



LONPAC INSURANCE

MediSecure Centurial

Hospitalisation and Surgical
Insurance

**The medical protection
that matters most when
you need it.**



lonpac.com

LIVING SECURE

Lonpac Insurance Bhd is a member of PIDM

The benefit(s) payable under eligible product is 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)

ARE YOU PREPARED FOR RISING HEALTHCARE COST?

The cost of hospitalisation and surgery has been increasing rapidly and having insufficient insurance protection could put you in serious financial predicament.

Private healthcare cost is constantly increasing and the rate of medical inflation is higher than normal inflation. Is your insurance policy designed to cater for medical inflation?

SIMPLE SOLUTION TO A COMPLICATED PROBLEM

With MediSecure Centurial, you can have peace of mind knowing that your insurance is designed to cater for medical inflation. You may choose from 10 different plans based on your needs and affordability.

The plans are only subject to Room and Board Rate and Overall Annual Limit. There is no Per Disability Limit or Lifetime Limit. The respective benefits mentioned under the '**Description of Benefits**' below (other than Room and Board) are not subject to any sub-limits.

SCHEDULE OF BENEFITS (on launch date 1 April 2016)										
Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
Room and Board, daily limit incurred during the policy period of insurance	1,000	900	800	700	600	500	400	300	200	100
Overall Annual Limit	500,000	450,000	400,000	350,000	300,000	250,000	200,000	150,000	100,000	50,000

SCHEDULE OF BENEFITS (from 1 April 2025 to 31 March 2028)										
Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
Room and Board, daily limit incurred during the policy period of insurance	1,300	1,170	1,040	910	780	650	520	390	260	130
Overall Annual Limit	650,000	585,000	520,000	455,000	390,000	325,000	260,000	195,000	130,000	65,000

DESCRIPTION OF BENEFITS

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, limited 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, subject to daily limit
- 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.

- a. Ambulance Fees, incurred during the policy period of insurance

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 Overall Annual Limit.

- a. Organ Transplant
- b. Sales and Services Tax (where applicable)
- c. Medical Report Fee
- d. Nursing at Home
- e. Outpatient Cancer Treatment
- f. Outpatient Kidney Dialysis Treatment

If the patient needs to be hospitalised or surgically treated, you may call our 24-Hour Call Centre.

- a. Hospital Admission Assistance

WHAT IS SO SPECIAL?

You will find in this policy many features not found in other hospitalisation and surgical insurance policies. They include the following:-

- **Comprehensive Coverage**

Claims are paid as charged, subject to reasonable, customary and necessary charges.

- **Limits of Coverage Increases Every Three Years**

Room and Board Limit and Overall Annual Limit increase by 10% of the respective original limits every three years.

- **No Per Disability Limit and No Lifetime Limit**

The policy is subject to an Overall Annual Limit only. The Overall Annual Limit is applicable to each policy year. You can claim for treatment of the same disability without a Per Disability Limit. There is no Lifetime Limit so you can continue to be insured until 31 March 2116.

- **No Age Limit for Renewal**

This insurance product is valid for 100 years and will be in existence from 1 April 2016 to 31 March 2116. Each policy is renewable annually at the option of the Policyholder. Last entry age is 70 years next birthday. Once accepted, you can continue to renew your policy until 31 March 2116. Furthermore, the Company cannot refuse the renewal of the Policy and cannot impose new terms or exclusions.

- **Portfolio Pricing of Premium**

Premium is non-guaranteed and will be revised every three years to cater for increased coverage and medical inflation. Increase in premium will be on a portfolio basis and policyholders who have claimed on the Policy will not be singled out to pay more premium than others by the imposition of additional premium loadings during renewal.

- **Unisex Premium Rates**

Premiums are age-banded but there is no distinction between male and female premium rates.

- **Outpatient Cancer Treatment**

The Policy covers radiotherapy or chemotherapy treatment (excluding consultation, examination tests and take home drugs) as part of the Overall Annual Limit and is not subject to any sub-limit.

- **Outpatient Kidney Dialysis Treatment**

The Policy covers kidney dialysis treatment (excluding consultation, examination tests and take home drugs) as part of the Overall Annual Limit and is not subject to any sub-limit.

- **Hospital Admission Assistance**

Our appointed service provider will provide assistance during hospital admission and arrange for payment to the approved panel of hospitals.

VALIDITY OF POLICY

This insurance product is launched on 1 April 2016 and will be valid for 100 years from the launch date.

CASH-BEFORE-COVER

This insurance product is sold on a Cash-Before-Cover basis. Full premium must be paid before the effective date of the policy.

PREMIUM PAYABLE

The premium applicable is based on the age next birthday and is payable annually at the rate applicable during renewal.

The premium published in this brochure is valid as from 1 April 2025 to 31 March 2028 and is for standard risks only. Premium loading may be charged to non-standard risks.

The renewal premium will be automatically adjusted as the Insured Person enters the next age group.

The annual premium rate is non-guaranteed and will be revised every three (3) years. The Company will give thirty (30) days written notice prior to Policy renewal in the event of premium revision.

You can choose to pay your premium on a monthly payment frequency but this is only available by way of a standing instruction to pay from a Credit Card. Monthly payment frequency is not allowed for monthly premium payment less than RM50.00.

TABLE OF ANNUAL PREMIUM (For policies commencing between 1 April 2025 and 31 March 2028)										
Age Next Birthday	Plan 1 RM	Plan 2 RM	Plan 3 RM	Plan 4 RM	Plan 5 RM	Plan 6 RM	Plan 7 RM	Plan 8 RM	Plan 9 RM	Plan 10 RM
30 days - 18 years	1,836	1,742	1,642	1,568	1,453	1,333	1,287	1,189	1,099	956
19 years - 25 years	1,837	1,742	1,641	1,567	1,450	1,329	1,284	1,125	1,041	903
26 years - 30 years	1,860	1,762	1,659	1,582	1,465	1,340	1,293	1,131	1,046	906
31 years - 35 years	2,082	1,974	1,858	1,772	1,640	1,500	1,447	1,266	1,168	1,010
36 years - 40 years	2,587	2,449	2,301	2,190	2,020	1,843	1,772	1,538	1,412	1,210
41 years - 45 years	3,214	3,042	2,857	2,718	2,506	2,284	2,196	1,900	1,746	1,490
46 years - 50 years	3,994	3,776	3,543	3,366	3,099	2,818	2,703	2,325	2,130	1,809
51 years - 55 years	5,157	4,874	4,572	4,342	3,996	3,632	3,482	2,990	2,737	2,319
56 years - 60 years	7,024	6,633	6,218	5,900	5,424	4,923	4,713	4,034	3,684	3,110
61 years - 65 years	9,840	9,288	8,701	8,252	7,579	6,873	6,576	5,606	5,115	4,304
66 years - 70 years	12,526	11,820	11,068	10,491	9,630	8,725	8,340	7,098	6,465	5,424
71 years - 75 years (renewal only)	16,618	15,679	14,682	13,915	12,771	11,568	11,056	9,404	8,566	7,180
76 years - 80 years (renewal only)	21,806	20,572	19,262	18,254	16,750	15,171	14,498	12,324	11,226	9,404
81 years and above (renewal only)	34,837	32,857	30,753	29,132	26,721	24,186	23,101	19,598	17,838	14,913

TABLE OF MONTHLY PREMIUM (For policies commencing between 1 April 2025 and 31 March 2028)										
Age Next Birthday	Plan 1 RM	Plan 2 RM	Plan 3 RM	Plan 4 RM	Plan 5 RM	Plan 6 RM	Plan 7 RM	Plan 8 RM	Plan 9 RM	Plan 10 RM
30 days - 18 years	162.10	153.80	145.00	138.50	128.30	117.70	113.60	105.00	97.00	84.40
19 years - 25 years	162.20	153.80	144.90	138.40	128.00	117.30	113.40	99.30	91.90	79.70
26 years - 30 years	164.30	155.60	146.50	139.70	129.40	118.30	114.20	99.90	92.30	80.00
31 years - 35 years	183.90	174.30	164.10	156.50	144.80	132.50	127.80	111.80	103.10	89.20
36 years - 40 years	228.50	216.30	203.20	193.40	178.40	162.70	156.50	135.80	124.70	106.80
41 years - 45 years	283.90	268.70	252.30	240.00	221.30	201.70	193.90	167.80	154.20	131.60
46 years - 50 years	352.80	333.50	312.90	297.30	273.70	248.90	238.70	205.30	188.10	159.70
51 years - 55 years	455.50	430.50	403.80	383.50	352.90	320.80	307.50	264.10	241.70	204.80
56 years - 60 years	620.40	585.90	549.20	521.10	479.10	434.80	416.30	356.30	325.40	274.70
61 years - 65 years	869.20	820.40	768.50	728.90	669.40	607.10	580.80	495.10	451.80	380.10
66 years - 70 years	1,106.40	1,044.10	977.60	926.70	850.60	770.70	736.70	626.90	571.00	479.10
71 years - 75 years (renewal only)	1,467.90	1,384.90	1,296.90	1,229.10	1,128.10	1,021.80	976.60	830.60	756.60	634.20
76 years - 80 years (renewal only)	1,926.10	1,817.10	1,701.40	1,612.40	1,479.50	1,340.10	1,280.60	1,088.60	991.60	830.60
81 years and above (renewal only)	3,077.20	2,902.30	2,716.50	2,573.30	2,360.30	2,136.40	2,040.50	1,731.10	1,575.60	1,317.30

WHAT IS NOT COVERED

The Policy does not cover pre-existing disabilities and other exclusions specified under the Policy. Medical treatment received by an Insured Person outside Malaysia is not covered if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days prior to treatment overseas.

PANEL OF HOSPITALS IN MALAYSIA

With Hospital Admission Assistance, you will be able to seek treatment in more than 100 private hospitals in Malaysia with the assistance of our appointed service provider. For treatment in the panel of hospitals, you only need to pay the hospitals for non-payable expenses. We will pay directly to the hospitals all eligible treatment costs.

ELECTIVE TREATMENT IN SINGAPORE AND BRUNEI

With a premium loading of 20%, you may elect to be treated in Singapore or Brunei for a disability that can be treated in Malaysia but the payment of the claims will be in accordance with the Elective Treatment Clause.

HOW TO APPLY FOR INSURANCE

As long as you are legally qualified to enter into a contract, you may apply to insure yourself, your spouse, your children or your parents. Each person will be insured under a separate policy. The last entry age of a person to be insured is 70 years next birthday. Dependant children between the ages of 30 days and 18 years (up to 23 years if full-time student) may also be insured.

COOLING-OFF PERIOD

If this Policy shall have been issued and for any reason whatsoever You shall decide not to take up the Policy, You may return the Policy to the Company for cancellation provided such request for cancellation is delivered by You to the Company within fifteen (15) days from the date of delivery of the Policy. You are entitled to the refund of the full premium paid less deduction of medical expenses (medical examinations or medical report fees) incurred by the Company in the issuance of the Policy.

Important Notes

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 and Pre-existing Illness may start afresh. Any deteriorating health status may also result in the imposition of less favourable terms or non-acceptance of application.



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