

PRODUCT DISCLOSURE SHEET



(Please read this Product Disclosure Sheet before you decide to take out PHM MediSavers 2018. Be sure to also read the general terms and conditions).

PHM MediSavers 2018
(Hospitalisation and Surgical Insurance)
01 July 2021 to 30 June 2024

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 want higher coverage.

2. What are the covers / benefits provided?

This Policy comprises the following Sections:

Section A – Basic Coverage

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

Section B - Optional Top-Up Insurance

The benefits provide by Section B is only payable if the Policy is extended to cover Section B as specified in the Policy Schedule. Section B is an optional extension and will not be valid unless specified in the Policy Schedule.

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 is 01 July 2018 and the product shall only be valid from the launch date until 30 June 2115.

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

- > The respective new deductible and limits will only apply to new policies issued or policies renewed on or after the effective date of the respective increase in limits.
- > The deductible and 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 deductible and limits will not be applicable to claims already reported.

The effective limits for policies commencing within 01 July 2021 and 30 June 2024 is as follows:

Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Top-Up (RM)
Room & Board	440	275	550
Deductible Per Disability	Nil	Nil	55,000
Per Disability Limit	176,000	110,000	1,100,000
Overall Annual Limit	528,000	330,000	No Limit
Outpatient Cancer Treatment, per annum	40,000	25,000	120,000
Outpatient Kidney Dialysis, per annum	40,000	25,000	120,000

Example:

Mr. Tan purchases Basic Cover Plan 1 on 01 July 2018. His insurance coverage will be as follows:

Revision Effective Date	Room & Board	Per Disability Limit	Overall Annual Limit
01/07/2018	RM400	RM160,000	RM480,000
01/07/2021	RM440	RM176,000	RM528,000
01/07/2024	RM480	RM192,000	RM576,000
01/07/2027	RM520	RM208,000	RM624,000
01/07/2030	RM560	RM224,000	RM672,000
01/07/2033	RM600	RM240,000	RM720,000
01/07/2036	RM640	RM256,000	RM768,000
01/07/2039	RM680	RM272,000	RM816,000
01/07/2042	RM720	RM288,000	RM864,000
01/07/2045	RM760	RM304,000	RM912,000
01/07/2048	RM800	RM320,000	RM960,000
01/07/2051	RM840	RM336,000	RM1,008,000
01/07/2054	RM880	RM352,000	RM1,056,000
01/07/2057	RM920	RM368,000	RM1,104,000
01/07/2060	RM960	RM384,000	RM1,152,000
01/07/2063	RM1,000	RM400,000	RM1,200,000
01/07/2066	RM1,040	RM416,000	RM1,248,000
01/07/2069	RM1,080	RM432,000	RM1,296,000
01/07/2072	RM1,120	RM448,000	RM1,344,000

Revision Effective Date	Room & Board	Per Disability Limit	Overall Annual Limit
01/07/2075	RM1,160	RM464,000	RM1,392,000
01/07/2078	RM1,200	RM480,000	RM1,440,000
01/07/2081	RM1,240	RM496,000	RM1,488,000
01/07/2084	RM1,280	RM512,000	RM1,536,000
01/07/2087	RM1,320	RM528,000	RM1,584,000
01/07/2090	RM1,360	RM544,000	RM1,632,000
01/07/2093	RM1,400	RM560,000	RM1,680,000
01/07/2096	RM1,440	RM576,000	RM1,728,000
01/07/2099	RM1,480	RM592,000	RM1,776,000
01/07/2102	RM1,520	RM608,000	RM1,824,000
01/07/2105	RM1,560	RM624,000	RM1,872,000
01/07/2108	RM1,600	RM640,000	RM1,920,000
01/07/2111	RM1,640	RM656,000	RM1,968,000
01/07/2114	RM1,680	RM672,000	RM2,016,000

The renewal premiums payable is not guaranteed and the Company shall revise the premium rate every three years 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

Section A – BASIC COVERAGE

Section	Description of Benefits (on launch date)	Plan 1	Plan 2
A	MEDICAL EXPENSES INSURANCE		
	1. Limits of Coverage		
	a. Room and Board, per day limit incurred during the policy period	RM400	RM250
	b. Per Disability Limit	RM160,000	RM100,000
	c. Overall Annual Limit	RM480,000	RM300,000
	The Room and Board Limit, Per Disability Limit and Overall Annual Limit will increase every three years as stipulated in the Schedule of Limits, subject to the following:-		
	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		
	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		
	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 out-patient 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 Dental Treatment		

Section	Description of Benefits (on launch date)	Plan 1	Plan 2
7. Specific Outpatient Treatments			
a.	Outpatient Cancer Treatment, per annum	RM40,000	RM25,000
b.	Outpatient Kidney Dialysis, per annum	RM40,000	RM25,000
8. Other Benefits			
a.	Insured Child's Daily Guardian Benefit incurred during the policy period	Payable	Payable
b.	Goods and Services Tax (where applicable)	Payable	Payable
c.	Medical Report Fee, per disability	RM100	RM100
9. If the Insured Person requires in-patient 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

This Benefit is a major medical insurance extension and will only pay after the Insured Person has exhausted all avenues of compensation from Section A of this policy and any other medical insurance policies. Inclusion of this Benefit is optional and the Benefit is only valid if the inclusion is specified in the Policy Schedule.

This Benefit shall pay up to the Per Disability Limit as specified in the Schedule of Limits for the following medical expenses.

Section	Description of Benefits (on launch date)	Optional Top-Up Insurance
B	MEDICAL EXPENSES INSURANCE	
1. Limits of Coverage		
a.	Room and Board, per day limit incurred during the policy period	RM500
b.	Deductible Per Disability, applicable to Item 2 to Item 8	RM50,000
c.	Per Disability Limit	RM1,000,000
d.	Overall Annual Limit	No Limit
	The deductible and limits will increase every three years as stipulated in the Schedule of Limits, subject to the following:-	
a.	The respective new deductible and 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 deductible and 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 new deductible and limits will not be applicable to claims already reported	
	Deductible Per Disability refers to the amount of expenses that the Policyholder will bear for each disability. Only the amount exceeding this deductible (and all other avenues of compensation from other insurance policies) will be payable by this policy and this Benefit will only pay for the shortfall after deducting such compensation	
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	
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 out-patient 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 Dental Treatment	
7. Specific Outpatient Treatments		RM120,000
a.	Outpatient Cancer Treatment, per annum	RM120,000
b.	Outpatient Kidney Dialysis, per annum	
8. Other Benefits		Payable
a.	Goods and Services Tax (where applicable)	

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 Table of Premium:

Table of Annual Premium

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Top-Up (RM)
30 days - 18 years	1,683.00	1,300.00	139.00
19 years - 25 years	1,503.00	1,161.00	140.00
26 years - 35 years	1,571.00	1,213.00	147.00
36 years - 45 years	1,888.00	1,456.00	190.00
46 years - 55 years	2,446.00	1,885.00	252.00
56 years - 60 years	3,672.00	2,822.00	392.00
61 years - 65 years	4,402.00	3,380.00	619.00
66 years - 70 years	6,801.00	5,216.00	925.00
71 years - 75 years (renewal only)	8,716.00	6,684.00	1,037.00
76 years - 80 years (renewal only)	10,192.00	7,813.00	1,408.00
Above 80 years (renewal only)	16,108.00	12,344.00	2,141.00

Table of Monthly Premium

	Plan 1 (RM)	Plan 2 (RM)	Top-Up (RM)
30 days - 18 years	161.30	124.60	13.30
19 years - 25 years	144.00	111.30	13.40
26 years - 35 years	150.60	116.20	14.10
36 years - 45 years	180.90	139.50	18.20
46 years - 55 years	234.40	180.60	24.20
56 years - 60 years	351.90	270.40	37.60
61 years - 65 years	421.90	323.90	59.30
66 years - 70 years	651.80	499.90	88.60
71 years - 75 years (renewal only)	835.30	640.60	99.40
76 years - 80 years (renewal only)	976.70	748.70	134.90
Above 80 years (renewal only)	1,543.70	1,183.00	205.20

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/dependents, 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/ dependents, 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 every three years 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:

- a. Non-payment of premium or premium not made on time.
- b. Fraud or misrepresentation of material fact during application.
- c. The Policy is cancelled at the request of the Policyholder.
- d. On the death of the Insured Person.
- e. 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 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.

Qualifying or 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 when 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 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 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 changes 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 insurance info booklet on 'Medical & Health Insurance' at www.insuranceinfo.com.my

11. Other types of hospitalisation and surgical insurance cover available

PHM MediBooster

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.

This Product Disclosure Sheet is for general information only and is valid as from 01.07.2021 to 30.06.2024.

IMPORTANT NOTICE

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 brochure is not a contract of insurance. The complete coverage, terms and conditions applicable are set out in the Policy document. In the event of a conflict between the English and Bahasa Malaysia versions, the English version shall prevail.

If an Insured Person switches policy from one insurer to another or from one type of health plan to another, the Waiting Period may start afresh. Any deteriorating health status may also result in imposition of less favourable terms or non-acceptance of application.

The Annual Premium Table is based on standard health status and non-hazardous occupation. Renewal premium will automatically increase as the Insured enters the next age group.

Distributed Exclusively by:



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