

# Crafting Business Excellence With Employee Protection

PruBSN SME@Work is a group packaged plan specifically designed to provide comprehensive protection and healthcare benefits for your employees as well as their family members in times of need. Basic benefit provides coverage upon death and permanent disability and it is attachable with accidental, disability, critical illness and medical benefits.



## BENEFITS AT A GLANCE



### Basic Benefit

Provides a lump sum benefit in the event of death or Total and Permanent Disability (TPD) under Group Term Takaful (GTT).



### Compassionate Benefit

Provides a lump sum benefit in the event of death of the Covered Member. RM1,000 will also be payable in the event of death of spouse (limited to 1 spouse only) and RM500 will be payable in the event of death of a child (up to 3 children) under the optional Compassionate Allowance Benefit.



### Accidental Benefits

Provides a lump sum benefit in the event of death or bodily injury (for example, loss of fingers, limbs, eyesight etc.) due to an accident under the optional Group Accidental Death and Disablement Benefit.

Provides reimbursement of medical expenses incurred for treatment, hospital charges, and nursing fees in the event of bodily injury due to an accident under the optional Group Accidental Medical Reimbursement Benefit.



### Disability Benefits

Provides a lump sum benefit in the event of bodily injury due to any causes under the optional Group Partial and Permanent Disability Benefit.

Provides an annual benefit up to 10 years in the event of TPD under the optional Group Employee Takaful Income Benefit.



### Critical Illness Benefit

Provides a lump sum benefit upon the diagnosis of any of the covered 43 Critical Illness under the optional Group Critical Illness Benefit.



### Medical Benefit

Provides 6 choices of comprehensive medical benefits in the event of hospitalisation or surgical procedure under the optional Group Hospital and Surgical Benefit. The coverage can be extended to the spouse and children of your employees.

Talk to us now

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PRUDENTIAL BSN

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You have the flexibility to choose one of the plans below (Plan 1 to Plan 6) for each employment category.

| Basic Benefits                                        | Amount of Benefit (RM)   |        |        |         |         |         |
|-------------------------------------------------------|--------------------------|--------|--------|---------|---------|---------|
|                                                       | Plan 1                   | Plan 2 | Plan 3 | Plan 4  | Plan 5  | Plan 6  |
| Group Term Takaful (GTT)                              | 20,000                   | 30,000 | 60,000 | 100,000 | 150,000 | 200,000 |
| Optional Benefits                                     | Amount of Benefit (RM)   |        |        |         |         |         |
| Compassionate Allowance Benefit (CA)                  | 1,000                    | 2,000  | 2,000  | 3,000   | 4,000   | 5,000   |
| Group Accidental Death and Disablement Benefit (GADD) | 20,000                   | 30,000 | 60,000 | 100,000 | 150,000 | 200,000 |
| Group Critical Illness Benefit (GCI)                  | 10,000                   | 15,000 | 30,000 | 50,000  | 75,000  | 100,000 |
| Group Partial and Permanent Disability Benefit (GPPD) | 20,000                   | 30,000 | 60,000 | 100,000 | 150,000 | 200,000 |
| Group Accidental Medical Reimbursement Benefit (GAMR) | 1,000                    | 1,500  | 2,000  | 3,000   | 4,000   | 5,000   |
| Group Employee Takaful Income Benefit (GETI)          | 2,000                    | 3,000  | 6,000  | 10,000  | 15,000  | 20,000  |
| Group Hospital and Surgical Benefit (GHS)             | As per selected GHS Plan |        |        |         |         |         |

You have the choice to select any one of the GHS plans below (Plan A to Plan F) for each employment category.

| Table of Benefits for Group Hospital and Surgical Benefit (GHS)                                                         |                              |        |        |        |        |         |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|--------|--------|--------|---------|
| GHS Benefits                                                                                                            | Benefit (RM)                 |        |        |        |        |         |
|                                                                                                                         | Plan A                       | Plan B | Plan C | Plan D | Plan E | Plan F  |
| <b>A. HOSPITAL EXPENSES</b>                                                                                             |                              |        |        |        |        |         |
| Hospital Room and Board Benefit (Daily maximum up to 180 days)                                                          | 80                           | 100    | 150    | 200    | 250    | 350     |
| Intensive Care Unit Benefit (Daily maximum up to 30 days)                                                               | 500                          | 500    | 500    | 500    | 500    | 500     |
| Hospital Supplies and Services Benefit                                                                                  | As Charged*                  |        |        |        |        |         |
| <b>B. EXPENSES FOR SURGICAL</b>                                                                                         |                              |        |        |        |        |         |
| Pre-Surgical Consultation and Diagnosis Benefit (within 90 days prior to the hospital admission date)                   | As Charged*                  |        |        |        |        |         |
| Surgical Fees Benefit (including Day Surgery) (Post-Surgical care maximum up to 90 days)                                |                              |        |        |        |        |         |
| Anaesthetist Fees Benefit                                                                                               |                              |        |        |        |        |         |
| Operating Theatre Fees Benefit                                                                                          |                              |        |        |        |        |         |
| <b>C. EXPENSES FOR NON-SURGICAL</b>                                                                                     |                              |        |        |        |        |         |
| Pre-Hospital Diagnostic Test and Specialist Consultation Benefits (within 90 days prior to the hospital admission date) | As Charged*                  |        |        |        |        |         |
| In-Hospital Physician's Visits Benefit (2 visits a day; daily maximum up to 180 days)                                   |                              |        |        |        |        |         |
| Post-Hospitalisation Treatment Benefit (within 90 days from discharge date)                                             |                              |        |        |        |        |         |
| <b>D. OTHER EXPENSES</b>                                                                                                |                              |        |        |        |        |         |
| Ambulance Fees Benefit                                                                                                  | As Charged*                  |        |        |        |        |         |
| Emergency Accidental Outpatient Treatment (Follow-up treatment up to 60 days)                                           |                              |        |        |        |        |         |
| Emergency Dental Treatment (Follow-up treatment up to 14 days)                                                          |                              |        |        |        |        |         |
| <b>E. ADDITIONAL COVERS</b>                                                                                             |                              |        |        |        |        |         |
| Second Surgical Opinion for Surgery Benefit                                                                             | As Charged*                  |        |        |        |        |         |
| Out-Patient Cancer Treatment Benefit                                                                                    |                              |        |        |        |        |         |
| Out-Patient Kidney Dialysis Treatment Benefit                                                                           |                              |        |        |        |        |         |
| Out-Patient Physiotherapy Benefit                                                                                       |                              |        |        |        |        |         |
| Reimbursement of Taxes Benefit                                                                                          | As Charged*                  |        |        |        |        |         |
| Reimbursement of Medical Report Fee                                                                                     |                              |        |        |        |        |         |
| Government Hospital Daily Cash Allowance (Daily maximum up to 180 days)                                                 |                              |        |        |        |        |         |
| Overall Annual Limit                                                                                                    |                              |        |        |        |        |         |
| Pre-authorization of Claims, subject to terms and conditions (Guarantee Letter)                                         | 15,000                       | 20,000 | 40,000 | 50,000 | 60,000 | 100,000 |
|                                                                                                                         | Available at Panel Hospitals |        |        |        |        |         |

\*Subject to the actual, Reasonable and Customary Charges and Overall Annual Limit

#### Important Notes and Disclaimers

This flyer is for illustrative purposes only. Kindly refer to the brochure and Product Disclosure Sheet before participating in this plan, and to the Terms and Conditions in the Certificate Document for details of the important features of the plan. The contents of this flyer are true at the time of publication and any opinion or estimate contained in this flyer is subject to change. Please note that the package here consists of components that are optional, and you are not obliged to select all components of this package.