including disc) and knee conditions.

**c) Schedule of the Benefits**

No.	Insured Benefits	Plan Type			
		U197	U198	U199	U200
	<b>Matching SmartMedic Million</b>	U191	U192	U193	U194
1	<b>Waiver of Deductible</b>	Deductible feature under SmartMedic Million (U191-U194) will be waived.			
2	<b>Post-Hospitalisation Treatment</b>	As charged, from 91 <sup>st</sup> day to the 200 <sup>th</sup> day after hospital discharge.			
3	<b>Daily Guardian Benefit</b> (Limit per day, subject to a maximum of 180 days per policy year)	RM150			
4	<b>Daily-Cash Allowance at Malaysian Government Hospital</b> (Per day, subject to a maximum of 120 days per policy year)	RM150			
5	<b>Accidental Death Benefit</b>	RM20,000			

**SmartMedic Million Plus (Plan code: U197-U200)****Note:**

Item 2,3,4 above are subject to Overall Annual Limit of SmartMedic Million.

**Description of Benefits****Post-hospitalisation Treatment**

If a benefit is payable under the Post-hospitalisation Treatment of the SmartMedic Million, upon the ninety (90) days allocation of the SmartMedic Million are exhausted, the Company will reimburse the Reasonable and Customary Charges incurred within an additional one hundred and ten (110) days starting from the day following the end of the ninety (90) days allocation of the SmartMedic Million for Medically Necessary follow-up treatment by the same attending Physician, provided that Illness or Injury for which the claim is made on the SmartMedic Million must occur after the Risk Effective Date. This shall include Prescribed Medicines during the follow-up treatment but shall not exceed the supply needed for the maximum of one hundred and ten (110) days from the end of the ninety (90) days allocation of the SmartMedic Million.

**Daily Guardian Benefit**

Reimbursement of the Reasonable and Customary Charges for meals and lodging incurred to accompany Life Assured in the Hospital. The amount payable for this benefit shall be equal to the actual charges made by the Hospital for the meals and lodging of the guardian during Hospitalisation of the Life Assured, subject to the maximum number of days and the limits stated above.

**Daily-Cash Allowance at Malaysian Government Hospital**

Pays a daily allowance for each day of confinement for a covered Disability in a Malaysian Government Hospital, provided that the Life Assured shall confine to a Hospital Room and Board rate that does not exceed the aggregate amount of Hospital Room and Board of SmartMedic Million and any cumulative Increase to the Hospital Room and Board, subject to the maximum number of days and the limits stated above.

**Accidental Death Benefit**

While this rider is in force, in the event of death of the Life Assured resulting directly and solely from an Accident, the Company shall pay an amount in one lump sum.

Provided that:

- the Accident occurs on or after the Risk Effective Date and before the Policy Anniversary on which the Life Assured's age is seventy (70) years next birthday; and
- the death of the Life Assured occurs within ninety (90) days of sustaining the Injury; and
- written notice of such Accident with full particulars must be provided to the Company immediately upon death of the Life Assured.

**Overall Annual Limit**

The total amount payable under this rider and the SmartMedic Million in respect of their respective Eligible Expenses incurred for Medically Necessary services and/or treatments provided to the Life Assured during any Policy Year or Adjusted First Policy Year, as the case may be, shall be limited to the Overall Annual Limit of the SmartMedic Million. If the Overall Annual Limit of the SmartMedic Million for a particular Policy Year or Adjusted First Policy Year, as the case may be, have been fully exhausted, all coverage on the Life Assured shall immediately cease to be payable for that remaining Policy Year or Adjusted First Policy Year, as the case may be

For the avoidance of doubt, the benefit payable under Insured Benefits of Item 3 and Item 4 above shall further subject to a maximum numbers of days claimable in any Policy Year of this rider.

**UNDERWRITING GUIDELINES****Age at Entry**

Category	Minimum	Maximum
Pre-natal policy - Life Assured (Unborn Child)	13 weeks of gestational period	35 weeks of gestational period
Post-natal policy - Life Assured	30 days attained age	70 years next birthday

**Minimum/Maximum Term**

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Maximum age at renewal & Maximum expiry age:

Follow primary IL medical plan which is attached to the same basic plan.

Primary IL Medical Plan	Maximum Age at Renewal	Maximum expiry age (Policy anniversary on)
SmartMedic Million	99 years next birthday	100 years next birthday

**Minimum/Maximum Sum Assured**

Refer to the Insured Benefits above for the Benefits.

**Non Medical Limits**

In general, Medical Examination is not required. However, the Company reserves the absolute right to call for a medical examination, if necessary.

For Life Assured who purchases this rider at age 61 to 70, it is subject to medical underwriting and compulsory medical checkup.

**Backdating**

Not Allowed.

**Renewal / Change in Occupation**

The renewal of this rider is guaranteed. The risk charge rates may be changed from time to time. Such changes, if any, shall be applicable to all Insured Persons irrespective of their claim experience

The Insured Person must inform the Company of any change in the nature of his or her occupation. The Company may at its discretion alter any provisions, terms, conditions and benefits of the Plan.

**INSURANCE CHARGES****Insurance Charge**

- The insurance charge will be deducted monthly from the total investment value by cancelling units.
- The insurance charges are not guaranteed and calculated based on the life assured's attained age next birthday, gender, smoker status, health condition and occupation classification, where applicable.

The company may revise the insurance charges by giving at least 3 months advance notice. Any revision of the insurance charges shall take effect on the policy anniversary immediately following the expiry of the 3 months notice

**Female Rates**

Separate insurance charges applicable for male and female. Refer to Appendix 1 for the insurance charges rates table.

**Occupational Class Rates**

The standard Males and Females rates are applicable to Occupation Classes 1 and 2. Separate rates are chargeable for Occupation Class 3 and Class 4. Refer to Appendix 1 for the insurance charges rates table.

**Non-smoker Discount / Large Sum Assured Discount / Staff Discount**

Not applicable.

**Rate adjustment**

The insurance charge rates may be changed from time to time. Such changes, if any, shall be applicable to all Insured Persons irrespective of their claim experience.

**OTHER PRODUCT FEATURES**

**Automatic Premium Loan / Policy Loan / Bonus Rate / Agency Compensation / Surrender Values / Partial Surrender / Paid Up Values / Extended Term Assurance / Lien for Juvenile Policy / Option to Purchase New Policy**

Not Applicable

**SmartMedic Million Plus (Plan code: U197-U200)****OTHER PRIVILEGES****Assignment / Third party policy/Nomination**

Follow primary IL medical plan

**Free Look Period**

Follow primary IL medical plan

**Reinstatement**

Follow primary IL medical plan

**Conversion Option**

Follow primary IL medical plan

**EXCLUSIONS (In the event of any discrepancies, please refer to the sample policy contract)**

The Company will not pay any benefit under this rider as a result of, including of any of the following whether directly or indirectly:

1. Pre-existing Illness;
2. Specified Illnesses occurring within the first 120 days from the Risk Effective Date of this rider;
3. Any medical or physical conditions arising within the Waiting Period except for Injury;
4. Plastic/cosmetic Surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
5. dental conditions including dental treatment or oral Surgery, except as necessitated by Injury to sound natural teeth occurring in any Policy Year and performed by Dentist;
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 Conditions or deformities including hereditary conditions;
8. Pregnancy, 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;
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. 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;
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
13. Expenses incurred for donation of any body organ by the Life Assured, and the cost of acquisition of any body organ donated to the Life Assured including all costs incurred by the donor during organ transplant and its complications;
14. 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, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment;
15. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;
16. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
17. 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;
18. Sickness or Injury arising from racing of any kind (except for foot racing), hazardous sports such as but not limited to sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines

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licensed to carry passengers over established routes;

20. Expenses incurred for sex change;
21. Any Outpatient treatment not related to Inpatient treatment, except as provided under this rider;  
or
22. Charges which are not Reasonable and Customary Charges, or any Surgery or treatment which is not Medically Necessary, or charges in excess of Reasonable and Customary Charges, or charges which are incurred for Hospitalisation, pre-hospitalisation and/or post-hospitalisation after the Expiry Date.

**SmartMedic Million Plus (Plan code: U197-U200)****Appendix 1: Annual Insurance Charge****(Occupation Class 1 & 2)**

Attained Age Next Birthday	Male				Female			
	U197	U198	U199	U200	U197	U198	U199	U200
0-5	201	244	327	419	183	223	298	380
6-10	135	164	215	273	127	153	202	255
11-15	130	147	191	234	118	132	171	216
16-20	181	203	263	324	151	171	222	282
21-25	186	209	268	329	175	197	253	319
26-30	176	198	253	311	170	190	244	307
31-35	175	196	248	303	175	196	250	314
36-40	185	207	263	320	202	228	289	362
41-45	222	248	314	382	242	271	344	432
46-50	260	291	370	451	285	320	408	513
51-55	412	461	587	720	367	413	525	661
56-60	518	580	740	908	434	488	626	791
61-65	717	803	1,025	1,260	607	682	875	1,108
66-70	1,002	1,121	1,431	1,761	855	960	1,229	1,556
71-75*	1,482	1,656	2,112	2,597	1,255	1,407	1,797	2,276
76-80*	2,192	2,449	3,118	3,835	1,846	2,068	2,634	3,336
81-85*	2,791	3,119	3,973	4,878	2,368	2,648	3,364	4,260
86-90*	3,504	3,842	4,977	6,003	2,986	3,273	4,226	5,244
91-95*	4,310	4,722	6,111	7,226	3,689	4,036	5,200	6,323
96-99*	5,291	5,688	7,494	8,690	4,539	4,872	6,386	7,612

\* Renewal Only

**(Occupation Class 3)**

Attained Age Next Birthday	Male				Female			
	U197	U198	U199	U200	U197	U198	U199	U200
0-5	251	305	409	524	229	279	373	475
6-10	169	205	269	341	159	191	253	319
11-15	163	184	239	293	148	165	214	270
16-20	226	254	329	405	189	214	278	353
21-25	233	261	335	411	219	246	316	399
26-30	220	248	316	389	213	238	305	384
31-35	219	245	310	379	219	245	313	393
36-40	231	259	329	400	253	285	361	453
41-45	278	310	393	478	303	339	430	540
46-50	325	364	463	564	356	400	510	641
51-55	515	576	734	900	459	516	656	826
56-60	648	725	925	1,135	543	610	783	989
61-65	896	1,004	1,281	1,575	759	853	1,094	1,385
66-70	1,253	1,401	1,789	2,201	1,069	1,200	1,536	1,945
71-75*	1,853	2,070	2,640	3,246	1,569	1,759	2,246	2,845
76-80*	2,740	3,061	3,898	4,794	2,308	2,585	3,293	4,170
81-85*	3,489	3,899	4,966	6,098	2,960	3,310	4,205	5,325
86-90*	4,380	4,803	6,221	7,504	3,733	4,091	5,283	6,555
91-95*	5,388	5,903	7,639	9,033	4,611	5,045	6,500	7,904
96-99*	6,614	7,110	9,368	10,863	5,674	6,090	7,983	9,515

\* Renewal Only

**SmartMedic Million Plus (Plan code: U197-U200)****(Occupation Class 4)**

Attained Age Next Birthday	Male				Female			
	U197	U198	U199	U200	U197	U198	U199	U200
0-5	302	366	491	629	275	335	447	570
6-10	203	246	323	410	191	230	303	383
11-15	195	221	287	351	177	198	257	324
16-20	272	305	395	486	227	257	333	423
21-25	279	314	402	494	263	296	380	479
26-30	264	297	380	467	255	285	366	461
31-35	263	294	372	455	263	294	375	471
36-40	278	311	395	480	303	342	434	543
41-45	333	372	471	573	363	407	516	648
46-50	390	437	555	677	428	480	612	770
51-55	618	692	881	1,080	551	620	788	992
56-60	777	870	1,110	1,362	651	732	939	1,187
61-65	1,076	1,205	1,538	1,890	911	1,023	1,313	1,662
66-70	1,503	1,682	2,147	2,642	1,283	1,440	1,844	2,334
71-75*	2,223	2,484	3,168	3,896	1,883	2,111	2,696	3,414
76-80*	3,288	3,674	4,677	5,753	2,769	3,102	3,951	5,004
81-85*	4,187	4,679	5,960	7,317	3,552	3,972	5,046	6,390
86-90*	5,256	5,763	7,466	9,005	4,479	4,910	6,339	7,866
91-95*	6,465	7,083	9,167	10,839	5,534	6,054	7,800	9,485
96-99*	7,937	8,532	11,241	13,035	6,809	7,308	9,579	11,418

\* Renewal Only