


PRODUCT DISCLOSURE SHEET	 LONPAC INSURANCE BHD 199401021735 (307414-T)
	MediSaversVIP Prime (Hospitalisation and Surgical Insurance) 1 July 2024

1. What is this product about?

This is a hospitalisation and surgical insurance policy that provides 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 a higher insurance coverage and an Optional Advanced Outpatient Cancer Treatment Benefit for those who want a more comprehensive coverage for Cancer. The Optional Advanced Outpatient Cancer Treatment Benefit is incorporated on 1st July 2024.

You can choose to add a Deductible of either RM3,000, 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 Deductible shall not be applied to Optional Advanced Outpatient Cancer Treatment Benefit.

The product launch date was 01 July 2021.

2. What are the covers / benefits provided?

This Policy comprises the following Sections:

Section A – Basic Coverage

The benefits provided in Section A are specified in the respective plans under the Schedule of Benefits. 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.

The duration of cover is for one (1) year. You have the option to renew the Policy every year up to 100 years old (age at next birthday) subject to the terms, conditions, and termination at each of the anniversary of the Policy date.

Optional Advanced Outpatient Cancer Treatment

The benefits provided by Optional Advanced Outpatient Cancer Treatment are specified in the Description of Benefit. Extension of this benefit is optional, and the benefit is only valid if the extension is specified in the Policy Schedule.

This Optional Advanced Outpatient Cancer Treatment Benefit will only be applicable to policyholders who have opted for both Section A (Basic Coverage) and Section B (Optional Top-Up Insurance) of MediSaversVIP Prime.

SCHEDULE OF BENEFITS
Section A – BASIC COVERAGE

Section	Benefit	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 are 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 are 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 are 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 are 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 are 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				
7.	Specific Outpatient Treatments	As Charged, subject to reasonable, customary and necessary expenses which are incurred during the policy period			
	a. Outpatient Cancer Treatment				
	b. Optional Advanced Outpatient Cancer Treatment (applicable only if specified in the Policy Schedule)				
	c. Outpatient Kidney Dialysis Treatment				
8.	Other Benefits	As Charged, subject to reasonable, customary and necessary expenses which are incurred during the policy period			
	a. Insured Child's Daily Guardian Benefit				
	b. Sales and Service Tax (where applicable)				
	c. Medical Report Fee, per disability				
	d. Daily Cash Allowance at Malaysian Government Hospital (up to 60 days)	250	200	150	100
9.	If the Insured Person requires inpatient treatment in any of the Company's approved panel of hospitals	Provided by the Company's Appointed Service Provider			
	a. Hospital Admission Assistance				

SCHEDULE OF BENEFITS
Section B – OPTIONAL TOP-UP INSURANCE (on launch date: 01/07/2021)

Section	Benefit	
B	OPTIONAL TOP-UP INSURANCE	
1.	Limits of Coverage	
	a. Room and Board, per day limit incurred during the policy period	As per Basic Plan
	b. Per Disability Limit	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	As Charged, subject to reasonable, customary and necessary expenses which are 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 are 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 are 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 are 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 are 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	
7.	Specific Outpatient Treatments	As Charged, subject to reasonable, customary and necessary expenses which are incurred during the policy period
	a. Outpatient Cancer Treatment	
	b. Optional Advanced Outpatient Cancer Treatment (applicable only if specified in the Policy Schedule)	
	c. Outpatient Kidney Dialysis Treatment	
8.	Other Benefits	As Charged, subject to reasonable, customary and necessary expenses which are incurred during the policy period
	a. Insured Child's Daily Guardian Benefit	
	b. Sales and Service Tax (where applicable)	
	c. Medical Report Fee, per disability	
	d. Daily Cash Allowance at Malaysian Government Hospital (up to 60 days)	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)	Effective Revision Date	New Per Disability Limit (RM)
1/7/2024	1,100,000	1/7/2057	2,200,000
1/7/2027	1,200,000	1/7/2060	2,300,000
1/7/2030	1,300,000	1/7/2063	2,400,000
1/7/2033	1,400,000	1/7/2066	2,500,000
1/7/2036	1,500,000	1/7/2069	2,600,000
1/7/2039	1,600,000	1/7/2072	2,700,000
1/7/2042	1,700,000	1/7/2075	2,800,000
1/7/2045	1,800,000	1/7/2078	2,900,000
1/7/2048	1,900,000	1/7/2081	3,000,000
1/7/2051	2,000,000	1/7/2084	3,100,000
1/7/2054	2,100,000	1/7/2087	3,200,000

The benefit(s) payable under eligible certificate/policy/product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Lonpac Insurance Bhd or PIDM (visit www.pidm.gov.my/en/how-we-protect-you/tips/coverage-for-tips).

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.

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

The premium for standard risk for policies commencing on 1 July 2024 and onwards, until further notice is as per the below Table of Premium:

TABLE OF PREMIUM – WITHOUT DEDUCTIBLE**Table of Annual Premium**

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	3,326.00	2,643.00	2,201.00	1,932.00	148.00
6 years - 10 years	1,861.00	1,483.00	1,238.00	1,089.00	82.00
11 years - 15 years	1,378.00	1,101.00	921.00	810.00	60.00
16 years - 20 years	2,105.00	1,676.00	1,399.00	1,229.00	92.00
21 years - 25 years	2,246.00	1,787.00	1,492.00	1,310.00	100.00
26 years - 30 years	2,518.00	2,003.00	1,670.00	1,467.00	112.00
31 years - 35 years	2,851.00	2,265.00	1,888.00	1,658.00	126.00
36 years - 40 years	3,147.00	2,500.00	2,082.00	1,828.00	140.00
41 years - 45 years	3,366.00	2,673.00	2,226.00	1,954.00	150.00
46 years - 50 years	3,647.00	2,894.00	2,411.00	2,115.00	163.00
51 years - 55 years	4,176.00	3,315.00	2,759.00	2,421.00	187.00
56 years - 60 years	5,308.00	4,211.00	3,503.00	3,072.00	238.00
61 years - 65 years	6,676.00	5,292.00	4,401.00	3,858.00	300.00
66 years - 70 years	9,318.00	7,382.00	6,135.00	5,377.00	420.00
71 years - 75 years (renewal only)	13,469.00	10,666.00	8,861.00	7,765.00	608.00
76 years - 80 years (renewal only)	19,161.00	15,170.00	12,599.00	11,040.00	868.00
81 years - 100 years (renewal only)	27,910.00	22,092.00	18,345.00	16,071.00	1,265.00

Table of Monthly Premium

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	318.70	253.30	210.90	185.20	14.20
6 years - 10 years	178.30	142.10	118.60	104.40	7.90
11 years - 15 years	132.10	105.50	88.30	77.60	5.80
16 years - 20 years	201.70	160.60	134.10	117.80	8.80
21 years - 25 years	215.20	171.30	143.00	125.50	9.60
26 years - 30 years	241.30	192.00	160.00	140.60	10.70
31 years - 35 years	273.20	217.10	180.90	158.90	12.10
36 years - 40 years	301.60	239.60	199.50	175.20	13.40
41 years - 45 years	322.60	256.20	213.30	187.30	14.40
46 years - 50 years	349.50	277.30	231.10	202.70	15.60
51 years - 55 years	400.20	317.70	264.40	232.00	17.90
56 years - 60 years	508.70	403.60	335.70	294.40	22.80
61 years - 65 years	639.80	507.20	421.80	369.70	28.80
66 years - 70 years	893.00	707.40	587.90	515.30	40.30
71 years - 75 years (renewal only)	1,290.80	1,022.20	849.20	744.10	58.30
76 years - 80 years (renewal only)	1,836.30	1,453.80	1,207.40	1,058.00	83.20
81 years - 100 years (renewal only)	2,674.70	2,117.20	1,758.10	1,540.10	121.20

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

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	2,494.50	1,982.25	1,650.75	1,449.00	148.00
6 years - 10 years	1,395.75	1,112.25	928.50	816.75	82.00
11 years - 15 years	1,033.50	825.75	690.75	607.50	60.00
16 years - 20 years	1,578.75	1,257.00	1,049.25	921.75	92.00
21 years - 25 years	1,684.50	1,340.25	1,119.00	982.50	100.00
26 years - 30 years	1,888.50	1,502.25	1,252.50	1,100.25	112.00
31 years - 35 years	2,138.25	1,698.75	1,416.00	1,243.50	126.00
36 years - 40 years	2,360.25	1,875.00	1,561.50	1,371.00	140.00
41 years - 45 years	2,524.50	2,004.75	1,669.50	1,465.50	150.00
46 years - 50 years	2,735.25	2,170.50	1,808.25	1,586.25	163.00
51 years - 55 years	3,132.00	2,486.25	2,069.25	1,815.75	187.00
56 years - 60 years	4,511.80	3,579.35	2,977.55	2,611.20	238.00
61 years - 65 years	5,674.60	4,498.20	3,740.85	3,279.30	300.00
66 years - 70 years	7,920.30	6,274.70	5,214.75	4,570.45	420.00
71 years - 75 years (renewal only)	11,448.65	9,066.10	7,531.85	6,600.25	608.00
76 years - 80 years (renewal only)	16,286.85	12,894.50	10,709.15	9,384.00	868.00
81 years - 100 years (renewal only)	23,723.50	18,778.20	15,593.25	13,660.35	1,265.00

Table of Monthly Premium

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	239.03	189.98	158.18	138.90	14.20
6 years - 10 years	133.73	106.58	88.95	78.30	7.90
11 years - 15 years	99.08	79.13	66.23	58.20	5.80
16 years - 20 years	151.28	120.45	100.58	88.35	8.80
21 years - 25 years	161.40	128.48	107.25	94.13	9.60
26 years - 30 years	180.98	144.00	120.00	105.45	10.70
31 years - 35 years	204.90	162.83	135.68	119.18	12.10
36 years - 40 years	226.20	179.70	149.63	131.40	13.40
41 years - 45 years	241.95	192.15	159.98	140.48	14.40
46 years - 50 years	262.13	207.98	173.33	152.03	15.60
51 years - 55 years	300.15	238.28	198.30	174.00	17.90
56 years - 60 years	432.40	343.06	285.35	250.24	22.80
61 years - 65 years	543.83	431.12	358.53	314.25	28.80
66 years - 70 years	759.05	601.29	499.72	438.01	40.30
71 years - 75 years (renewal only)	1,097.18	868.87	721.82	632.49	58.30
76 years - 80 years (renewal only)	1,560.86	1,235.73	1,026.29	899.30	83.20
81 years - 100 years (renewal only)	2,273.50	1,799.62	1,494.39	1,309.09	121.20

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

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	1,829.30	1,453.65	1,210.55	1,062.60	148.00
6 years - 10 years	1,023.55	815.65	680.90	598.95	82.00
11 years - 15 years	757.90	605.55	506.55	445.50	60.00
16 years - 20 years	1,157.75	921.80	769.45	675.95	92.00
21 years - 25 years	1,235.30	982.85	820.60	720.50	100.00
26 years - 30 years	1,384.90	1,101.65	918.50	806.85	112.00
31 years - 35 years	1,568.05	1,245.75	1,038.40	911.90	126.00
36 years - 40 years	1,730.85	1,375.00	1,145.10	1,005.40	140.00
41 years - 45 years	1,851.30	1,470.15	1,224.30	1,074.70	150.00
46 years - 50 years	2,005.85	1,591.70	1,326.05	1,163.25	163.00
51 years - 55 years	2,296.80	1,823.25	1,517.45	1,331.55	187.00
56 years - 60 years	3,981.00	3,158.25	2,627.25	2,304.00	238.00
61 years - 65 years	5,007.00	3,969.00	3,300.75	2,893.50	300.00
66 years - 70 years	6,988.50	5,536.50	4,601.25	4,032.75	420.00
71 years - 75 years (renewal only)	10,101.75	7,999.50	6,645.75	5,823.75	608.00
76 years - 80 years (renewal only)	14,370.75	11,377.50	9,449.25	8,280.00	868.00
81 years - 100 years (renewal only)	20,932.50	16,569.00	13,758.75	12,053.25	1,265.00

Table of Monthly Premium

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	175.29	139.32	116.00	101.86	14.20
6 years - 10 years	98.07	78.16	65.23	57.42	7.90
11 years - 15 years	72.66	58.03	48.57	42.68	5.80
16 years - 20 years	110.94	88.33	73.76	64.79	8.80
21 years - 25 years	118.36	94.22	78.65	69.03	9.60
26 years - 30 years	132.72	105.60	88.00	77.33	10.70
31 years - 35 years	150.26	119.41	99.50	87.40	12.10
36 years - 40 years	165.88	131.78	109.73	96.36	13.40
41 years - 45 years	177.43	140.91	117.32	103.02	14.40
46 years - 50 years	192.23	152.52	127.11	111.49	15.60
51 years - 55 years	220.11	174.74	145.42	127.60	17.90
56 years - 60 years	381.53	302.70	251.78	220.80	22.80
61 years - 65 years	479.85	380.40	316.35	277.28	28.80
66 years - 70 years	669.75	530.55	440.93	386.48	40.30
71 years - 75 years (renewal only)	968.10	766.65	636.90	558.08	58.30
76 years - 80 years (renewal only)	1,377.23	1,090.35	905.55	793.50	83.20
81 years - 100 years (renewal only)	2,006.03	1,587.90	1,318.58	1,155.08	121.20

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

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	1,330.40	1,057.20	880.40	772.80	148.00
6 years - 10 years	744.40	593.20	495.20	435.60	82.00
11 years - 15 years	551.20	440.40	368.40	324.00	60.00
16 years - 20 years	842.00	670.40	559.60	491.60	92.00
21 years - 25 years	898.40	714.80	596.80	524.00	100.00
26 years - 30 years	1,007.20	801.20	668.00	586.80	112.00
31 years - 35 years	1,140.40	906.00	755.20	663.20	126.00
36 years - 40 years	1,258.80	1,000.00	832.80	731.20	140.00
41 years - 45 years	1,346.40	1,069.20	890.40	781.60	150.00
46 years - 50 years	1,458.80	1,157.60	964.40	846.00	163.00
51 years - 55 years	1,670.40	1,326.00	1,103.60	968.40	187.00
56 years - 60 years	2,919.40	2,316.05	1,926.65	1,689.60	238.00
61 years - 65 years	3,671.80	2,910.60	2,420.55	2,121.90	300.00
66 years - 70 years	5,124.90	4,060.10	3,374.25	2,957.35	420.00
71 years - 75 years (renewal only)	7,407.95	5,866.30	4,873.55	4,270.75	608.00
76 years - 80 years (renewal only)	10,538.55	8,343.50	6,929.45	6,072.00	868.00
81 years - 100 years (renewal only)	15,350.50	12,150.60	10,089.75	8,839.05	1,265.00

Table of Monthly Premium

Age at Next Birthday	Section A (Basic Coverage)				Section B (Optional Top-Up Insurance) (RM)
	Plan 500 (RM)	Plan 300 (RM)	Plan 200 (RM)	Plan 150 (RM)	
30 days - 5 years	127.48	101.32	84.36	74.08	14.20
6 years - 10 years	71.32	56.84	47.44	41.76	7.90
11 years - 15 years	52.84	42.20	35.32	31.04	5.80
16 years - 20 years	80.68	64.24	53.64	47.12	8.80
21 years - 25 years	86.08	68.52	57.20	50.20	9.60
26 years - 30 years	96.52	76.80	64.00	56.24	10.70
31 years - 35 years	109.28	86.84	72.36	63.56	12.10
36 years - 40 years	120.64	95.84	79.80	70.08	13.40
41 years - 45 years	129.04	102.48	85.32	74.92	14.40
46 years - 50 years	139.80	110.92	92.44	81.08	15.60
51 years - 55 years	160.08	127.08	105.76	92.80	17.90
56 years - 60 years	279.79	221.98	184.64	161.92	22.80
61 years - 65 years	351.89	278.96	231.99	203.34	28.80
66 years - 70 years	491.15	389.07	323.35	283.42	40.30
71 years - 75 years (renewal only)	709.94	562.21	467.06	409.26	58.30
76 years - 80 years (renewal only)	1,009.97	799.59	664.07	581.90	83.20
81 years - 100 years (renewal only)	1,471.09	1,164.46	966.96	847.06	121.20

TABLE OF PREMIUM – OPTIONAL ADVANCED OUTPATIENT CANCER TREATMENT BENEFIT**Table of Annual Premium**

Age at Next Birthday	Optional Advanced Outpatient Cancer Treatment Benefit			
	Plan 500 of Section A (Basic Coverage) (RM)	Plan 300 of Section A (Basic Coverage) (RM)	Plan 200 of Section A (Basic Coverage) (RM)	Plan 150 of Section A (Basic Coverage) (RM)
30 days - 5 years	694.80	558.20	469.80	416.00
6 years - 10 years	388.60	313.00	264.00	234.20
11 years - 15 years	287.60	232.20	196.20	174.00
16 years - 20 years	439.40	353.60	298.20	264.20
21 years - 25 years	469.20	377.40	318.40	282.00
26 years - 30 years	526.00	423.00	356.40	315.80
31 years - 35 years	595.40	478.20	402.80	356.80
36 years - 40 years	657.40	528.00	444.40	393.60
41 years - 45 years	703.20	564.60	475.20	420.80
46 years - 50 years	762.00	611.40	514.80	455.60
51 years - 55 years	872.60	700.40	589.20	521.60
56 years - 60 years	1,109.20	889.80	748.20	662.00
61 years - 65 years	1,395.20	1,118.40	940.20	831.60
66 years - 70 years	1,947.60	1,560.40	1,311.00	1,159.40
71 years - 75 years (renewal only)	2,815.40	2,254.80	1,893.80	1,674.60
76 years - 80 years (renewal only)	4,005.80	3,207.60	2,693.40	2,381.60
81 years - 100 years (renewal only)	5,835.00	4,671.40	3,922.00	3,467.20

Table of Monthly Premium

Age at Next Birthday	Optional Advanced Outpatient Cancer Treatment Benefit			
	Plan 500 of Section A (Basic Coverage) (RM)	Plan 300 of Section A (Basic Coverage) (RM)	Plan 200 of Section A (Basic Coverage) (RM)	Plan 150 of Section A (Basic Coverage) (RM)
30 days - 5 years	66.58	53.50	45.02	39.88
6 years - 10 years	37.24	30.00	25.30	22.46
11 years - 15 years	27.58	22.26	18.82	16.68
16 years - 20 years	42.10	33.88	28.58	25.32
21 years - 25 years	44.96	36.18	30.52	27.02
26 years - 30 years	50.40	40.54	34.14	30.26
31 years - 35 years	57.06	45.84	38.60	34.20
36 years - 40 years	63.00	50.60	42.58	37.72
41 years - 45 years	67.40	54.12	45.54	40.34
46 years - 50 years	73.02	58.58	49.34	43.66
51 years - 55 years	83.62	67.12	56.46	49.98
56 years - 60 years	106.30	85.28	71.70	63.44
61 years - 65 years	133.72	107.20	90.12	79.70
66 years - 70 years	186.66	149.54	125.64	111.12
71 years - 75 years (renewal only)	269.82	216.10	181.50	160.48
76 years - 80 years (renewal only)	383.90	307.40	258.12	228.24
81 years - 100 years (renewal only)	559.18	447.68	375.86	332.26

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 (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:

- 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 dependant based on the definition of the policy
- f) the Insured Person attains the coverage age limit specified
- g) 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 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

Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries is not covered. The Waiting Period shall mean the first thirty (30) days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

Upgraded Room and Board Co-Payment

If the Insured Person is hospitalised at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

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.

Residence Overseas

No benefit whatsoever shall be payable for any medical treatment received by the Insured Person outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.

Claims Procedures

- a. The Insured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- b. The Insured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

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 is Optional Advanced Outpatient Cancer Treatment Benefit?

This product also provides an optional coverage for Advanced Outpatient Cancer Treatment including but not be limited to Chemotherapy, Radiotherapy, Targeted Therapy, Immunotherapy and Hormonal Therapy.

This shall include specialist consultations, related examinations, laboratory and/or diagnostic tests, and Cancer medications, provided that such consultations, examinations, tests, and medications are performed/prescribed on the day the Outpatient Cancer Treatment is rendered and by the same specialist who prescribed the Outpatient Cancer Treatment.

This benefit also reimburses expenses incurred for specialist consultations, related examinations, and laboratory and/or diagnostic tests within 31 days prior to the first Outpatient Cancer Treatment session. Payment will not be made for any subsequent consultations, examinations, and laboratory and/or diagnostic tests after diagnosis of Cancer has been confirmed.

In addition, this benefit also covers Cancer-related Molecular Profiling which aims at assisting Specialist in selecting optimal Cancer treatments for diagnosed Cancer patients, including the cost of laboratory preparation of tissue sample, up to a Lifetime Limit of RM15,000. Genetic Testing which primarily screens for gene mutations in individuals without a Cancer diagnosis is excluded.

This benefit shall not cover any claim whereby the signs and/or symptoms first occur within the first one hundred and twenty (120) days, from the date this benefit is first covered. Surveillance and prevention of Cancer shall not be covered.

This is an optional coverage and is subject to an additional premium as specified by Lonpac Insurance Bhd.

Note:

Please refer to the Policy contract for the full list of terms and conditions under this benefit.

8. 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.

9. 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 follow:

<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

10. 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 the risk profile.

11. 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:

12. 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 01.07.2024.