

PRODUCT DISCLOSURE SHEET



LONPAC INSURANCE BHD
199401021735 (307414-T)

(Please read this Product Disclosure Sheet before you decide to take up PHM MediBooster. Be sure to also read the general terms and conditions.)

PHM MediBooster
(Major Medical Expenses Insurance)

01 July 2024 to 30 June 2027

1. What is this product about?

This is a major medical insurance product providing “Top-Up” insurance for those whose hospitalisation and surgical insurance is insufficient to meet current healthcare costs.

It is a Policy of last resort which will only make payment after all avenues of compensation from other medical insurance policies have been fully utilised.

This policy shall not be brought into contribution with other insurance policies and shall act as a policy of last resort.

The product may also serve as a very affordable basic hospitalisation, and surgical insurance Policy for those who are prepared to self-fund the deductible amount.

2. What are the covers / benefits provided?

Duration of cover is for one year. Once your application has been accepted, LONPAC INSURANCE BHD would not change the terms and conditions at the subsequent renewals.

You have the option to renew the Policy subject to the terms and conditions of the Policy.

The launch date of the product is 20 September 2016 and the product will be valid until 30 June 2115.

The Room and Board Limit, Per Disability Limit and Overall Annual Limit will increase as stipulated in the Schedule of Limits, subject to the following:

- The respective new limits will only apply to new policies issued or policies renewed on or after the effective date of the respective increase in limits.
- The limits applicable for the respective claims shall be the deductible and limits applicable to the Policy during the first intimation of the respective claim and the increased limits will not be applicable to claims already reported.

The Deductible Per Disability shall remain unchanged throughout the whole duration of the policy.

The effective limits for policies commencing within 01 July 2024 and 30 June 2027 are as follows:

Benefit	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
Room and Board	390	390	390
Deductible Per Disability	50,000	100,000	150,000
Per Disability Limit	1,300,000	1,300,000	1,300,000
Overall Annual Limit	3,900,000	3,900,000	3,900,000
Outpatient Cancer Treatment, per annum	120,000	120,000	120,000
Outpatient Kidney Dialysis, per annum	120,000	120,000	120,000

Example:

Mr. Tan purchases Plan 1 on 20 September 2016. His insurance coverage will be as follows:

Revision Effective Date	Room and Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
20/09/2016	RM300	RM50,000	RM1,000,000	RM3,000,000
01/07/2018	RM330	RM50,000	RM1,100,000	RM3,300,000
01/07/2021	RM360	RM50,000	RM1,200,000	RM3,600,000
01/07/2024	RM390	RM50,000	RM1,300,000	RM3,900,000
01/07/2027	RM420	RM50,000	RM1,400,000	RM4,200,000
01/07/2030	RM450	RM50,000	RM1,500,000	RM4,500,000
01/07/2033	RM480	RM50,000	RM1,600,000	RM4,800,000
01/07/2036	RM510	RM50,000	RM1,700,000	RM5,100,000
01/07/2039	RM540	RM50,000	RM1,800,000	RM5,400,000
01/07/2042	RM570	RM50,000	RM1,900,000	RM5,700,000
01/07/2045	RM600	RM50,000	RM2,000,000	RM6,000,000
01/07/2048	RM630	RM50,000	RM2,100,000	RM6,300,000
01/07/2051	RM660	RM50,000	RM2,200,000	RM6,600,000
01/07/2054	RM690	RM50,000	RM2,300,000	RM6,900,000
01/07/2057	RM720	RM50,000	RM2,400,000	RM7,200,000
01/07/2060	RM750	RM50,000	RM2,500,000	RM7,500,000
01/07/2063	RM780	RM50,000	RM2,600,000	RM7,800,000
01/07/2066	RM810	RM50,000	RM2,700,000	RM8,100,000
01/07/2069	RM840	RM50,000	RM2,800,000	RM8,400,000
01/07/2072	RM870	RM50,000	RM2,900,000	RM8,700,000
01/07/2075	RM900	RM50,000	RM3,000,000	RM9,000,000
01/07/2078	RM930	RM50,000	RM3,100,000	RM9,300,000
01/07/2081	RM960	RM50,000	RM3,200,000	RM9,600,000
01/07/2084	RM990	RM50,000	RM3,300,000	RM9,900,000
01/07/2087	RM1,020	RM50,000	RM3,400,000	RM10,200,000
01/07/2090	RM1,050	RM50,000	RM3,500,000	RM10,500,000
01/07/2093	RM1,080	RM50,000	RM3,600,000	RM10,800,000
01/07/2096	RM1,110	RM50,000	RM3,700,000	RM11,100,000
01/07/2099	RM1,140	RM50,000	RM3,800,000	RM11,400,000
01/07/2102	RM1,170	RM50,000	RM3,900,000	RM11,700,000
01/07/2105	RM1,200	RM50,000	RM4,000,000	RM12,000,000
01/07/2108	RM1,230	RM50,000	RM4,100,000	RM12,300,000
01/07/2111	RM1,260	RM50,000	RM4,200,000	RM12,600,000
01/07/2114	RM1,290	RM50,000	RM4,300,000	RM12,900,000

The renewal premium payable is not guaranteed and the Company shall revise the premium rate at the same time of the increase in benefit limits and the respective revised premium shall be 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.

SCHEDULE OF BENEFITS (on launch date: 20/09/2016)

Benefit	Plan 1	Plan 2	Plan 3
Limits of Coverage			
(a) Room and Board, per day limit incurred during the policy period	RM300	RM300	RM300
(b) Deductible Per Disability	RM50,000	RM100,000	RM150,000
(c) Per Disability Limit	RM1,000,000	RM1,000,000	RM1,000,000
(d) Overall Annual Limit	RM3,000,000	RM3,000,000	RM3,000,000
(e) Lifetime Limit	Not Applicable	Not Applicable	Not Applicable
Sub-Limits of Coverage			
Coverage provided by the following shall form part of the Per Disability Limit:			
(a) Outpatient Cancer Treatment, per annum	RM120,000	RM120,000	RM120,000
(b) Outpatient Kidney Dialysis, per annum	RM120,000	RM120,000	RM120,000
Subsequent Changes in Limits			
The Room and Board Limit, Per Disability Limit and Overall Annual Limit will increase as stipulated in the Schedule of Limits.			
a. The respective new limits will only apply to new policies issued or policies renewed on or after the effective date of the respective increase in limits.			
b. The limits applicable for the respective claims shall be the limits applicable to the policy during the first intimation of the respective claim and the increased limits will not be applicable to claims already reported.			
The Deductible Per Disability shall remain unchanged throughout the whole duration of the policy.			
Details of Coverage			
Coverage provided by this policy comprises the following:			
Before the patient is admitted to hospital or surgically treated in a hospital, the following benefits will be payable subject to reasonable, customary, and necessary expenses incurred for consultation prior to hospital admission or surgery.			
a. Pre-Surgical Consultation and Diagnosis, limited to one consultation prior to surgery			
b. Pre-Hospital Specialist Consultation, limited to one consultation prior to hospitalisation			
c. Pre-Hospital Diagnostic Tests, related to one consultation prior to hospital admission			
d. Second Surgical Opinion, limited to one consultation prior to surgery			
When the patient is being treated as a bed-paying patient in a hospital or is surgically treated, the following benefits will be payable subject to reasonable, customary, and necessary expenses incurred.			
a. Room and Board, incurred during the policy period of insurance			
b. Intensive Care Unit, incurred during the policy period of insurance			
c. Hospital Supplies and Services, incurred during the policy period of insurance			
d. Surgical Fees, with post-surgery care up to 60 days from the date of surgery			
e. Anaesthetist Fees			
f. Operating Theatre Fees			
g. In-Hospital Physician Visit, subject to two visits a day			
After the patient is discharged from hospital for a non-surgical treatment, the following benefits will be payable subject to reasonable, customary, and necessary expenses incurred.			
a. Post-Hospitalisation Treatment, incurred within 60 days following discharge from hospital.			
If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis, the following benefits will be payable subject to reasonable, customary, and necessary expenses incurred during the policy period of insurance.			
a. Ambulance Fees			
If out-patient treatment is required for treatment of an injury due to an accident, the following benefits will be payable subject to reasonable, customary, and necessary expenses incurred. Follow-up treatment is payable up to 31 days from the date of accident for each accident.			
a. Emergency Accidental Outpatient Treatment			
b. Emergency Dental Treatment			
The following additional benefits incurred during the policy period of insurance will be payable subject to reasonable, customary, and necessary expenses incurred but shall be payable as part of the Per Disability Limit and Overall Annual Limit.			
a. Organ Transplant			
b. Sales and Service Tax (where applicable)			
c. Medical Report Fee			
d. Outpatient Cancer Treatment, subject to sub-limit stipulated in the Schedule of Benefits			
e. Outpatient Kidney Dialysis, subject to sub-limit stipulated in the Schedule of Benefits			
If the patient needs to be hospitalised or surgically treated, the following service will be provided by the Company's Appointed Service Provider for treatment in the Company's approved panel of hospitals.			
a. Hospital Admission Assistance			

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 at 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.

The premium for standard risk for policies commencing within 01 July 2024 and 30 June 2027 is as follows:

Table of Annual Premium

Age at Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
30 days - 18 years	183.00	97.00	84.00
19 years - 25 years	183.00	97.00	84.00
26 years - 35 years	191.00	101.00	86.00
36 years - 45 years	234.00	117.00	99.00
46 years - 55 years	297.00	141.00	117.00
56 years - 60 years	438.00	195.00	159.00
61 years - 65 years	665.00	282.00	226.00
66 years - 70 years	974.00	402.00	316.00
71 years - 75 years (renewal only)	1,087.00	445.00	349.00
76 years - 80 years (renewal only)	1,460.00	589.00	459.00
Above 80 years (renewal only)	2,200.00	875.00	677.00

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
• Sales and Service Tax	0% (if the Policyholder is an Individual) 8% (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 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. During renewal, the terms and conditions of coverage shall not be amended.

The renewal premiums payable is not guaranteed and the Company shall revise the premium rate at the same time of the increase in benefit limits and the respective revised premium shall be 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 dependent based on the definition of the Policy.

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

Deductible per Disability

This is the amount of expenses you will bear for each disability. Only the amount exceeding this deductible and all avenues of compensation from other insurances will be payable by this Policy.

Cooling-Off Period

If this Policy shall have been issued and for any reason whatsoever the Policyholder shall decide not to take up the Policy, the Policyholder may return the Policy to LONPAC INSURANCE BHD for cancellation provided such request for cancellation is delivered by the Policyholder to LONPAC INSURANCE BHD within fifteen (15) days from the date of delivery of the Policy. The Policyholder 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 the 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, childbirth (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 aromatherapy 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. Provided that no claim(s) have been made during the policy year, you shall be entitled to a refund of the premium as follows:

<u>Policy Period</u>	<u>Refund</u>
Period Not exceeding 15 days	90% Refund of Annual Premium (applicable to renewal only)
Period Not exceeding 1 month	80% Refund of Annual Premium
Period Not exceeding 2 months	70% Refund of Annual Premium
Period Not exceeding 3 months	60% Refund of Annual Premium
Period Not exceeding 4 months	50% Refund of Annual Premium
Period Not exceeding 5 months	40% Refund of Annual Premium
Period Not exceeding 6 months	30% Refund of Annual Premium
Period Not exceeding 7 months	25% Refund of Annual Premium
Period Not exceeding 8 months	20% Refund of Annual Premium
Period Not exceeding 9 months	15% Refund of Annual Premium
Period Not exceeding 10 months	10% Refund of Annual Premium
Period Not exceeding 11 months	5% Refund of Annual Premium
Period exceeding 11 months	No Refund of Premium

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

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

10. Where can I get further information?

If you have any enquiries, please contact us at:

**Customer Service Department
Lonpac Insurance Bhd**
9th Floor, Bangunan Public Bank
6, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Tel : 03 2262 8666
Fax : 03 2715 1332
E-mail : customerservice@lonpac.com
Website: www.lonpac.com

Authorised agent:

11. Other types of Hospitalisation and Surgical Insurance cover available

➤ MediSaversVIP Prime

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 01.07.2024.