

PROTECTION

A-SME Flex-i

PROTECTION FOR YOUR EMPLOYEES



AIA PUBLIC
TAKAFUL

A-SME Flex-i

PROTECTION FOR YOUR EMPLOYEES

Protect Your Most Valuable Asset

Important Notice

Thank you for your interest in the Employee Benefits products offered by AIA PUBLIC Takaful Bhd (AIA PUBLIC). Firstly, before participating in any Medical and Health Takaful (MHT) product, you should ensure that you understand the basic and important features of the product; and that all important information regarding the Certificate has been disclosed to you. Our Life Planner is available to help you with the following questions:

- What are the basic and salient features of Medical and Health Takaful in general?
- What are the basic and salient features of the product proposed to my company?
- Do I have all the information needed to make an informed decision?
- Am I satisfied that the product proposed best suits the needs of my company and as well as my company's resources?

Below is a checklist of items that can serve as a guide for you, to enable you to make an informed decision before participating this product.

Information Checklist

- You may refer to the Takaful info booklet on "Medical and Health Insurance" for more information on Medical and Health products.
- Refer to the Product Disclosure Sheet (PDS), Product Illustration and Master Certificate Contract for details of important product features.
- Find out whether there are other avenues (e.g. Takaful Operator's website) where details of the important features of the product can be obtained.
- Understand the benefits that are payable under the Takaful Certificate.
- Understand the significant medical or technical exclusions or restrictions applicable.
- Comprehend and note if there are any limitation of benefits (e.g. percentage (%) of costs covered by the Takaful Certificate, ceiling to total claim costs and deductible amounts).
- Note the contribution amount payable, the term of payment and the payment mode applicable and ascertain that the amount, the term and the mode are acceptable to you.
- Comprehend the nature and extent of AIA PUBLIC's right to review and revise the contribution payable. If you are agreeable, understand how and when notification of the revision will be made.
- Ascertain if there are any pre-existing conditions, specified illnesses and qualifying period and how long the relevant periods will be applicable for.
- Understand the possible conditions that would lead to the following scenarios on the Takaful Certificate renewal:
 - Takaful Certificate is renewed with a level contribution;
 - Takaful Certificate is renewed with an increased contribution; or
 - Takaful Certificate is not renewed.
- Understand the implications of switching Certificates from one Takaful Operator to another.
- Comprehend the nature and extent of AIA PUBLIC's right to repudiate liability in the event that you have failed to disclose relevant information that would have affected AIA PUBLIC's decision to accept or reject the risk, and on the contribution and terms to be applied to you.

A-SME Flex-i

PROTECTION FOR YOUR EMPLOYEES

Attracting, motivating and retaining employees are the challenges that any organisation encounters. Your employees are the driving force behind your company and ensuring that their health and welfare are well taken care of should be a top priority.

A-SME Flex-i is a one-stop source for all employee benefit needs, providing comprehensive protection and solutions to small and medium-sized enterprises. It offers companies a variety of healthcare cover options and benefits to suit different budgets, as well as the demands of various types of businesses. You can customise the plan according to your employee's protection needs with our wide range of benefits, including outpatient benefits, life, critical illness and many more.

Employees are your greatest asset. Looking after your employees is looking after your business.



Our Solutions for SMEs



BENEFITS RECOMMENDATION

Create the right plan
for your employees



FLEXIBLE & CUSTOMISABLE

Flexibility to pick and choose
benefit options and limits



COMPREHENSIVE PLAN

More options to suit
different needs and budgets



DIGITALISED

Fast and seamless
experience

A-SME Flex-i At A Glance

BENEFITS RECOMMENDATION



- We provide recommendations and need-based solutions through fact finding.
- Enables you to benchmark with companies of the same or similar industries to create the right plan for your employees.
- Provides the right benefits package to help you attract and retain employees.

1 Offers solutions through fact finding



Manufacturing



Food & Beverages



Retail

2 Provides recommendation based on the same or similar industries to create the right plan for your employees

3 Choose from 3 recommended plans that is most suitable for your company

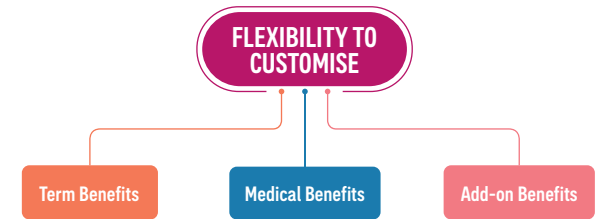
BENEFITS	STARTER	RECOMMENDED STANDARD	BUSINESS
	Executives	Executives	Executives
Hospitalisation			
Room & Board	120	180	250
Annual Limit	40,000	80,000	120,000
Outpatient			
General Practitioner Limit	2,000	3,000	Unlimited
Specialist Limit	2,000	3,000	Unlimited
Total Premium	RM111,240	RM142,740	RM181,320

The above is for illustration purposes only and the total contribution is quoted based on 60 headcounts.

FLEXIBLE & CUSTOMISABLE



- Customise your group health plan, select the medical and term coverage that suits your business needs and budget.
- Flexibility to choose from an extensive range of benefits and sum covered options for different category of employees.



DEDUCTIBLE



- Deductible options to help you manage costs while providing health coverage relevant to your employees' needs.
- With deductible, you will also be able to manage any risk of unnecessary claims or misuse as your employees would also participate to manage the cost.

GROUP MEDCARE



- Exclusive access to Personal Medical Case Management services, ensuring your employees to receive the best possible treatment and personalised on-going support throughout their medical journey when diagnosed with a serious or complex condition.
- Supported by a dedicated and personal medical team, led by a personal medical case manager to reassess and manage your employee's medical condition.
- This is an add-on benefit administered by our service provider, Medix Medical Services Asia Limited (Medix), a company that specialises in quality global medical management.

CORPORATE AIA VITALITY



- Designed to build a healthier workforce for your employees and you.
- Corporate AIA Vitality is an add-on health programme that empowers employees with knowledge and tools to make healthier choices, and also motivates and rewards you and your employees to get healthier. Healthy employees means higher productivity.

How A-SME Flex-i Makes Group Health Takaful Convenient

From considering and participating in the right plan to managing your certificate and claims, your journey with A-SME Flex-i made easier and more convenient. Here's how:



EASY TO CUSTOMISE

We offer a **range of plans and optional benefits** to suit different budgets and needs.



EASY TO PARTICIPATE

Our application process is **simple, fast and hassle-free**. Get your quote on-the-spot, confirm, sign and submit electronically.



EASY TO MANAGE

Managing employee benefits is time-consuming. We provide **hassle-free experience** from onboarding to the claim process; offering advantages such as an **e-Medical card, claim reimbursement in 5 days**, and a variety of value-added services at your employee's finger tips.



EASY TO CHOOSE

We provide **benefits recommendation** based on your industry to help you create the right plan for your employees.



Medical Basic Benefits

HOSPITAL & SURGICAL CARE

Care for your employees by providing them with a complete hospitalisation plan. Select from a wide range of benefits options to provide the most suitable plan for your employees. You also have the option to provide hospitalisation coverage for your employees' dependents.

Room & Board	Choose from RM80 to RM600
Overall Limit	Choose from RM20,000 to RM400,000
Class Covered	Per Member / Per Family ¹
Plan Type	Cashless / Reimbursement / Government Hospital (GH) only
Deductible	RM0 / RM300

Optional Medical Benefits

OUTPATIENT CARE

Provide your employees and their dependents the convenience of accessing outpatient care at General Practitioner (GP) and Specialist Care (SP). Together with a hospitalisation plan, your employees will enjoy a comprehensive healthcare coverage.

General Practitioner (GP)	
Overall Limit	Choose from RM1,500 to RM5,000 or unlimited
Plan Type	Panel Clinics / Panel & Non Panel Clinics
Deductible	RM0 / RM5 / RM10

Specialist Care (SP)	
Overall Limit	Choose from RM1,000 to RM5,000 or unlimited
Plan Type	Cashless / Reimbursement / Referral / Direct Access / Direct PAED
Deductible	RM0 / RM15 / RM30

Outpatient Care Limit	
Standalone Limit / Combined GP & SP Limit	

¹ Per Family Limit is not available for Outpatient Medical Benefits.

² Cashless, Direct Access and Direct PAED is subject to minimum limit of RM2,000.

Group Term Takaful Basic Benefits

DEATH BENEFIT

The Death Benefit provides your employees with financial security in the event of an untimely death.

TOTAL AND PERMANENT DISABILITY

If an employee becomes disabled as a result of an injury or sickness, the compensation from this benefit can help reduce the financial burden suffered.

PARTIAL AND PERMANENT DISABILITY

Compensation according to the Scale of Indemnity as stated under the Takaful Certificate's Schedule of Benefits will be paid if an employee suffers a permanent partial disability as a result of sickness or accident.

TERMINAL ILLNESS

This benefit will be paid if the Covered Member passes away within twelve (12) months of suffering from a Terminal Illness.

REPATRIATION EXPENSES

Covers expenses for transportation of mortal remains back to the country of origin if the Covered Member passes away while traveling outside of Malaysia.

Optional Group Term Takaful Benefit

CRITICAL ILLNESS

A serious illness can be a financial burden. When diagnosed with a critical illness, the Covered Member will receive compensation which would help ease some of the financial burden.

- Non-Accelerated Critical Illness Rider
- Accelerated Critical Illness Rider

Optional Benefits

GROUP MEDCARE

Personal Medical Case Management (PMCM)* is a value-added benefit that provides:

- Access to the world's leading specialist
- Medical support from diagnosis to recovery
- 24/7 Personalised support

* This benefit is applicable to Group Hospitalisation and Surgical Care Plan only.

CORPORATE AIA VITALITY

AIA Vitality is a science-backed health programme that rewards your employees' healthy choices. It empowers them with the knowledge, tools and motivation to achieve their health goals. Using the latest research in behavioural economics and incentives, it is designed to encourage long-term behavior changes in health. Organisation can leverage on AIA Vitality platform to drive employee health and engagement.

Terms & conditions apply

Schedule of Benefits

Hospital & Surgical Care - Basic	
Overall Limit (Per Certificate Year)	RM20,000 to RM400,000 (in multiple of RM20,000)
Deductible Amount	Zero Deductible or RM300 per disability
1. In Hospital Care	
1.1 Hospital Room and Board	
i) Ordinary Room (up to max 180 days per disability)	RM80 to RM600 (in multiple of RM10)
ii) Intensive Care Unit (up to max 30 days per disability)	As charged
1.2 Hospital Supplies and Services	
1.3 Surgical Fees	
1.4 Anaesthetist Fees	As charged
1.5 Operating Theatre Charges	
1.6 In-Hospital Physician Visit (maximum 2 visits per day, up to max 180 days per disability)	
1.7 Malaysian Government Hospital Daily Cash Allowance (up to max 180 days per disability)	RM200
2. Ambulatory Care	
2.1 Pre-Surgical/Medical Diagnostic Services (within 60 days)	
2.2 Pre-Surgical/Medical Specialist Consultation (within 60 days)	
2.3 Second Surgical Opinion	
2.4 Post-Hospitalisation Treatment (up to max 60 days following discharge from hospital)	As charged
2.5 Emergency Outpatient Accidental Treatment (within 24 hours up to max 60 days)	
2.6 Accidental Dental Treatment (within 24 hours up to max 14 days)	
2.7 Day Care Procedure (Surgical/Medical)	
2.8 Ambulance Fees	
2.9 Emergency Outpatient Treatment (maximum per Disability from 10.00pm to 8.00am)	RM100
2.10 Medical Report Fee Reimbursement	RM80
2.11 Outpatient Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Kidney Dialysis	As charged
3. Compassionate Allowance (All Causes)	RM10,000

Outpatient GP & Specialist - Optional	
Coverage Limit	Standalone Limit or Combined GP & SP Limit
1. Outpatient General Practitioner Care (GP)	
1.1 Overall limit per certificate year	RM1,500 to RM5,000 (in multiple of RM500) or unlimited
1.2 Deductible Amount	Zero Deductible or RM5 or RM10
1.3 GP Clinic Visit	Cashless (Panel Clinics or Panel & Non-Panel Clinics)
1.4 Emergency Non-Panel GP Clinic Visit	
1.5 Pap-Smear at Panel GP Clinic only (max once per certificate year)	As charged
1.6 Overseas coverage	Reimbursement Basis RM40 per visit
2. Outpatient Specialist Care	
2.1 Overall limit per certificate year	RM1,000 to RM5,000 (in multiple of RM500) or unlimited
2.2 Deductible Amount	Zero Deductible or RM15 or RM30
2.3 Specialist Visit	Cashless/Reimbursement Basis (Referral/Direct Access/Direct Paed)
2.4 Outpatient Diagnostic Services	
2.5 Overseas coverage	Reimbursement Basis RM150 per visit

Notes: Cashless is not applicable for Non-Panel Clinics.
Minimum limit for Cashless/Direct Access/Direct Pediatrician is RM2,000.

Group MedCare - Personal Medical Case Management - Optional
A value-added benefit that provides Personal Medical Case Management services, which ensures that you receive the best possible treatment and personalised ongoing support throughout your medical journey when you are diagnosed with a serious medical condition. For more information, please refer to the Group MedCare brochure.

Notes:

- Overall Limit – The maximum benefit payable within the certificate year regardless of number of disabilities.
- Please refer to the Master Certificate Contract for a detailed description of the benefits.
- Any follow-up or post hospitalisation treatments and visits will be on a reimbursement basis.

Group Term Takaful - Basic	Sum Covered (RM)					
	Option (A) : Fixed Sum Covered					
	500,000	450,000	400,000	350,000	300,000	250,000
Selection of Basic Sum Covered	200,000	150,000	100,000	50,000	20,000	
	Option (B) : Monthly Basic Salary (MBS)					
	60xMBS	48xMBS	42xMBS	36xMBS	30xMBS	
	24xMBS	18xMBS	12xMBS	6xMBS		
1. Death (all causes**)	100% of Basic Sum Covered					
2. Total and Permanent Disability (TPD) (all causes**)	100% of Basic Sum Covered					
3. Partial and Permanent Disability (PPD) (all causes** - as per Scale of Indemnity)	100% of Basic Sum Covered					
4. Repatriation Benefit	Actual expenses incurred for the covered repatriation services or up to maximum of RM100,000, whichever is lower					
5. Terminal Illness	100% of Basic Sum Covered or up to maximum amount of RM100,000, whichever is lower					

**Subject to Terms and Conditions of the Master Certificate Contract

Percentage of Amount of Coverage

Partial and Permanent Disability Scale of Indemnity	Percentage of Amount of Coverage
1. Permanent Total Loss of sight of both eyes	100%
2. Permanent Total Loss of sight of one eye	100%
3. Loss of or the Permanent Total Loss of Use of two limbs	100%
4. Loss of or the Permanent Total Loss of Use of one limb	100%
5. Loss of speech and hearing	100%
6. Permanent and incurable insanity	100%
7. Permanent and incurable paralysis of all limbs	100%
8. Permanent Total Loss of hearing in (a) both ears (b) one ear	75% 25%
9. Loss of speech	50%
10. Permanent Total Loss of the lens of one eye	50%
11. Loss of or the Permanent Total Loss of Use of four fingers and thumb of (a) right hand (b) left hand	70% 50%
12. Loss of or the Permanent Total Loss of Use of four fingers of (a) right hand (b) left hand	40% 30%
13. Loss of or the Permanent Total Loss of use of one thumb (a) both right phalanges (b) one right phalanx (c) both left phalanges (d) one left phalanx	30% 15% 20% 10%
14. Loss of or the Permanent Total Loss of Use of fingers (a) three right phalanges (b) two right phalanges (c) one right phalanx (d) three left phalanges (e) two left phalanges (f) one left phalanx	10% 7.5% 5% 7.5% 5% 2%
15. Loss of or the Permanent Total Loss of Use of toes (a) all – both feet (b) great – both phalanges (c) great – one phalanx (d) other than great, each toe	15% 5% 3% 1%
16. Fractured leg or patella with established non-union	10%
17. Shortening of leg by at least 5cm	7.5%

Notes:

- Basic Sum Covered is subject to a maximum limit of RM4.0 million
- No-Evidence Limit (NEL) is applicable only for headcount of 11-200 employees.
- Exclusions: TPD/PPD: 5 -200 Employees subject to 12 months pre-existing conditions

Note: Where the Covered Member is left-handed, the percentages relating to the right arm shall apply to the left arm and vice versa.

Group Term Takaful: Critical Illness (CI) - Optional	Sum Covered (RM)
Option (A): Non-Accelerated Critical Illness¹	Lump Sum payment of 25% / 50% / 75% / 100% of the Basic Sum Covered upon diagnosis of critical illness
Option (B): Accelerated Critical Illness²	
Critical Illness Covered	
1. Kidney Failure	22. Parkinson's Disease
2. Heart Attack	23. Motor Neurone Disease
3. Stroke	24. Chronic Aplastic Anaemia
4. Cancer	25. Loss of Speech
5. Multiple Sclerosis	26. End-Stage Liver Failure
6. Primary Pulmonary Arterial Hypertension	27. Encephalitis
7. Fulminant Viral Hepatitis	28. Bacterial Meningitis
8. Blindness - Permanent and Irreversible	29. Brain Surgery
9. Coronary Artery By-Pass Surgery	30. Angioplasty and Other Invasive Treatments for Coronary Artery Disease
10. Major Organ / Bone Marrow Transplant	31. Serious Coronary Artery Disease
11. Heart Valve Surgery	32. Cardiomyopathy
12. Surgery To Aorta	33. Loss of Independent Existence
13. Third Degree Burns	34. Paralysis of Limbs
14. Muscular Dystrophy	35. Major Head Trauma
15. HIV Infection Due To Blood Transfusion	36. Medullary Cystic Disease
16. Coma	37. Full-blown AIDS
17. Deafness - Permanent and Irreversible	38. Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection
18. End-Stage Lung Disease	39. Systemic Lupus Erythematosus with Severe Kidney Complications
19. Benign Brain Tumor	
20. Alzheimer's Disease / Severe Dementia	
21. Terminal Illness	

¹ A lump sum payment of not more than the percentage (%) selected shall be payable upon diagnosis of any of the covered Critical Illnesses and the **full amount** of Basic Sum Covered (100%) shall be payable upon death or total and permanent total disability (TPD), subject to a maximum amount of RM500,000.

² A lump sum payment of not more than the percentage selected shall be payable upon diagnosis of any of the covered Critical Illnesses and the **remaining percentage (%)** of the Basic Sum Covered shall be payable upon death or total and permanent disability (TPD), subject to a maximum amount of RM500,000.

Example:

Assuming the Basic Sum Covered of GTT is RM100,000 and the percentage selected for Critical Illness rider is 25%.

Type of Benefit	Amount Payable Upon Diagnosis (RM)	Amount Payable Upon Death or TPD (RM)
Non-Accelerated Critical Illness	25,000	100,000
Accelerated Critical Illness	25,000	75,000

Medical or Group Term Takaful - AIA Vitality (AIAV)

Only one (1) membership can be purchased per employee. If an employee is already an existing AIA Vitality member, the employee's membership will be sponsored by the employer. The employee's membership year or any AIA Vitality Points accumulated will not be affected.

Kindly refer to AIA Vitality brochure for further information.

Notes:

- All amounts shown in the Schedule of Benefits above are in Ringgit Malaysia (RM) unless stated otherwise.
- We shall only reimburse reasonable and customary charges on eligible expenses.
- The information above is not exhaustive. It is recommended that you request a copy of the Product Disclosure Sheet to know more about this product. For a detailed explanation of its benefits, exclusions, terms and conditions, please refer to the Master Certificate Contract.

Medical Benefit (Hospitalisation & Outpatient Care)

Exclusions

No benefit shall be payable for any of the following services, products or conditions or injuries resulting from:

- Plastic/Cosmetic surgery or treatment including (but not limited to) for e.g. double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia/hair loss, etc., or treatment of their complications.
- Care and treatment that is experimental, investigative or unproven services and not according to accepted professional standards and/or is not medically necessitated. This exclusion includes (but is not limited to) treatments such as:
 - Stem cell treatment, related workout and any complications arising thereafter.
 - Blood surety.
 - Hormone therapy and hormone replacement therapy except for surgically induced menopause.
 - Surgical treatment specifically for weight reduction or gain.
- Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance, or suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- Any treatment, services and supplies for smoking cessation programs and the treatment for or arising from substance abuse such as alcohol, narcotics, etc.
- Private nursing care, custodial care in any setting or house calls engaged by Covered Member or services for rest cure provided by rest/nursing home purely for recuperative purposes.
- Mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Sexual dysfunction and tests or treatment related to impotence or sterilization.
- Investigation and treatment relating to pregnancy including childbirth, Ectopic Pregnancy and Vesicular Mole and all complications arising therefrom. However this exclusion does not apply to any miscarriage of below 28 weeks due to accidental causes under the Basic Certificate coverage but is subject to its limitations for such coverage. If however, a Covered Member has Maternity Benefit coverage, it shall be subject to its respective benefit limitations.
- Sex transformation surgery and sex hormone therapy related to such surgery.
- Circumcision unless medically necessary for treatment of a disease.
- Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its sequelae, and any communicable diseases requiring quarantine by law.
- Alternative therapies such as (but not limited to) Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bonesetting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies & Traditional Complimentary Medicine etc.
- Vitamins/Supplements, Herbal Cures, Anti Obesity/Weight Reducing Agents, Eye Lubricants and any over the counter purchases of supplements, medicines or outpatient prescribed and non prescribed medical supplies.
- Soaps, Shampoos, Cleansers, Vitamin Creams, Vitamin Ointment, Moisturizers, Lubricants, Anti-Aging, Fairness Treatment and any product with similar effect.
- Psychotic, mental or nervous disorders and behavioral conditions including any neurosis and their physiological or psychosomatic manifestations.
- Any treatment or assessment for congenital, hereditary or developmental ailments, deformities and any Disability or complications arising therefrom inclusive of but not restricted to such as dermoid cysts, childhood hernias/hydrocele (all hernia up to age of six is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, Traditional Complimentary Medicine etc.

16. Diseases or disabilities of a newborn child contracted prior to or during birth or within the first 14 days thereafter.
17. Allergy testing - blood/topical including patch test.
18. Hospitalisation primarily for investigatory purposes, routine physical examinations, health check-ups, preventive treatments and diagnostic tests not incidental to treatment or diagnosis of a covered Disability.
19. Speech and Occupational therapy when not part of a rehabilitation program following hospitalisation due to trauma, unless it is a follow-up to an inpatient Disability and subject to its limitations.
20. Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phacik IOL implant or intra-ocular lenses replacement surgery.
21. All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract surgery.
22. Dental conditions including:-
 - i) Dental care/treatment or oral surgery except as necessitated by Accidental Injuries. However to exclude the replacement of natural teeth, placement of denture and prosthetic services such as bridges & crowns of their replacement for Accidental Injury cases.
 - ii) Upper and lower jawbone surgery except for direct treatment of acute traumatic Injury or cancer.
 - iii) Orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.Otherwise an Covered Member must have Dental Benefit coverage, subject to its limitations.
23. Use or acquisition of all appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulising, Continous positive airway pressure (CPAP), Continous ambulatory peritoneal dialysis(CAPD), orthopedic pads) and the rental charges of such devices except during hospital confinement under the Basic Certificate coverage but is subject to its limitation for such coverage.
24. Effects from radiation or contamination by radioactivity from any source.
25. War, riot, rebellions, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/activities.
26. Services of a non-medical nature provided by a hospital such as television, telephone, fax, radio or similar facilities. Admission kit/pack and other ineligible non-medical items (except for registration fees incurred during hospitalisation only). Charges for these services must be paid by the Covered Member prior to discharge from hospital or daycare centre unless otherwise specified.
27. Out-Patient physical therapy or physiotherapy is not covered and cannot be referred at GP level. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist. A Covered Member must have Basic Certificate coverage, subject to its limitations.
28. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy, kidney dialysis and other selected medically necessary treatment protocols, unless a Covered Member has the Basic Certificate coverage, subject to its respective benefit limitations.
29. Preventive vaccinations except those stated under the guideline of Ministry of Health Malaysia that are applicable to eligible children only (subject to Out-Patient benefit limit, if any):-
30. Expenses incurred for donation of any body organ by a Covered Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
31. Investigation and treatment of sleep and snoring disorders.
32. Expenses incurred for contact lens, use of cosmetic topically/orally/surgical procedures and any complications arising there from.

Limitations

1. No benefit shall be payable in respect of any period of hospital confinement unless the entire confinement and all the special hospital services rendered and operations performed, if any, had been recommended and approved by a legally qualified medical practitioner.
2. No benefit shall be payable if the hospital confinement upon which the claim is based is not related to the diagnosis and treatment of the condition for which hospital confinement is required by the attending medical practitioner.
3. No benefit is payable for charges, fees or expenses not mentioned in the Description of Benefits as per the Master Certificate Contract.

Special Conditions

The following conditions will be applicable to all Covered Members and their dependents, if any:

- a) Waiting Period
Eligibility for benefits starts thirty (30) days after the Covered Member has been included in the Takaful Certificate, except for a covered Accident occurring after the effective date of coverage.
- b) Specified Illnesses
No benefits shall be payable for hospitalisation, surgery and/or charges incurred which are caused directly or indirectly by Specified Illnesses and its related complications. "Specified Illnesses" shall mean the following disabilities and its related complications, occurring within the first hundred twenty (120) days after the effective date of coverage:
 - i) Hypertension, diabetes mellitus and cardiovascular disease.
 - ii) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - iii) All ear, nose (including sinuses) and throat conditions.
 - iv) Hernias, haemorrhoids, fistulae, hydrocoele, varicocele.
 - v) Endometriosis including disease of the reproduction system.
 - vi) Vertebro-spinal disorders (including disc) and knee conditions.

Group Term Takaful

Exclusions

Death Benefit

No benefits shall be payable on the account of the Covered Member, whether sane or insane, commits suicide within six (6) months from the effective date of coverage.

Total and Permanent Disability (All causes)

Partial and Permanent Disability (Natural causes)

Partial and Permanent Disability (Accidental causes)

Benefits under this clause shall not be made for the following:

- a) Suicide, self-inflicted injuries or any attempt thereat, while sane or insane;
- b) War, declared or undeclared, revolution or any warlike operations;
- c) Violation or attempted violation of the law or resistance to arrest;
- d) Entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except while the Covered Member is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route ; and
- e) Pre-existing conditions for which the Covered Member received medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of coverage and such disability begins in the first twelve (12) months after the effective date of coverage.

Repatriation Benefit

No benefit shall be payable for:

- a) Any expenses incurred for services and supplies provided by a mortician or undertaker, including but not limited to the cost of casket, embalming and/or cremation.
- b) Any expenses for the transportation of the Covered Member's remain not approved and arranged by AIAS, or an authorised representative of AIAS.

Critical Illness

No benefit shall be payable to a Covered Member where, in our opinion, the Diagnosis of the Critical Illness of the Covered Member was caused directly or indirectly, wholly or partly, by Acquired Immuno-Deficiency Syndrome (AIDS) or any Human Immunodeficiency Virus (HIV).

Terminal Illness

No benefit shall be payable for any of the following resulting from:

- a) attempted suicide while sane or insane and whether felonious or not, self-inflicted bodily injury, disorderly conduct on the part of the Covered Member, or upon the Covered Member deliberately exposing himself/herself to unnecessary danger, or
- b) Acquired Immune Deficiency Syndrome (AIDS), or
- c) the Covered Member having been engaged in hunting, mountaineering, aviation (except as a fare paying passenger on a commercial airline), naval, military or aeronautical service, or racing (other than foot racing) of any kind, or
- d) war, riot, rebellions, insurrection, civil commotion, explosion of war weapons, nuclear war, biological and chemical warfare/activities, or
- e) radiation or contamination by radioactivity from any source; or
- f) being under the influence of drugs, narcotics, or alcohol.

Special Conditions

Critical Illness

- Only one payment shall be made for any Critical Illness benefit. (There shall be no second payment on the re-occurrence of the same Critical Illness or upon diagnosis of a different Critical Illness).
- No benefit shall be payable to the Covered Member who has at any time prior to the commencement of the Takaful Certificate incurred a Critical Illness or had sought medical advice for signs and symptoms that are present and related to the diagnosis of the Critical Illness covered.
- There will be a waiting period of thirty (30) days from the Covered Member's effective date of coverage with the exception of the following, which shall be subject to a waiting period of sixty (60) days. No benefits shall be payable if
 - i) Cancer.
 - ii) Heart Attack.
 - iii) Other Serious Coronary Artery Disease.
 - iv) Coronary Artery By-Pass Surgery.

Terminal Illness

- a) Only one payment would be made (i.e. no second payment on the re-occurrence of a Terminal Illness or on diagnosis of a different Terminal Illness).
- b) Upon approval for a Terminal Illness payment, the Covered Member's coverage under the Basic Certificate will become non-renewable.

No benefit will be payable to a Covered Member who has at any time prior to the commencement of this scheme suffered a Terminal Illness or sought medical advice for signs or symptoms that are present and related to the diagnosis of a Terminal Illness.

For a new Covered Member, there will be a waiting period of ninety (90) days from the Covered Member's effective date of coverage. There will be no Takaful cover and if contributions have been paid, such contributions will be refunded without profit in the following event:

- a) If the Covered Member is diagnosed of having a Terminal Illness within this waiting period; and/or
- b) The Covered Member sought medical advice for signs or symptoms that are present that are related to the diagnosis of the Terminal Illness within this waiting period.

However, where the Takaful Certificate is issued as a "Take-over Certificate" then the waiting period is not applicable.

"Take-over Certificate" means a Takaful Certificate which we have issued on similar or largely similar terms and conditions of a Takaful certificate/insurance policy which was previously immediately issued by another Takaful operator/insurance company.

In the case of a Take-over Certificate, if a Covered Member is diagnosed of having a Terminal Illness at the effective date of coverage, the benefit payable will be the benefit under the previous Takaful certificate/insurance policy or the benefit under this Takaful Certificate, whichever is higher, on condition we have secured the approved amount of coverage and a copy of the previous Takaful certificate/insurance policy.

- You are to ascertain that this product will best serve the needs of your company and company's resources and that you are agreeable to the contribution payable under the Takaful Certificate. The Takaful Certificate will be terminated if contributions are not paid within the sixty (60) days grace period from the due date.
- Please note that the exclusions, limitations, terms and conditions as stated in this brochure are not exhaustive. Please refer to the actual Master Certificate Contract for detailed benefits, exclusions, limitations, terms and conditions.
- You should ensure that important information regarding the Takaful Certificate is disclosed to you and that you understand the information disclosed. Where there is ambiguity, you should seek clarification from AIA PUBLIC.
- Please note that for any disability arising out of injury during employment, whereby the Covered Member has received benefits under Workmen's Compensation Act 1952, SOCSO or similar legislation, AIA PUBLIC shall bear no charges unless benefits received do not fully cover incurred charges, which are covered under the Takaful Certificate.
- Please note that if a Covered Member has received other medical insurance/Takaful coverage or government plans, AIA PUBLIC shall bear no charges unless benefits received do not fully cover incurred charges, which are covered under the Takaful Certificate.
- The information enclosed is accurate as at the date of printing.

Frequently Asked Questions

Q: Who is eligible for coverage?

A: All full time and actively at work employees (between the age of 16 to 64 years of age), in occupational classes 1 to 4 are eligible for Medical and Group Term Takaful coverage.

An employee's spouse (between the age of 16 to 64 years of age) and unmarried children (over fourteen (14) days but below nineteen (19) years of age or twenty three (23) years of age if still studying full time and not gainfully employed) are eligible for Medical (basic and optional) coverage only.

Q: How do I enroll my company for the A-SME Flex-i?

A: It's simple, just speak to an AIA PUBLIC's representative and he/she will help to complete and submit your application through the electronic platform. Please submit the completed application together with the contribution payment. Coverage for your company will commence upon acceptance, subject to satisfactory evidence of Takaful permissibility.

Q: Are there any other forms to be completed/requirements to be met?

A: For the Group Term Takaful Benefit, all employees are required to complete the Personal Health Declaration Form in any of the following circumstance(s):

- Number of employees equals to or is less than ten (10); or
- Employees with Sum Covered exceeding the No-Evidence Limit amount.

However, for the Medical Benefit, the completed Personal Health Declaration Form is required for companies with ten (10) employees or less.

Q: How will the contribution rates be charged?

A: The contribution rates at certificate inception are based on the underlying claims experience and medical claims inflation of AIA PUBLIC's corporate employee benefits portfolio. The certificate is issued for the term of one (1) year and the contribution may be revised for subsequent renewals. The renewal terms will be issued thirty (30) days before the certificate expiry.

Q: What happens when an employee resigns or when there are new employees?

A: The addition and deletion of employees can be done via MYAIA CORPORATE PORTAL which is made available to you 24/7 at your fingertips. Similarly, the request can be done via email to my.mbrupdate@aia.com or contact your servicing agent. AIA PUBLIC will charge contribution on a pro-rated basis upon your certificate bill adjustment frequency.

Q: Can I change/upgrade my employees' benefits?

A: Yes, change/upgrade of benefits can be done at Certificate Anniversary and is subject to our acceptance.

Q: What do you mean by an emergency?

A: An emergency means treatment needed where immediate medical attention is required within twenty four (24) hours from the injury, illness or symptoms which are sudden and severe failing which, it will be life threatening (eg. accident and heart attack) or lead to significant deterioration of health.

Q: Does the A-SME Flex-i provide overseas coverage?

A: Yes, all benefits are applicable worldwide for twenty-four (24) hours a day. However, if the Covered Member chooses to or is referred to be treated outside Malaysia by the attending doctor, benefits payable will be based on the reasonable and customary and medically necessary charges for such an equivalent to treatment in Malaysia excluding the cost of transport to the place of treatment.

For outpatient care, the Covered Members are covered up to max limit per visit of RM40 for General Practitioner (GP) and RM150 for Specialist Care (SP).

Q: What is Deductible?

A: If a deductible amount of RM300 for hospitalisation is selected for example, the Covered Member/Master Certificate Owner will need to pay for the first RM300 incurred per disability, while we will take care of the eligible expenses balance. For example, if a Covered Member incurs a RM1,000 medical bill, the Covered Member/Master Certificate Owner would pay a RM300 deductible and the Takaful plan would pay for the remaining RM700.

Q: What are the coverages under Government Hospital (GH Only) plan?

A: If "GH only" plan is selected, the Covered Member is entitled to maximum overall limit of RM20,000 per certificate year and the maximum cost of Room and Board that he/she can claim is RM80 per day. For Specialist Care (SP) benefit, the maximum overall limit is RM1,000 per certificate year.

Q: What is the difference between "Per Member Limit" and "Per Family Limit"?

A: "Per Member Limit" is referring to the maximum amount of money AIA PUBLIC will pay for covered claims for each covered individual. This means, the employee and his/her dependents will each have a separate limit. In case of a claim by one member, the limit available for other members remain intact.

"Per Family Limit" means the employee and his/her dependents is covered under one single limit per certificate year. This means, the limit can be utilised by any or all members including the employee and his/her eligible spouse and children and not restricted to one individual as in the case of "Per Member Limit". Please note that "Per Family Limit" is applicable only for In Hospital Care Benefits.

Q: What is the difference between "Standalone Limit" and "Combined GP & SP Limit"?

A: "Standalone Limit" means the Outpatient General Practitioner (GP) Care and Outpatient Specialist (SP) Care will have its own limit. For example, RM2,000 for GP and RM1,000 for SP. Whilst, "Combined GP & SP Limit" means it is a shared limit for GP and SP. The minimum requirement for a "Combined GP & SP Limit" is RM2,000. In this instance, if the "Combined GP & SP Limit" is RM2,000, the Covered Member can claim up to RM2,000 in full for GP or SP or combination of GP and SP.

Q: How can I enroll my employees for the Group MedCare - Personal Medical Case Management benefit?

A: You need to take up the hospitalisation plan for your employees in order to enroll them for Group Medcare - Personal Medical Case Management. Only your employees are eligible for this benefit and not their dependents.

Q: How does the PMCM work?

A: Our service provider, Medix, will appoint a dedicated and personal medical case management team ("PMCM team"), led by a personal medical case manager, to reassess and manage your medical condition. The PMCM team will first help you to gather and review your existing medical information and test results. The PMCM team will also consult leading specialists around the world, across multiple disciplines, to reach the correct diagnosis for your medical condition, monitor your progress and support you throughout your medical journey until recovery. Please contact AIA PUBLIC Care Line at 1300 88 8933 to check your certificate eligibility.

Important note to Prospective Certificate Owner

- You are to ascertain that this plan will best serve your needs and that you are agreeable to the contributions payable under this plan. If the contributions are not paid within the Grace Period of 30 days from the due date, the benefits under this plan may be suspended and / or terminated.
- If this Certificate is cancelled within the 15 days free look period, the full Contributions less medical expenses (if any) will be refunded. In the event of non-payment of your Contribution, your Certificate shall lapse after the grace period.
- Please note that the exclusions, limitations, terms and conditions as stated in this brochure are not exhaustive. Please refer to the actual Certificate for detailed benefits, exclusions, limitations, terms and conditions.
- You should ensure that important information regarding the Certificate is disclosed to you and that you understand the information disclosed. Where there is ambiguity, you should seek clarification from us.
- It may not be advantageous to switch from one Medical plan to another, as you may be subjected to new underwriting requirements for waiting period/exclusion of specified illness/pre-existing conditions under the new plan.
- Please note that for any disability arising out of injury during employment, whereby the Covered Member has received benefits under Workmen's Compensation Act 1952, SOCSO or similar legislation, we shall bear no charges unless benefits received do not fully cover incurred charges, which are covered under the Certificate.
- Please note that if a Covered Member has received other medical insurance / Takaful coverage or government Plans, we shall bear no charges unless benefits received do not fully cover incurred charges, which are covered under the Certificate.
- The information enclosed is accurate as at the date of printing.
- The certificate will not provide benefit amount from the respective funds on termination of the certificate. The Certificate will not provide benefit amount from the respective funds on maturity or expiry of the Certificate.
- Please note that contributions paid by business organisations are subject to the applicable tax imposed by the Government of Malaysia at the prevailing rate.

This brochure contains only a brief description of the product and is not exhaustive. It is recommended that you request for a copy of the Product Disclosure Sheet to know more about this product. For a detailed explanation of its benefits, exclusions, terms and conditions, please refer to the Master Certificate.

About AIA PUBLIC

AIA PUBLIC Takaful Bhd. (AIA PUBLIC) is a jointly owned company by AIA Bhd. (AIA), Public Bank Berhad (PBB) and Public Islamic Bank Berhad (A wholly-owned subsidiary of PBB). Incorporated on 11 March 2011, AIA PUBLIC Takaful leverages on AIA and PBB Group's leadership positions as well as established infrastructure and distribution networks in the insurance and banking industries to drive growth and increase the Family Takaful penetration in the domestic market. AIA PUBLIC Takaful is committed to offering the right Shariah solutions to meet the different life stages needs of our customers.

Hubungi Kami untuk Maklumat Lanjut / Please Contact Us for More Information

Jika anda mempunyai sebarang pertanyaan, sila hubungi Perancang Hayat kami.
If you have any enquiries, please contact our Life Planner.



Anda juga boleh menghubungi kami di alamat dan talian berikut:
Alternatively, you can contact us at:

AIA PUBLIC Takaful Bhd. 201101007816 (935955-M)
Menara AIA, 99 Jalan Ampang, 50450 Kuala Lumpur
Care Line : 1300 88 8922
F : 03-2056 3690
E : my.customer@aiapublic.com.my

AIA.COM.MY

AIA PUBLIC Takaful Bhd. adalah dilesenkan di bawah Akta Perkhidmatan Kewangan Islam 2013 dan dikawal selia oleh Bank Negara Malaysia. / AIA PUBLIC Takaful Bhd. is licensed under Islamic Financial Services Act 2013 and regulated by Bank Negara Malaysia.



AIA PUBLIC TAKAFUL

Sebahagian dari

