



PROGRESSIVE INSURANCE BHD 197401001891 (19002-P)



Progressive
SMARTMediflex

Progressive SMARTMediflex Benefits

	Plan M200 RM	Plan M250 RM	Plan M350 RM	Plan M450 RM	Plan M650 RM
Overall Annual Limit	80,000	100,000	150,000	250,000	350,000
Lifetime Limit	300,000	400,000	500,000	800,000	1,000,000
Optional Deductible	2,500	2,500	3,000	3,000	3,000

HOSPITAL SERVICES

Hospital Room and Board (max 365 days)	200	250	350	450	650
Intensive Care Unit (Max 50 days)	As Charged				
Government Tax	6%				
Government Hospital Cash Allowance (max 365 days)	150	150	150	150	150
Hospital Services & Supplies	As Charged				
Lodger Benefit	200	200	200	200	200

PRE & POST-HOSPITALISATION SERVICES

Pre-Surgical / Pre-Hospitalisation Specialist's Consultation (within 90 days)	As Charged				
Pre-Hospitalisation Diagnostic X-Ray and Laboratory (within 90 days)					
Post-Hospitalisation Follow-Up Consultation (90 days from discharge)					
Post-Hospitalisation Outpatient Physiotherapy (90 days from discharge)					
Ambulance Services					
Emergency Accidental Injury Outpatient Treatment (30 days follow-up)	As Charged				
Emergency Sickness Treatment (12am - 6am, per policy year)					
Emergency Accidental Outpatient Dental Treatment (within 24 hours, 14 days follow-up)	250	250	250	250	250
	As Charged				

PROFESSIONAL SERVICES & FEES

In-Hospital Physician's Ward Visit (max 365 days)	As Charged				
Surgeon's Fees (60 days follow-up, Subject to Schedule 13)					
Daycare Surgery (30 days follow-up)					
Second Surgical Opinion Consultation (within 60 days)					
Anaesthetist's Fees (Subject to Schedule 13)					
Operating Theatre Fees (Subject to Schedule 13)	As Charged				
Medical Report Fees					
Traditional Medical Treatment (For Accidental Injuries)					
	100	100	100	100	100
	1,000	1,000	1,000	1,000	1,000

MAJOR SICKNESS BENEFITS

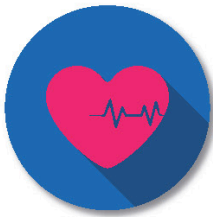
Organ Transplantation (Per Life Time)	20,000	30,000	35,000	50,000	60,000
Annual Outpatient Cancer Treatment	12,000	12,000	15,000	15,000	15,000
Annual Outpatient Kidney Dialysis	12,000	12,000	15,000	15,000	15,000

PERSONAL ACCIDENT BENEFIT

Accidental Death Benefits	10,000	15,000	15,000	15,000	15,000
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WHAT IS SMARTMediflex?



Progressive **SMARTMediflex** provides comprehensive hospital & surgical insurance protection and attractive renewal features. It places the choice for a healthier and more active lifestyle in your hands, with the use of **SMART**Devices & **SMART**Apps.

PREMIUM WITHOUT DEDUCTIBLE

AGE BAND/PLAN	Plan M200	Plan M250	Plan M350	Plan M450	Plan M650
Deductible	Nil	Nil	Nil	Nil	Nil
Co-Payment For Room Upgrade	20%	20%	20%	20%	20%
19 - 30	681.50	825.50	1,108.50	1,451.50	1,984.50
31 - 40	864.50	1,053.50	1,423.50	1,873.50	2,571.50
41 - 50	1,106.50	1,354.50	1,840.50	2,430.50	3,347.50
51 - 60	1,425.50	1,751.50	2,390.50	3,165.50	4,370.50
61 - 65	2,103.50	2,594.50	3,558.50	4,727.50	6,544.50
66 - 70	2,699.50	3,336.50	4,585.50	6,100.50	8,456.50
71 - 75	3,466.50	4,290.50	5,906.50	7,867.50	10,915.50
76 - 80	4,469.50	5,538.50	7,635.50	10,179.50	14,134.50
Age 15 days to 12 years	462.50	534.50	676.50	847.50	1,114.50
Ages 13 to 18 years	374.50	424.50	523.50	643.50	830.50

PREMIUM WITH DEDUCTIBLE

AGE BAND/PLAN	Pan M200	Plan M250	Plan M350	Plan M450	Plan M650
Deductible	2,500	2,500	3,000	3,000	3,000
Co-Payment For Room Upgrade	Nil	Nil	Nil	Nil	Nil
19 - 30	561.50	674.50	897.50	1,167.50	1,587.50
31 - 40	707.50	855.50	1,147.50	1,502.50	2,051.50
41 - 50	900.50	1,094.50	1,477.50	1,943.50	2,664.50
51 - 60	1,154.50	1,409.50	1,913.50	2,524.50	3,473.50
61 - 65	1,694.50	2,078.50	2,839.50	3,761.50	5,191.50
66 - 70	2,169.50	2,667.50	3,653.50	4,848.50	6,702.50
71 - 75	2,780.50	3,424.50	4,700.50	6,247.50	8,645.50
76 - 80	3,579.50	4,415.50	6,070.50	8,077.50	11,189.50
Age 15 days to 12 years	402.50	459.50	570.50	706.50	915.50
Ages 13 to 18 years	332.50	371.50	449.50	544.50	691.50

*A discount of 10% will be given to those insuring four or more family members in a policy.

*The premiums quoted above are not final and are subject to additional Third Party Administrator (TPA) Fees.

Please submit a completed proposal form to your insurance agent or our nearest branch office to obtain a quotation.

PRODUCT FEATURES

Progressive **SMARTMediflex**'s special features:

- **Deductible Option**
You will pay a lower premium when you choose to apply a Deductible Amount. A Deductible Amount is the amount of medical expenses you will bear before the policy pays. With a Deductible Option, you can save premiums up to 20% or more each year.
- **Complimentary SMART Healthy Lifestyle and Health Awareness modules**
With the use of a **SMART** Device and Mobile App, we place the choice of a healthier and more active lifestyle in your hands.
- **Hospital Room & Board Benefit**
Hospital Room & Board benefit is paid up to 365 days a year.
- **In Hospital Physician's Ward Visit**
Fees for Physician's ward visit is paid up to 365 days a year.
- **Traditional Medicine**
Traditional Medicine when administered by a registered traditional medical practitioner for treatment as an outpatient for accidental injuries.

RENEWAL FEATURES

- **Annually Renewable**
This policy is renewable on a yearly basis. The premiums are rated on a ten-yearly basis according to your age next birthday.
- **Autoflex of RM5,000 On Renewal**
Your Overall Annual Limit benefit will increase by RM5,000 on renewal when there are no claims on your policy:

Plan	Initial Overall Annual Limit	After 12 consecutive months with no claims	After 24 consecutive months with no claims	After 36 consecutive months with no claims
M200	80,000	85,000	90,000	95,000
M250	100,000	105,000	110,000	115,000
M350	150,000	155,000	160,000	165,000
M450	250,000	255,000	260,000	265,000
M650	350,000	355,000	360,000	365,000

If you make a claim after this benefit has been increased, we will reset the amount to its original and start accumulating the benefits again. The autoflex will apply up to a maximum of 3 consecutive years.

- We will add RM5,000 to your Accidental Death Benefits on the 4th renewal of your policy, irrespective of claims:

Plan	Accidental Death Benefit	On 4 th Renewal	On 5 th Renewal	On 6 th Renewal
M200	10,000	15,000	20,000	25,000
M250	15,000	20,000	25,000	30,000
M350	15,000	20,000	25,000	30,000
M450	15,000	20,000	25,000	30,000
M650	15,000	20,000	25,000	30,000

- **Guaranteed Renewal**
Your renewal will not be refused because of adverse claims. However, the renewal premium will be reviewed based on your previous year(s) claims, if any.

FREQUENTLY ASKED QUESTIONS

a. What is the eligible age for Progressive SMARTMediflex?

Children can be covered from 15 days old and up to 19 years. If they are enrolled in a local institution of higher learning, we will cover them up to age 23.

Adults must be insured before age 65 and we will renew your policy up to age 80.

b. What is the advantage if I switch my insurance policy to your Company?

If you hold an active policy and apply to switch to us before the policy expires, we will waive the 3 special conditions that are normally applicable to a fresh policy. The 3 special conditions are:

- 30 days waiting period for medical claims.
- 120 days for specific illnesses.
- Pre-existing illnesses.

c. Are premiums guaranteed?

We may change the premiums at the time of renewal. However, if we do, we will inform you in writing 1 month before the renewal date.

d. How much premium do I have to pay?

Please refer to the brochure for details. The total premium that you have to pay may vary depending on the underwriting requirement of the Company. The premiums may be revised on renewal according to your age and the changes in your health condition.

e. Is this policy Renewal Guaranteed?

We will not refuse renewal of the policy because of adverse claims. However, renewal of the policy is at your option, until any of the following takes place:

- If any premium remains unpaid at the expiry of the Grace Period;
- If the Policy expires, lapses or is cancelled;
- Upon the written request of the policyholder to terminate this Policy;
- When the Insured Person ceases to qualify as a dependant based on the Policy's definition;
- When the Insured Person reaches the maximum age limit as defined in the Policy;
- On the death of the Insured Person.
- The total claim of the policy has reached or exceeded the Lifetime Limit.
- Termination of coverage for all policies in a certain market.

f. Will I get a medical card?

Yes, we provide a medical card for each of the insured persons named in the policy. This card will help you to gain admission to our panel of hospitals and we will pick up the eligible medical expenses claimable under the policy.

You will have to settle any non-medical or non-covered expenses with the hospital before you are discharged.

g. Are there any Exclusions in the policy?

Please refer to the Exclusion Clauses in the policy.

h. What is a Deductible Amount?

A Deductible Amount is the amount of hospital bill you have to bear before you claim from your insurance policy.

i. What is a Co-Payment?

A Co-Payment will only apply if you are admitted to a hospital room type costing higher than what your insurance would pay.

Co-Payment will only apply to expenses paid "As Charged".

If you have opted for a plan with a Deductible, Co-Payment will not apply.

BENEFITS

1. Overall Annual Limit is the maximum benefit you can claim in a year.
2. Lifetime Limit is the maximum benefit the policy will pay over the time you are insured in the policy. It is also the accumulation of all the benefits you can claim over the years of your insurance under the policy.
3. Deductible Amount, if applicable, shall be the amount of eligible claim you are liable to bear for each admission before any benefits are payable under the policy.
4. Hospital Room & Board pays for the hospital ward charges.
5. Intensive Care Unit pays for the stay in a hospital intensive care ward.
6. Government Tax is the statutory tax imposed by the government on the eligible medical expenses claimed (where applicable).
7. Government Hospital Cash Allowance is paid for each complete day of hospital stay in a Malaysian Government Hospital.
8. Hospital Services & Supplies pays for general nursing, prescribed and consumed drugs and medicines, dressing, splints, plaster casts, X-ray, lab test, ECG, physiotherapy, basal metabolism tests, intravenous injection and solutions, administration of blood and blood plasma, but excluding the cost for blood and plasma.
9. Lodger Benefit pays the daily food and lodging for a parent or guardian accompanying an Insured Person, who is below age 15 years and admitted to a hospital.
10. Pre-Surgical & Pre-Hospitalisation Specialist Consultation pays the first time consultation by a Specialist before admission to the hospital.
11. Pre-Hospitalisation Diagnostic X-ray & Laboratory pays the ECG, X-ray and Laboratory tests, performed for diagnostic purposes for an injury or illness before hospitalisation.
12. Post-Hospitalisation Follow-up Consultation pays for follow-up consultations by the same attending physician immediately following discharge from the hospital for a non-surgical disability.
13. Post-Hospitalisation Outpatient Physiotherapy pays for physiotherapy for a covered condition, prescribed as a continuing therapy immediately following a surgical discharge up the maximum number of days stated in the Schedule of Benefits.
14. Ambulance Services pay for the services of a land ambulance, inclusive of the attendant's fees, to take the Insured Person to and/or from the Hospital.
15. Emergency Accidental Injury Outpatient Treatment pays for treatment of an injury to the Insured Person, as an outpatient in any registered clinic or Hospital, within 24 hours of the accident.
16. Emergency Sickness Treatment pays for treatment on an Insured Person, as an outpatient in a registered 24 hour service clinic or hospital emergency department, for a life threatening and emergency condition which requires immediate treatment.
17. Emergency Accidental Outpatient Dental Treatment pays for treatment to wholly sound natural teeth as a result of accidental injury, and received as an outpatient within 24 hours of the accident.
18. In-Hospital Physician's Ward Visit pays for ward visit by the attending Physician, for a non-surgical patient in the Hospital. A maximum of 2 visits per day is paid irrespective of the number of visiting doctors.
19. Surgeon's Fees pays the surgical fees charged by the surgeon, including charges for pre-surgical assessment, in-hospital visits and post-surgical care.
20. Daycare Surgery pays for the surgical procedure performed at a hospital or Daycare Centre which requires the use of a recovery facility, but without an overnight stay in a hospital or Daycare Centre.
21. Second Surgical Opinion Consultation pays the cost of a second surgical opinion consultation with a surgeon, after the Insured Person has been diagnosed with a disability which requires surgery. Payment will not be made for clinical treatment, including medication or subsequent consultation after the illness is diagnosed and where it does not result in hospital confinement for surgery.
22. Anaesthetist's Fees pays the administration of anaesthesia by an anaesthetist.

BENEFITS (continued)

23. Operating Theatre Fees pays for the use of the operating theatre or operating room.
24. Medical Report Fees pays for the cost to complete a medical report by the attending physician or surgeon in respect of an admission.
25. Traditional Medical Treatment pays for treatment as an outpatient due to an accident, by a registered traditional medical practitioner.
26. Organ Transplant (Per Life Time) pays for the cost for the transplant of a kidney, heart, lungs, liver or bone marrow on the Insured Person as a recipient of the organ.
27. Annual Outpatient Cancer Treatment pays the cost of radiotherapy or chemotherapy for the treatment of cancer on the Insured Person, as an outpatient in a legally registered cancer treatment centre or hospital. This benefit will not be payable where you have already been diagnosed as a cancer patient and/or are receiving cancer treatment prior to the effective date of this Policy.
28. Annual Outpatient Kidney Dialysis pays for outpatient kidney dialysis at a registered dialysis centre or hospital. This benefit will not be payable where you have already been diagnosed as a renal failure patient and/or are receiving dialysis prior to the effective date of this Policy.
29. Accidental Death Benefit is paid in the event of an Insured Person's death as a result of accidental injuries happening within the term of the policy.

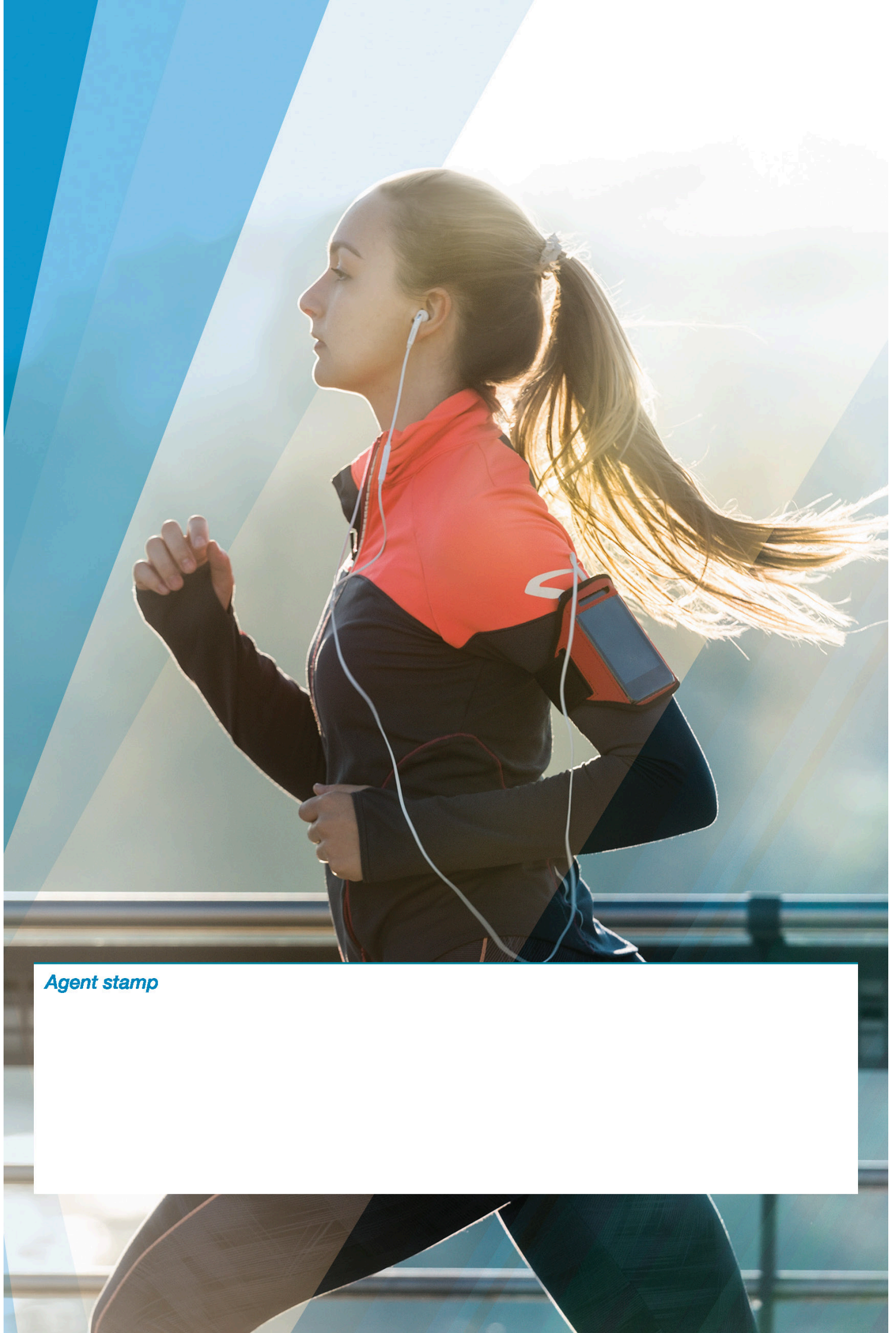
EXCLUSIONS

Below are the main exclusions in the policy. For a full list of the exclusions, please refer to the policy.

1. Pre-existing illnesses, 30 days waiting period for sickness cover, and Specified Illnesses within 120 days from the commencement or reinstatement date of cover.
2. Self-inflicted injuries, or suicide or attempted suicide, while sane or insane.
3. Drug abuse, addictive disorders from substance misuse or while under the influence of alcohol.
4. War, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes and civil commotions or insurrection and illegal activities.
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste.
6. Racing of any kind (except foot racing), hazardous sports such as skydiving, winter sports and professional sports.
7. Participation of any form in aviation including private flying (except as a fare-paying passenger or crew member on a commercial airline licensed to carry passengers over established routes), or aerial sports such as skydiving, parachuting, bungee jumping, hand gliding or ballooning.
8. Plastic/Cosmetic surgery, circumcision or any surgery of the foreskin, eye examinations and surgical corrections for visual impairments due to near-sightedness, far-sightedness or astigmatism, or radial keratotomy or Lasik Glasses, multifocal lens or contact lens.
9. The use and acquisition of external prosthetic appliances or devices including crutches, artificial limbs, external fixators, hearing aids, cochlear apparatus, implanted pacemakers, implantable cardiac defibrillators (ICD) and cochlear implants.
10. Impotence, infertility sterilisation, erectile dysfunctions and its complications.
11. Dental conditions including dental treatment by a Dentist or oral surgery except as caused by accidental injuries to sound natural teeth occurring wholly during the period of Insurance.
12. Private nursing care, non-hospital nursing care, rest cures, sanatoria care, hospice care, and care or treatment that do not lead to a recovery, conservation of your condition or restoration to your previous state of health.

EXCLUSIONS (continued)

13. Venereal diseases and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases requiring quarantine by law.
14. Congenital disorders/diseases or deformities including hereditary and developmental conditions.
15. Pregnancy or pregnancy related conditions including childbirth.
16. Mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations).
17. Admission primarily for routine investigative purposes; screening, diagnosis, X-rays, scans, general physical or medical examinations.
18. Treatment for weight reduction or gain or bariatric surgery.
19. Donations of body parts or organs by the Insured Person and sex changes.
20. Investigation and treatment of sleep apnoea and snoring disorders, hyperhidrosis, hormone replacement therapies, stem cell therapies (except hematopoietic blood disorders), and alternative therapies, or treatment of an experimental, investigational or research nature.
21. Care or treatment for which payment is not required or to the extent which it's payable by any other source, including insurance.
22. Expenses not directly related to medical treatment and/or are non-medical in nature.
23. Alternative treatments such as chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, hyperbaric oxygen therapy, massage or aroma therapy or other alternative medicines.



Agent stamp



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