



Group Outpatient Clinical Benefit PRODUCT DISCLOSURE SHEET





IMPORTANT NOTE

Read this Product Disclosure Sheet before you decide to take up this SME EZY Group Outpatient Clinical Benefit. Be sure to also read the general terms and conditions.

Name of Product	SME EZY Group Outpatient Clinical Benefit
Date	DD/MM/YYYY

What Is This Product About?

This is a yearly renewable outpatient clinical plan that covers treatment expenses incurred at our panel general practitioner (GP) and specialist practitioner (SP) referred by panel GP. This plan is available as a cashless or reimbursement facility. You can only take up this plan if you have purchased our Group Hospitalisation & Surgical plan as a basic plan.

This is a pure protection product and it does not provide any savings or investment elements.

Who Can Be Covered Under This Plan?

Companies that are legal entities registered in Malaysia with a minimum number of 5 up to a maximum of 250 full time permanent employees. Part time and contract employees are not eligible.

Participation of your employees is on a compulsory basis and coverage can be extended to their dependants. If you choose to extend coverage to dependants, participation will be on a compulsory basis.

What Are The Benefits Provided?

The benefit of your plan is subjected to the Overall Annual Limit and the respective benefits limits as stated in the Schedule of Benefits.



Benefits	Plan 1 Reimbursement/ Cashless	Plan 2 Reimbursement/ Cashless	
Outpatient General Practitioner (GP)			
Panel Clinic			
Consultation Medication Injection Procedures Diagnostic Lab/X-Ray Procedures Child Immunisation Pap Smear (Maximum once a year)	As Charged	As Charged	
Emergency Non-Panel Clinic	As Charged	As Charged	
Emergency Overseas Treatment Outpatient GP	Maximum RM 60 per visit	Maximum RM 60 per visit	
General Practitioner (GP) Overall Annual Limit	Unlimited	Unlimited	
Outpatient Specialist (SP)			
Specialist Clinics with referral from Panel GP Consultation Medication Injection Procedures Child Immunisation Diagnostic Lab/X-Ray Procedures Mammogram (Maximum once a year)	As Charged	As Charged	
Emergency Overseas Treatment Outpatient SP	Maximum RM 150 per visit	Maximum RM 150 per visit	
Specialist Practitioner (SP) Overall Annual Limit	RM1,000	RM2,000	

How Much Premium Do You Have To Pay?

The total premium that you have to pay and the policy terms may vary depending on the choice of plan selected, cashless or reimbursement facility, group size and profile of your employees.

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Company No.: 202101038926 (1439226-H)
Level 9, Wisma Tune, No 19 Lorong Dungun, Damansara Heights, 50490, Kuala Lumpur E hello.tpv@tuneprotect.com W tuneprotect.com



Is The Premium Guaranteed Upon Renewal?

The premium rates are not guaranteed upon renewal. This means we can change the premium rates by giving you thirty (30) days' notice in writing prior to next policy anniversary.

What Are The Fees And Charges That You Have To Pay?

In addition to the premium, you will need to pay:

- Commission or referral fees up to 10% (if sold through our intermediary) of your premium which is included in the premium paid
- Annual Managed Care Organisation (MCO) fees of RM18 per member
- Stamp duty
- Applicable tax imposed by the Malaysian Government at the prevailing rate

What Are Some Of The Key Terms And Conditions That You Should Be Aware Of?

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

Importance Of Disclosure

You must disclose truthfully all material facts such as type of business and industry, nature of occupations and any information that could affect the risk profile such as the ages of the employees and dependants.

You must also inform all relevant employees and dependants they are required to declare truthfully their medical conditions, otherwise effective cover will be void at inception.

15 Days Free-Look Period

If you are not satisfied with this policy and no claim has been made, you may cancel this policy within fifteen (15) days from the date you receive the policy contract. We shall refund the premium paid by you.

Waiting Period

There is no waiting period for this benefit.

Duration Of Coverage

Duration of coverage is one (1) year. Upon satisfactory review by us, the plan is renewable yearly subject to timely premium payments.

Unless renewed, the coverage will cease on the policy anniversary and we shall strictly not be liable for any expenses that take place after the policy anniversary.

Claim Notification

The policyholder and life assured should make every effort to notify us through the Tune Protect App of their claims as soon as possible within thirty (30) days after receiving clinical care. Any delay in doing so may cause difficulty to assess claims. For more information, please refer to the Claims Guide at our website.

Implications Of Switching Policy To Another Insurer

It may not be advantageous to switch from one insurance plan to another, as you may be subjected to new underwriting requirements, full waiting period and any applicable period for the exclusion of specified

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illnesses/pre-existing conditions of the new policy. Please check out the insurer for detailed terms and conditions before making a decision.

What Are The Exclusions Under This Plan?

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

This policy has certain exclusions, meaning situations where we do not pay a certain benefit.

We shall not pay any benefit caused directly or indirectly, wholly or partly, for any one of the following:

- Plastic/cosmetic surgery or treatment, or treatment of its complications; or
- 2. Corrective treatment for refractive errors, corrective glasses or contact lenses; or
- 3. Use or acquisition of all appliances and the rental charges for the use of such devices; or
- 4. Dental conditions not necessitated by accidental injuries; or
- 5. Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae; or
- 6. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related diseases or its sequelae and any communicable diseases requiring quarantine by law; or
- 7. Pregnancy related conditions, childbirth, prenatal or postnatal care, contraceptive methods of birth control, test or treatment pertaining to infertility, erectile dysfunction, impotence or sterilisation; or
- 8. Outpatient consultation primarily for investigatory purposes except for benefit payable under Diagnostic Services and Pap Smear Examination or preventive treatments/supplements; or
- 9. Treatment for injuries sustained while committing a crime, while under influence of mind-altering substance, or suicide, attempted suicide or self-inflicted injuries while sane or insane; or
- 10. Any forms of war, riot, insurrection, explosion of war weapons, terrorism related activity, active duty in any armed forces or direct participation in strikes; or
- 11. Alternative therapy comprising of alternative treatments, Traditional & Complementary Medicine; and their related medical services or supplies; or
- 12. Any forms of mental or nervous disorders; or
- 13. Costs/expenses of services of a non-medical nature; or
- 14. Costs incurred at Specialist Clinics that is not referred from Panel GP except Mandatory Child Immunisation up to age 8 years old; or
- 15. Allergy testing (includes all related haematological and topical tests); or
- 16. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, kidney dialysis and chronic illnesses; or
- 17. Preventive vaccinations except those stated under Mandatory Child Immunisation; or
- 18. Any treatment or medication which are not consistent with the diagnosis; or

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- 19. Diseases or disabilities of a newborn child contracted prior to or during birth or within the first 14 days
- 20. Prescription and dispensation of current medication for more than 1-month duration.

Can You Cancel Your Policy?

You may cancel your policy by submitting Your request via email at hello.tpv@tuneprotect.com.

If you cancel after the fifteen (15) days free-look period, you will receive a refund premium according to the table below provided that no claims have been made.

Period not exceeding	Refund of Yearly Premium Paid
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%
Period exceeding 11 months	No refund

What Do You Need To Do If There Are Changes To The Contact Details?

It is important to inform us on any changes in your contact details via email at hello.tpv@tuneprotect.com to ensure that all correspondences reach you in a timely manner.

Where Can You Get Further Information?

If you have any further enquiries or if you wish to know if there are any other similar types of cover available from us, please visit our website at <u>tuneprotect.com</u> or email us at <u>hello.tpv@tuneprotect.com</u>.



IMPORTANT NOTE

YOU SHOULD SATISFY YOURSELF THAT THIS PLAN WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH OUR INTERMEDIARY OR CONTACT US DIRECTLY FOR MORE INFORMATION.

Tune Protect Ventures Sdn Bhd (TPV) is an approved participant in the Bank Negara Malaysia (BNM) Financial Technology Regulatory Sandbox. Approval would be required to be licensed under Financial Services Act 2013 (FSA) upon graduation from the Sandbox.

The information provided in this Product Disclosure Sheet is valid as dd/mm/yyyy.

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