

PRODUCT DISCLOSURE SHEET



LONPAC INSURANCE BHD
199401021735 (307414-T)

Please read this Product Disclosure Sheet before you decide to take out *MediSaversVIP Prime*. Be sure to also read the general terms and conditions.

MediSaversVIP Prime

(Hospitalisation and Surgical Insurance)

1 July 2021

1. What is this product about?

This is a hospitalisation and surgical insurance policy that provides for reimbursements of in-hospital treatment or surgical expenses incurred due to illness and accident. This product also provides an Optional "Top-Up" insurance for those who wanted a higher coverage.

You can choose to add a Deductible of either RM3,000 or RM6,000 or RM10,000 under the Basic Coverage in return for a lower premium. A Deductible is an amount that you are willing to bear for the first portion of the eligible medical expenses. Only amounts exceeding the Deductible will be payable under the Basic Coverage. The Deductible is on a Per Disability basis.

The product launch date is 01 July 2021.

2. What are the covers / benefits provided?

This Policy comprises the following Sections:

Section A – Basic Coverage

The benefits provided by Section A is as per the insured Plan specified in the Policy Schedule. Section A is a compulsory section of this Policy.

Section B – Optional Top-Up Insurance

This is a major medical insurance extension and the benefits provided by Section B will only be paid after the Insured Person has exhausted all the limits under Section A of this policy and all other avenues of compensation from other insurance policies. Extension of this Benefit is optional and the Benefit is only valid if the extension is specified in the Policy Schedule.

The Per Disability Limit under Section B will be increased by RM100,000 every three (3) years from the Product Launch Date, subject to the following:

- The new Per Disability Limit will only apply to new policies issued or policies renewed on or after the effective date of the increase in limit;
- The Per Disability Limit applicable for the respective claims shall be the limit applicable to the policy during the first loss date of the respective claim and the new Per Disability Limit will not be applicable to claims already incurred prior to the effective date of the increase in limit.

Duration of cover is for one year. You have the option to renew the Policy every year up to 100 years old (age next birthday) subject to the terms, conditions and termination at each of the anniversary of the Policy date.

SCHEDULE OF BENEFITS **Section A – BASIC COVERAGE**

Section	Type of Benefits (on launch date)	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)
A	BASIC COVERAGE				
	1. Limits of Coverage				
	a. Room and Board, per day limit incurred during the policy period	500	300	200	150
	b. Per Disability Limit	500,000	300,000	200,000	150,000
	c. Overall Annual Limit	1,500,000	900,000	600,000	450,000
	2. Before the patient is admitted to hospital or surgically treated in a hospital	As Charged, subject to reasonable, customary and necessary expenses which is incurred within 31 days prior to hospital admission or surgery			
	a. Pre-Surgical Consultation & Diagnosis				
	b. Pre-Hospital Specialist Consultation				
	c. Pre-Hospital Diagnostic Tests				
	d. Second Surgical Opinion				
	3. When the patient is being treated as a bed-paying patient in a hospital or is surgically treated	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period			
	a. Intensive Care Unit				
	b. Hospital Supplies & Services				
	c. Surgical Fees (including Anaesthetist & Operating Theatre Fees)				
	d. In-hospital Physician Visit not exceeding two visits a day				
	4. After the patient is discharged from hospital for a non-surgical treatment	As Charged, subject to reasonable, customary and necessary expenses which is incurred up to 60 days from the date of discharge from the hospital			
	a. Post Hospitalisation Treatment				
	5. If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period			
	a. Ambulance Fees				
	6. If outpatient treatment is required for injury due to an accident	As Charged, subject to reasonable, customary and necessary expenses which is required to treat an injury due to an accident. Follow-up treatment is payable up to 31 days from the date of accident for each accident			
	a. Emergency Accidental Outpatient Treatment				
	b. Emergency Accidental Outpatient Dental Treatment				

Section	Type of Benefits (on launch date)	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)
7.	Specific Outpatient Treatment a. Outpatient Cancer Treatment b. Outpatient Kidney Dialysis Treatment	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period			
8.	Other Benefits a. Insured Child's Daily Guardian Benefit b. Goods and Services Tax (where applicable) c. Medical Report Fee, per disability d. Daily Cash Allowance at Malaysian Government Hospital (up to 60 days)	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period			
		250	200	150	100
9.	If the Insured Person requires inpatient treatment in any of the Company's approved panel of hospitals a. Hospital Admission Assistance	Provided by the Company's Appointed Service Provider			

SCHEDULE OF BENEFITS

Section B – OPTIONAL TOP-UP INSURANCE

Section	Type of Benefits (on launch date)	
B	OPTIONAL TOP-UP INSURANCE	
1.	Limits of Coverage a. Room and Board, per day limit incurred during the policy period b. Per Disability Limit	As per Basic Plan 1,000,000
	The Per Disability Limit will be increased by RM100,000 every 3 years from the Product Launch Date, subject to the following: a. The new Per Disability Limit will only apply to new policies issued or policies renewed on or after the effective date of the increase in limit. b. The Per Disability Limit applicable for the respective claims shall be the limit applicable to the policy during the first loss date of the respective claim and the new Per Disability Limit will not be applicable to claims already incurred prior to the effective date of the increase in limit.	
2.	Before the patient is admitted to hospital or surgically treated in a hospital a. Pre-Surgical Consultation & Diagnosis b. Pre-Hospital Specialist Consultation c. Pre-Hospital Diagnostic Tests	As Charged, subject to reasonable, customary and necessary expenses which is incurred within 31 days prior to hospital admission or surgery
3.	When the patient is being treated as a bed-paying patient in a hospital or is surgically treated a. Intensive Care Unit b. Hospital Supplies & Services c. Surgical Fees (including Anaesthetist & Operating Theatre Fees) d. In-hospital Physician Visit not exceeding two visits a day	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period
4.	After the patient is discharged from hospital for a non-surgical treatment a. Post Hospitalisation Treatment	As Charged, subject to reasonable, customary and necessary expenses which is incurred up to 60 days from the date of discharge from the hospital
5.	If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis a. Ambulance Fees	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period
6.	If outpatient treatment is required for injury due to an accident a. Emergency Accidental Outpatient Treatment b. Emergency Accidental Outpatient Dental Treatment	As Charged, subject to reasonable, customary and necessary expenses which is required to treat an injury due to an accident. Follow-up treatment is payable up to 31 days from the date of accident for each accident
7.	Specific Outpatient Treatments a. Outpatient Cancer Treatment b. Outpatient Kidney Dialysis Treatment	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period
8.	Other Benefits a. Insured Child's Daily Guardian Benefit b. Goods and Services Tax (where applicable) c. Medical Report Fee, per disability d. Daily Cash Allowance at Malaysian Government Hospital (up to 60 days)	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period As per Basic Plan

Sample of Effective Revision Dates for the increase of Per Disability Limit under the Optional Top-Up Insurance :

Effective Revision Date	New Per Disability Limit (RM)
1/7/2024	1,100,000
1/7/2027	1,200,000
1/7/2030	1,300,000
1/7/2033	1,400,000
1/7/2036	1,500,000
1/7/2039	1,600,000
1/7/2042	1,700,000
1/7/2045	1,800,000
1/7/2048	1,900,000
1/7/2051	2,000,000
1/7/2054	2,100,000

Effective Revision Date	New Per Disability Limit (RM)
1/7/2057	2,200,000
1/7/2060	2,300,000
1/7/2063	2,400,000
1/7/2066	2,500,000
1/7/2069	2,600,000
1/7/2072	2,700,000
1/7/2075	2,800,000
1/7/2078	2,900,000
1/7/2081	3,000,000
1/7/2084	3,100,000
1/7/2087	3,200,000

3. How much premium do I have to pay?

The premium you have to pay may vary depending on your choice of plan, occupation, age group and our underwriting requirements.

The premium payable is based on age next birthday but a premium loading may apply depending on underwriting requirements of LONPAC INSURANCE BHD.

Renewal premium will automatically be adjusted on entering the next age group. Premium may also be adjusted should there be changes to your occupation at the time of renewal.

You can choose to pay your premium on a monthly frequency.

The premium for standard risk is as per the below Table of Premium:

TABLE OF PREMIUM – WITHOUT DEDUCTIBLE Table of Annual Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	2,016.00	1,602.00	1,334.00	1,171.00	123.00
6 years - 10 years	1,128.00	899.00	750.00	660.00	68.00
11 years - 15 years	835.00	667.00	558.00	491.00	50.00
16 years - 20 years	1,276.00	1,016.00	848.00	745.00	77.00
21 years - 25 years	1,361.00	1,083.00	904.00	794.00	83.00
26 years - 30 years	1,526.00	1,214.00	1,012.00	889.00	93.00
31 years - 35 years	1,728.00	1,373.00	1,144.00	1,005.00	105.00
36 years - 40 years	1,907.00	1,515.00	1,262.00	1,108.00	117.00
41 years - 45 years	2,040.00	1,620.00	1,349.00	1,184.00	125.00
46 years - 50 years	2,210.00	1,754.00	1,461.00	1,282.00	136.00
51 years - 55 years	2,531.00	2,009.00	1,672.00	1,467.00	156.00
56 years - 60 years	3,217.00	2,552.00	2,123.00	1,862.00	198.00
61 years - 65 years	4,046.00	3,207.00	2,667.00	2,338.00	250.00
66 years - 70 years	5,647.00	4,474.00	3,718.00	3,259.00	350.00
71 years - 75 years (renewal only)	8,163.00	6,464.00	5,370.00	4,706.00	507.00
76 years - 80 years (renewal only)	11,613.00	9,194.00	7,636.00	6,691.00	723.00
81 years - 100 years (renewal only)	16,915.00	13,389.00	11,118.00	9,740.00	1,054.00

Table of Monthly Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	193.20	153.50	127.80	112.20	11.80
6 years - 10 years	108.10	86.20	71.90	63.30	6.50
11 years - 15 years	80.00	63.90	53.50	47.10	4.80
16 years - 20 years	122.30	97.40	81.30	71.40	7.40
21 years - 25 years	130.40	103.80	86.60	76.10	8.00
26 years - 30 years	146.20	116.30	97.00	85.20	8.90
31 years - 35 years	165.60	131.60	109.60	96.30	10.10
36 years - 40 years	182.80	145.20	120.90	106.20	11.20
41 years - 45 years	195.50	155.30	129.30	113.50	12.00
46 years - 50 years	211.80	168.10	140.00	122.90	13.00
51 years - 55 years	242.60	192.50	160.20	140.60	15.00
56 years - 60 years	308.30	244.60	203.50	178.40	19.00
61 years - 65 years	387.70	307.30	255.60	224.10	24.00
66 years - 70 years	541.20	428.80	356.30	312.30	33.50
71 years - 75 years (renewal only)	782.30	619.50	514.60	451.00	48.60
76 years - 80 years (renewal only)	1,112.90	881.10	731.80	641.20	69.30
81 years - 100 years (renewal only)	1,621.00	1,283.10	1,065.50	933.40	101.00

TABLE OF PREMIUM – WITH RM3,000 DEDUCTIBLE
Table of Annual Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	1,512.00	1,201.50	1,000.50	878.25	123.00
6 years - 10 years	846.00	674.25	562.50	495.00	68.00
11 years - 15 years	626.25	500.25	418.50	368.25	50.00
16 years - 20 years	957.00	762.00	636.00	558.75	77.00
21 years - 25 years	1,020.75	812.25	678.00	595.50	83.00
26 years - 30 years	1,144.50	910.50	759.00	666.75	93.00
31 years - 35 years	1,296.00	1,029.75	858.00	753.75	105.00
36 years - 40 years	1,430.25	1,136.25	946.50	831.00	117.00
41 years - 45 years	1,530.00	1,215.00	1,011.75	888.00	125.00
46 years - 50 years	1,657.50	1,315.50	1,095.75	961.50	136.00
51 years - 55 years	1,898.25	1,506.75	1,254.00	1,100.25	156.00
56 years - 60 years	2,734.45	2,169.20	1,804.55	1,582.70	198.00
61 years - 65 years	3,439.10	2,725.95	2,266.95	1,987.30	250.00
66 years - 70 years	4,799.95	3,802.90	3,160.30	2,770.15	350.00
71 years - 75 years (renewal only)	6,938.55	5,494.40	4,564.50	4,000.10	507.00
76 years - 80 years (renewal only)	9,871.05	7,814.90	6,490.60	5,687.35	723.00
81 years - 100 years (renewal only)	14,377.75	11,380.65	9,450.30	8,279.00	1,054.00

Table of Monthly Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	144.90	115.13	95.85	84.15	11.80
6 years - 10 years	81.08	64.65	53.93	47.48	6.50
11 years - 15 years	60.00	47.93	40.13	35.33	4.80
16 years - 20 years	91.73	73.05	60.98	53.55	7.40
21 years - 25 years	97.80	77.85	64.95	57.08	8.00
26 years - 30 years	109.65	87.23	72.75	63.90	8.90
31 years - 35 years	124.20	98.70	82.20	72.23	10.10
36 years - 40 years	137.10	108.90	90.68	79.65	11.20
41 years - 45 years	146.63	116.48	96.98	85.13	12.00
46 years - 50 years	158.85	126.08	105.00	92.18	13.00
51 years - 55 years	181.95	144.38	120.15	105.45	15.00
56 years - 60 years	262.06	207.91	172.98	151.64	19.00
61 years - 65 years	329.55	261.21	217.26	190.49	24.00
66 years - 70 years	460.02	364.48	302.86	265.46	33.50
71 years - 75 years (renewal only)	664.96	526.58	437.41	383.35	48.60
76 years - 80 years (renewal only)	945.97	748.94	622.03	545.02	69.30
81 years - 100 years (renewal only)	1,377.85	1,090.64	905.68	793.39	101.00

TABLE OF PREMIUM – WITH RM6,000 DEDUCTIBLE
Table of Annual Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	1,108.80	881.10	733.70	644.05	123.00
6 years - 10 years	620.40	494.45	412.50	363.00	68.00
11 years - 15 years	459.25	366.85	306.90	270.05	50.00
16 years - 20 years	701.80	558.80	466.40	409.75	77.00
21 years - 25 years	748.55	595.65	497.20	436.70	83.00
26 years - 30 years	839.30	667.70	556.60	488.95	93.00
31 years - 35 years	950.40	755.15	629.20	552.75	105.00
36 years - 40 years	1,048.85	833.25	694.10	609.40	117.00
41 years - 45 years	1,122.00	891.00	741.95	651.20	125.00
46 years - 50 years	1,215.50	964.70	803.55	705.10	136.00
51 years - 55 years	1,392.05	1,104.95	919.60	806.85	156.00
56 years - 60 years	2,412.75	1,914.00	1,592.25	1,396.50	198.00
61 years - 65 years	3,034.50	2,405.25	2,000.25	1,753.50	250.00
66 years - 70 years	4,235.25	3,355.50	2,788.50	2,444.25	350.00
71 years - 75 years (renewal only)	6,122.25	4,848.00	4,027.50	3,529.50	507.00
76 years - 80 years (renewal only)	8,709.75	6,895.50	5,727.00	5,018.25	723.00
81 years - 100 years (renewal only)	12,686.25	10,041.75	8,338.50	7,305.00	1,054.00

Table of Monthly Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	106.26	84.43	70.29	61.71	11.80
6 years - 10 years	59.46	47.41	39.55	34.82	6.50
11 years - 15 years	44.00	35.15	29.43	25.91	4.80
16 years - 20 years	67.27	53.57	44.72	39.27	7.40
21 years - 25 years	71.72	57.09	47.63	41.86	8.00
26 years - 30 years	80.41	63.97	53.35	46.86	8.90
31 years - 35 years	91.08	72.38	60.28	52.97	10.10
36 years - 40 years	100.54	79.86	66.50	58.41	11.20
41 years - 45 years	107.53	85.42	71.12	62.43	12.00
46 years - 50 years	116.49	92.46	77.00	67.60	13.00
51 years - 55 years	133.43	105.88	88.11	77.33	15.00
56 years - 60 years	231.23	183.45	152.63	133.80	19.00
61 years - 65 years	290.78	230.48	191.70	168.08	24.00
66 years - 70 years	405.90	321.60	267.23	234.23	33.50
71 years - 75 years (renewal only)	586.73	464.63	385.95	338.25	48.60
76 years - 80 years (renewal only)	834.68	660.83	548.85	480.90	69.30
81 years - 100 years (renewal only)	1,215.75	962.33	799.13	700.05	101.00

TABLE OF PREMIUM – WITH RM10,000 DEDUCTIBLE
Table of Annual Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	806.40	640.80	533.60	468.40	123.00
6 years - 10 years	451.20	359.60	300.00	264.00	68.00
11 years - 15 years	334.00	266.80	223.20	196.40	50.00
16 years - 20 years	510.40	406.40	339.20	298.00	77.00
21 years - 25 years	544.40	433.20	361.60	317.60	83.00
26 years - 30 years	610.40	485.60	404.80	355.60	93.00
31 years - 35 years	691.20	549.20	457.60	402.00	105.00
36 years - 40 years	762.80	606.00	504.80	443.20	117.00
41 years - 45 years	816.00	648.00	539.60	473.60	125.00
46 years - 50 years	884.00	701.60	584.40	512.80	136.00
51 years - 55 years	1,012.40	803.60	668.80	586.80	156.00
56 years - 60 years	1,769.35	1,403.60	1,167.65	1,024.10	198.00
61 years - 65 years	2,225.30	1,763.85	1,466.85	1,285.90	250.00
66 years - 70 years	3,105.85	2,460.70	2,044.90	1,792.45	350.00
71 years - 75 years (renewal only)	4,489.65	3,555.20	2,953.50	2,588.30	507.00
76 years - 80 years (renewal only)	6,387.15	5,056.70	4,199.80	3,680.05	723.00
81 years - 100 years (renewal only)	9,303.25	7,363.95	6,114.90	5,357.00	1,054.00

Table of Monthly Premium

Age Next Birthday	Section A (Basic Cover)				Section B Optional Top-Up (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	77.28	61.40	51.12	44.88	11.80
6 years - 10 years	43.24	34.48	28.76	25.32	6.50
11 years - 15 years	32.00	25.56	21.40	18.84	4.80
16 years - 20 years	48.92	38.96	32.52	28.56	7.40
21 years - 25 years	52.16	41.52	34.64	30.44	8.00
26 years - 30 years	58.48	46.52	38.80	34.08	8.90
31 years - 35 years	66.24	52.64	43.84	38.52	10.10
36 years - 40 years	73.12	58.08	48.36	42.48	11.20
41 years - 45 years	78.20	62.12	51.72	45.40	12.00
46 years - 50 years	84.72	67.24	56.00	49.16	13.00
51 years - 55 years	97.04	77.00	64.08	56.24	15.00
56 years - 60 years	169.57	134.53	111.93	98.12	19.00
61 years - 65 years	213.24	169.02	140.58	123.26	24.00
66 years - 70 years	297.66	235.84	195.97	171.77	33.50
71 years - 75 years (renewal only)	430.27	340.73	283.03	248.05	48.60
76 years - 80 years (renewal only)	612.10	484.61	402.49	352.66	69.30
81 years - 100 years (renewal only)	891.55	705.71	586.03	513.37	101.00

Cash-Before-Cover

This product is sold on a Cash-Before-Cover basis. The premium due must be paid in full before the effective date of the policy.

4. What are the fees and charges that I have to pay?

- | | |
|--|--|
| • Commission paid to the insurance agent (included in Gross Premium) | 15% of Gross Premium |
| • Service Tax | 0% (if the Policyholder is an Individual)
6% (if the Policyholder is a Company) |
| • Stamp Duty | RM10 |

5. What are some of the key terms and conditions that I should be aware of?

Duty of Disclosure

• Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/ dependants, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

• Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing insurance benefits to your employees and their family/ dependants, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Period of Insurance and Renewal

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one (1) year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

This Policy will be renewable at the option of policyholder subject to the terms, conditions and termination at each of the anniversary of the Policy date.

At the renewal stage, the Company shall not make any changes or amendments to the terms and conditions applicable to the renewed policy. The terms and conditions shall remain unchanged unless there is/are material change(s) to the Insured Person's occupation, business, duties or pursuits or there had been a misstatement or omission of material fact by the Insured/Insured Person before or at the time the insurance contract was first entered into.

The renewal premium payable is not guaranteed and the Company reserves the right to revise the premium rate applicable at the time of renewal. Such changes, if any shall be applicable to all policyholders irrespective of their claim experience according to the Company's risk assessment.

This policy is renewable at the option of policyholder until the occurrence of any of the following:

- non-payment of premium or premium not made on time
- fraud or misrepresentation of material fact during application
- the policy is cancelled at the request of the policyholder
- on the death of the Insured Person
- the Insured Person ceases to qualify as a dependant based on the definition of the policy
- the Insured Person attains the coverage age limit specified
- termination of coverage for all policies in a certain market and the company withdraws this policy completely from the market in accordance with the Portfolio Withdrawal Condition

The Company will give thirty (30) days written notice prior to Policy renewal in the event of premium revision or Portfolio Withdrawal.

Cooling-Off Period

If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to LONPAC INSURANCE BHD for cancellation provided such request for cancellation is delivered by the Insured Person to LONPAC INSURANCE BHD within fifteen (15) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by LONPAC INSURANCE BHD in the issuance of the Policy.

Waiting Period

The eligibility for benefits under the Policy will only start thirty (30) days after the effective date of the Policy except for accident. Unless renewed, the coverage will cease on the expiry date and LONPAC INSURANCE BHD shall strictly not be liable for any expenses that take place after the expiry date.

Upgraded Room and Board Co-Payment

You will have to pay 20% of the eligible expenses if you are hospitalised at a published room and board rate which is higher than what you are entitled to.

Upgrading Insured Plan

Upgrading of insured plan is not allowed. If the Policyholder wishes to be insured under a different plan, a new application should be submitted and a new policy will be issued. The application is subject to underwriting and acceptance by LONPAC INSURANCE BHD.

Note:

This list is non-exhaustive. Please refer to the Policy contract for the full list of terms and conditions under this Policy.

6. Can I choose to be treated overseas?

The Policy provides protection whilst you travel or reside overseas for not more than ninety (90) consecutive days. However, no benefit shall be payable if your intention is to seek treatment overseas when treatment is available locally except where it is due to a medical emergency or upon recommendation of a physician for the need to be transferred to a hospital outside Malaysia because of the specialised nature of treatment, aid, information or decision which cannot be rendered, furnished or 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 reasonably be postponed until return to Malaysia is not covered.

You may request for your Policy to be extended to cover elective treatment in Singapore and Brunei by paying a premium loading as imposed by LONPAC INSURANCE BHD.

7. What are the major exclusions under this policy?

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.

Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) 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.

Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease 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.

Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.

Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.

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.

Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.

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.

Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.

Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aroma therapy or other alternative treatment.

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 Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.

Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).

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.

Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.

Expenses incurred for sex change.

8. Can I cancel my policy?

You may cancel the policy at any time by giving written notice to us. Upon cancellation, any refund of the premium would be based on the conditions stipulated in the Policy contract.

9. What do I need to do if there are changes to my contact / personal details?

It is important that you inform us of any change in your life profile including your occupation and personal pursuits which would affect the risk profile.

10. Where can I get further information?

Should you require additional information about hospitalisation and surgical insurance, please refer to the *insuranceinfo* booklet on 'Medical & Health Insurance' at www.insuranceinfo.com.my.

11. Other types of Hospitalisation and Surgical Insurance cover available

PHM MediBooster

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT US DIRECTLY FOR MORE INFORMATION.

LONPAC INSURANCE BHD is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia to transact all classes of general insurance business.

This Product Disclosure Sheet is for general information only and is valid as at 01.07.2021.

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