



A member of the Fairfax Group

Group Hospital & Surgical Insurance & Supplementary Outpatient Cover

Insured : Persolkelly Workforce Solutions Malaysia Sdn Bhd
Policy No. : H0006073

GROUP HOSPITALISATION POLICY

Summary of Cover:

Reimbursement of Reasonable and Customary medical charges for Hospitalisation or Surgery due to

- i. Accident
- ii. Illness or Disease

Maximum Age of Cover: 65

GROUP HOSPITALISATION POLICY

TERRITORIAL LIMIT: WORLDWIDE 24-HOURS A DAY subject to

- **Residence Overseas Condition**

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

- **Overseas Treatment Condition**

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this Policy and all benefits will be payable 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:-

GROUP HOSPITALISATION POLICY

- a) an Insured Person travelling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a **Medical Emergency**

- b) an Insured Person upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialised nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can be reasonably be postponed until return to Malaysia are excluded

GROUP HOSPITALISATION POLICY- Definitions

- **CONGENITAL CONDITIONS** shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the insured was continuously covered under this Policy.
- **PRE-EXISTING ILLNESS** shall 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 circumstance

For New staff -Waiting Period: 1 year

GROUP HOSPITALISATION POLICY- Definitions

- **WAITING PERIOD** shall mean the first 30 days between the beginning of an Insured Person's Disability and the commencement of this Policy date and is applied only when the person is first covered. This shall not be applicable after the first year of cover.

WAIVED FOR ALL STAFF INCLUDING NEW

- **AS CHARGED** refers to actual charges incurred for reasonable, necessary and customary medical care provided in the treatment of an insured disability.
- **ELIGIBLE EXPENSES** shall mean Medically Necessary expenses incurred due to a covered disability but not exceeding the limits in the Schedule of Benefits.

GROUP HOSPITALISATION POLICY - Definitions

- **REASONABLE AND CUSTOMARY CHARGES** shall mean charges for medical care which is Medically Necessary shall be considered reasonable and customary to the extent that 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 have been omitted without adversely affecting the Insured Person's medical condition.

Note: Doctors fees shall be reimbursed according to the 13th Schedule of Fees stipulated in the Private Healthcare Facilities and Services Act 1998 and Regulations 2006 in determining reasonable and customary charges.

GROUP HOSPITALISATION POLICY- Definitions

- **DOCTOR or PHYSICIAN or SURGEON** shall mean registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practising within the scope of his licensing and training in the geographical area of practice but excluding a doctor physician or surgeon who is the insured himself
- **DENTIST** shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided but excluding a physician or surgeon who is the insured himself
- **SPECIALIST** shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry but excluding a physician or surgeon who is the insured himself

GROUP HOSPITALISATION POLICY- Definitions

- **SURGERY** shall mean any of the following medical procedures:
 - a) To incise, excise or electrocauterize any organ or body part except for dental services
 - b) To repair, revise or reconstruct any organ or body part
 - c) To reduce by manipulation a fracture or dislocation
 - d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus stomach intestine, urinary bladder or urethra
- **DAY SURGERY** A patient who needs the use of a recovery facility for a surgical procedure on a pre-planned basis at the hospital/specialist clinic

INPATIENT-Schedule of Benefits

DESCRIPTION OF BENEFITS	Insured Plan
Daily Hospital Room & Board – up to 120 days	RM 160 per day
Intensive Care Unit – up to 20 days	RM 350 per day
Hospital Supplies & Services	As Charged
Pre-Surgical Diagnosis & Consultation- up to 60 days	As Charged
Surgical Fee (including Operating Theatre and Anaesthetist fee and Post Surgery care) –up to 60 days	As Charged
Pre-Hospital Specialist & Diagnostic Tests – up to 60 days	As Charged
In-Hospital Physician Visit – pays 1 visit a day up to 120 days	As Charged
Post Hospitalisation Treatment – up to 60 days	As Charged
Emergency Outpatient Accidental Treatment (treatment within 24-hours) – up to 60 days	RM2,500
Emergency Dental Treatment – up to 14 days	RM500
Ambulance Fee – Not payable if insured is not hospitalized	As charged

INPATIENT Schedule of Benefits

Description of Benefits	Plan HA160
Medical Report Fee	50
Daily Government Hospital Cash Allowance	200 up to 120 days
Government Service Tax on R&B	Yes
Emergency Sickness Treatment – 12.01am to 6am	100
Pre-Surgical Second Opinion Consultation	As Charged
Funeral Expenses	5,000
Outpatient Cancer Treatment	75,000
Outpatient Kidney Dialysis	75,000
Overall Annual Limit	75,000
Hospital Admission Assist (HAA) Card	Yes

OUTPATIENT Schedule of Benefits

Description of Benefits	OP1
General Practitioner (GP)	
Panel Clinic	Cashless
Non-Panel Clinic (Emergency Only)	Reimbursement
Routine Consultation	As Charged
Medication	As Charged
Injection	As Charged
Diagnostic Lab/X-Ray Procedures	As Charged
Outpatient Surgical Procedures	As Charged
Maximum Limit Per Visit/Number of Visits Per Year	Unlimited
Overseas GP Per Visit (Reimbursement)	RM50
Co-Payment	RM20.00
Annual Limit for GP	RM1,200.00

OUTPATIENT Schedule of Benefits

Description of Benefits	OP1
Specialist Practitioner (SP)	
General Practitioner Referral	Yes
Consultation	As Charged
Medication	As Charged
Injection	As Charged
Diagnostic Lab/X-Ray Procedures	As Charged
Outpatient Surgical Procedure	As Charged
Direct Access to Paediatrician (for children up to 12 years old)	
Maximum Limit Per Visit/Number of Visit Per Year	Unlimited
Overseas SP Per Visit (Reimbursement)	RM150
Co-Payment	Nil
Annual Limit for SP	RM3,000.00

EXCLUSIONS

- Pre-existing illness.
- Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date of reinstatement whichever is latest except for accidental injuries.
- 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.
- Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- 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.

POLICY EXCLUSIONS

- 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. 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
- 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.
- 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.

Supplementary Outpatient -Exclusions

- This Policy does not cover any claim arising directly or indirectly, wholly or partly, by any one (1) of the following occurrences:
 1. More than one (1) Outpatient Consultation per day to a General Practitioner.
 2. More than one (1) Outpatient Consultation per day to a Specialist.
 3. Consultation made on the day of surgical operation or during convalescence therefrom, if cover for such operation is available under a Hospital & Surgical Insurance Policy.
 4. Drugs or medicine purchased without doctor's prescription and X-Ray Examination or Laboratory Tests without doctor's recommendation.
 5. Private nursing care and house calls by Doctors for any reasons.
 6. Plastic/Cosmetic Surgery or treatment, or treatment of their complications (inclusive of double eyelids, acne, keloids etc).
 7. Care and treatment that is experimental, investigative and not according to accepted professional standards and care that is not Medically Necessary.

Supplementary Outpatient-Exclusions

- 8. Treatment for Injuries sustained while committing a crime or felony, or while under under the influence of alcohol,narcotics, or mind altering substance or Injuries which are self-inflicted while sane or insane.**
- 9. Any treatment for or arising from substance abuse such as alcohol, narcotics, etc.**
- 10. Private nursing care engaged by Insured Person or services for rest cures or sanitaria care provided by rest/nursing home for purely recuperative purposes.**
- 11. Contraceptive medications and devices, sterilisation procedures, treatment for complications, reversal of such procedures and the work up or treatment of sexual dysfunction or infertility.**
- 12. Investigation and treatment relating to pregnancy including prenatal, childbirth, postnatal, abortion or miscarriage and all complications arising therefrom.**
- 13. Hormone therapy**
- 14. Any circumcision unless Medically Necessary.**
- 15. Conditions related to sexually transmitted Disease, AIDS and AIDS Related Complex or its sequelae.**
- 16. Alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services,**

Supplementary Outpatient-Exclusions

- 17. Vitamins, Food Supplement, Herbal Cures, Anti-Obesity/Weight Reducing Agents including off the counter medications.**
- 18. Soaps, shampoos, vitamin creams and vitamin ointment.**
- 19. Psychotic, mental, nervous disorders and behavioral conditions including neurosis, physiological or psychosomatic manifestations.**
- 20. Treatment, therapy for congenital or hereditary Diseases, deformities and Disabilities and any medical or surgical complication arising therefrom e.g. childhood hernias, clubfoot, Ventricular Septal Defect, Atrial Septal Defect, Thalassemia etc.**
- 21. Diseases or Disabilities of a newborn Child contracted prior to or during birth of within the first 30 days hereafter.**
- 22. Blood and topical allergy testing.**
- 23. Routine physical examination, health check-ups or tests not incidental to treatment or diagnosis of a covered Disability.**
- 24. Speech and Occupational Therapy.**
- 25. Any process solely for the determination of eye refraction, lazy eye and the correction of the same by radial keratotomy, orthoptic or visual training or by any other means.**

Supplementary Outpatient-Exclusions

- 26. Supply of corrective glasses, or contact lens or any associated material for the correction of visual acuity.**
- 27. Any dental treatment or Surgery except when required due to an Injury sustained in an Accident Investigation and treatment of sleep and snoring disorders.**
- 28. Outpatient physical therapy or physiotherapy is not covered and cannot be referred by General Practitioner level.**
- 29. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist.**
- 30. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy and kidney dialysis.**
- 31. Preventive Vaccinations / Immunisations except for the mandatory vaccinations stated under the guidelines of the Ministry of Health Malaysia that are applicable to eligible Children only.**
- 32. Expenses incurred for sex changes.**
- 33. Any treatment directed towards developmental delays and/or learning disabilities in Insured Children.**
- 34. Any communicable diseases requiring quarantine by law.**

Pay & File Claim for Reimbursement

The claim will be processed on Pay & File (Reimbursement) basis if the employee is admitted to the following hospitals:-

- 1. Ara Damansara Medical Centre Sdn Bhd**
- 2. Gleneagles Kuala Lumpur**
- 3. KPJ Ampang Puteri Specialist Hospital**
- 4. KPJ Damansara Specialist Hospital**
- 5. KPJ Tawakkal Specialist Hospital**
- 6. Pantai Hospital Kuala Lumpur**
- 7. Prince Court Medical centre Sdn Bhd**
- 8. Subang Jaya Medical Centre Sdn Bhd**

e-Mas Contact Details

Category	Phone Number	Person In Charge	Email Address	Contact Hours
GL Related Matters	1-800-88-3627	e-MAS Patient Administration Team	emas.patgl@crm.emastpa.com.my	24/7
General Enquiries	03-9213 0103			
Claims Department For questions related to reimbursement	03-9213 0103	Mahirah Manisha	emas.claims@crm.emastpa.com.my	Office Hours
Customer Support For any questions about coverage or eligibility	03-9213 0103	Masliya	emas.support@crm.emastpa.com.my	Office Hours
Emergency Assistance	03-9213 0103 or WhatsApp 018-788 3627	e-MAS Patient Administration Team	emas.support@crm.emastpa.com.my	24/7
Clinic Enquiries To request for a new panel clinic or check if a clinic is in panel	WhatsApp 019-854 4270	Masliya	emas.support@crm.emastpa.com.my	Office Hours