SME GROUP HEALTH INSURANCE

F-AD-S140-V0 (Effective 14 September 2026)

Member of PIDM

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact MSIG Insurance (Malaysia) Bhd or PIDM (visit www.pidm.gov.my).

Behind every successful SME is a healthy and supported workforce.

We understand that your employees' wellbeing is critical to your organisation's success. With that in mind, we have designed the **SME Group Health Insurance** to help Small and Medium Enterprises (SME) with up to 200 employees to provide meaningful healthcare protection while building workforce resilience and reinforcing commitment to employee care.

Benefits at a glance

✔ **Comprehensive Employee Healthcare Protection**
Group Hospitalisation & Surgical (GHS) with optional Outpatient Clinical (OPC) coverage.

✔ **5 GHS Plans to Choose From**
Flexible plan options to suit different business needs and budgets.

✔ **Flexible Claims Settlement Options**
Choose between Cashless or Reimbursement facility for GHS coverage.

✔ **Premium Savings**
Enjoy a 25% premium discount with the Reimbursement Option or a 5% premium discount with the Co-insurance Option.

✔ **Optional Outpatient Clinical (OPC)**
➢ Cashless outpatient consultation and treatment at panel clinics.
➢ Available only with the GHS Cashless option.

✔ **Cashless Access**
Convenient treatment at an extensive network of panel hospitals and panel clinics.

Schedule of Benefits

GROUP HOSPITALISATION AND SURGICAL (GHS)					
BENEFITS	**PLAN 1 (RM)**	**PLAN 2 (RM)**	**PLAN 3 (RM)**	**PLAN 4 (RM)**	**PLAN 5 (RM)**
Hospital Room and Board (per day, up to 180 days)	120	150	200	250	350
Intensive Care Unit (up to 30 days)	As Charged				
Hospital Supplies and Services					
Surgical Fees					
Anaesthetist Fees					
Operating Theatre					
In-Hospital Physician Visit (up to 180 days)					
Pre-Hospital Diagnosis Test (within 60 days prior to admission)					
Pre-Hospital Specialist Consultation (within 60 days prior to admission)					
Post-Hospitalisation Treatment (within 60 days following discharge from hospital)					
Ambulance Fee (by road only)					
Daycare Procedure (including pre-surgical assessment up to 60 days prior to admission and post-surgery care up to 60 days following discharge from hospital)					
Second Surgical Opinion (within 60 days prior to admission)					
Emergency Accidental Outpatient Treatment (within 24 hours following an accident and follow-up treatment up to 60 days from accident date)					
Emergency Accidental Dental Treatment (within 24 hours following an accident and follow-up treatment up to 14 days from accident date)					
Home Nursing Care (up to 26 weeks following discharge from hospital)					
Outpatient Cancer Treatment					
Outpatient Kidney Dialysis Treatment					

GROUP HOSPITALISATION AND SURGICAL (GHS)					
BENEFITS	**PLAN 1 (RM)**	**PLAN 2 (RM)**	**PLAN 3 (RM)**	**PLAN 4 (RM)**	**PLAN 5 (RM)**
Outpatient Stroke Treatment (up to 26 weeks following discharge from hospital)	As Charged				
Outpatient Physiotherapy Treatment					
Daily Cash Allowance at Malaysian Government Hospitals (per day, up to 180 days)	100	100	100	150	200
Medical Report Fees	100	100	100	100	100
Compassionate Allowance	10,000	10,000	10,000	10,000	10,000
Overall Annual Limit (per person)	**30,000**	**50,000**	**80,000**	**100,000**	**150,000**
Co-Insurance (optional)	**10% per hospitalisation up to max. RM500 per hospitalisation**				

OUTPATIENT CLINICAL (OPC) - OPTIONAL		
Outpatient General Practitioner Care	**PLAN 1 (RM)**	**PLAN 2 (RM)**
Consultation	Max. 100 per visit	Max. 200 per visit
Medication		
Injection		
Diagnostic Services		
Outpatient Surgical Procedure		
Outpatient Annual Limit (per person)	**Unlimited**	
Outpatient Specialist Care		
Consultation	Max. 200 per visit	Max. 400 per visit
Medication		
Injection		
Diagnostic Services		
Outpatient Surgical Procedure		
Physiotherapy		
Outpatient Annual Limit (per person)	**1,500**	**2,500**

Annual Premium (exclusive of applicable tax)

GROUP HOSPITALISATION AND SURGICAL (GHS)					
CASHLESS FACILITY	**PLAN 1 (RM)**	**PLAN 2 (RM)**	**PLAN 3 (RM)**	**PLAN 4 (RM)**	**PLAN 5 (RM)**
Employee Only	578.00	784.00	1,067.00	1,276.00	1,468.00
Employee and Spouse	1,445.00	1,960.00	2,667.50	3,190.00	3,670.00
Employee and Children	1,445.00	1,960.00	2,667.50	3,190.00	3,670.00
Employee and Family	2,312.00	3,136.00	4,268.00	5,104.00	5,872.00

OUTPATIENT CLINICAL (OPC)		
CASHLESS FACILITY	**PLAN 1 (RM)**	**PLAN 2 (RM)**
Per Person	537.00	724.00

OPTIONS	**DISCOUNT (APPLICABLE TO GHS ANNUAL PREMIUM)**
Co-insurance	5%
Reimbursement	25%

Terms & Conditions

- Eligible group size: 200 employees or fewer.
- Eligible age:

Employee / Spouse	Entry age: 18-65 years Renewability: Up to 70 years, subject to a satisfactory health declaration
Child	15 days to 18 years or 23 years if still studying full time in an institution of higher learning.

- Outpatient Clinical is available only as an add-on to the Group Hospitalisation & Surgical (GHS) Cashless Facility option.

Exclusions

1. Group Hospitalisation and Surgical (GHS) Exclusions

We shall not cover any charges caused directly or indirectly, wholly or partially, by any one of the following:

i. Pre-existing conditions for the first 12 months of continuous cover or reinstatement reinstatement date, whichever is the later.
ii. Specified Illnesses occurring during the first 120 days of continuous cover or reinstatement date, whichever is the later.
iii. Any Disability (except for Injury) and its signs or symptoms that appear within 30 days from the commencement date or reinstatement date, whichever is the later.
iv. Plastic or cosmetic surgery and related treatments.
v. Circumcision or any surgery on the foreskin.
vi. Eye examination and surgical correction for visual impairment due to nearsightedness, farsightedness, astigmatism, radial keratotomy, Lasik or intraocular lens (except monofocal lens for cataract).
vii. Glasses, multifocal lens or contact lens for refraction correction.
viii. External prosthetic appliances or devices including but not limited to artificial limbs, external fixator, hearing aids, cochlear apparatus.
ix. Dental conditions including dental treatment by Dentist or oral surgery except as necessitated by accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
x. Private nursing care, non-Hospital nursing care, rest cures, sanitaria care, hospice care and care or treatment that do not lead to a recovery, conservation of the Insured Person's condition or restoration to his/her previous state of health.
xi. HIV, AIDS or AIDS related disease.
xii. Pregnancy or pregnancy related conditions including childbirth (whether surgical or otherwise), complications arising from pregnancy such as miscarriage, abortion, pre-or post-natal care, contraceptive methods for birth control, infertility treatments and its complications.
xiii. Impotence, infertility sterilization, erectile dysfunction and its complications.
xiv. Primarily for investigation purposes, screening, diagnosis, X-rays, scans, general physical or medical examinations that are done routinely or are not incidental to treatment or diagnosis of a covered Disability, treatment or investigation of a Disability which is not Medically Necessary to be Hospitalised, preventive treatments and medicine.
xv. Self-inflicted Injuries or suicide or attempted suicide while sane or insane.
xvi. 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.
xvii. Alternative treatments such as but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, hyperbaric oxygen therapy, herbalist treatment, podiatry treatment, massage or aroma therapy or other alternative medicines treatment.
xviii. Mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations).
xix. Items that are not directly related to the medical treatment of the Disability including rental of television, telephones, broadband services, electricity charges, admission / registration / record fee, admission kit/pack.
xx. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports or activities such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and Illegal Activities. For the avoidance of doubt, Illegal Activities mean any act committed by the Insured Person which is in violation of law or forbidden by law.

2. Outpatient Clinical (OPC) Exclusions

In addition to GHS exclusions (except items i, ii, iii), we shall not cover any charges caused directly or indirectly, wholly or partially, by any one of the following:

i. Routine health check-ups, routine physical examination, including gynaecological check-ups.
ii. Blood and topical allergy testing.
iii. Preventive vaccinations / immunisation except as mentioned in Description of Benefits.
iv. Treatment, rehabilitation, counselling or medication related to smoking cessation, alcohol dependence, substance misuse or addictive disorders.
v. Facial or treatment for Acne.
vi. Medication exceeding a 2-week supply per visit, or 1 month's supply per visit for medication prescribed for chronic conditions. Chronic conditions include Arthritis, Asthma, High Blood Pressure, Hypertension, Coronary Artery Disease, Cerebrovascular Disease, Cerebrovascular Accident, Diabetes Mellitus, Epilepsy, Gout, Hyperlipidemia, Parkinson's disease, Peptic Ulcer, Psoriasis and Thyroid disorders.
vii. Treatment / medication which are not consistent with diagnosis and costs / expenses of services of a non-medical nature.
viii. More than 1 consultation per day to a General Practitioner or Specialist.
ix. Outpatient rehabilitation therapy (except where expressly covered under this Policy), chemotherapy, radiation therapy and kidney dialysis.
x. House calls, home visits, tele-consultations, virtual consultations or any medical consultation, treatment or service provided other than through a face-to-face consultation at a clinic.

Note: This list of exclusions is non-exhaustive. Please refer to the Policy Document for the full list of terms and exclusions.

For more information on MSIG SME Group Health Insurance, please contact your MSIG Insurance Adviser or visit www.msig.com.my.
The description of covers is a brief summary for quick and easy reference; the precise terms and conditions that apply are in the Policy Document.

MSIG Insurance (Malaysia) Bhd is a general insurance company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Note: In the event of a conflict between English and the translated versions of this Leaflet, the English version shall prevail.

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