



LONPAC INSURANCE

MediSecure Plus 2015

Hospitalisation and Surgical Insurance
(Major Medical Expenses Insurance)





Are you prepared for rising healthcare cost?

Private healthcare cost has been rising at more than twice the normal inflation rate. With better healthcare, people are living longer, but with unhealthy lifestyle resulting in poor health, there is a need to spend more on healthcare. Many try to prepare for their healthcare cost by buying medical insurance. However, buying medical insurance is not enough. What we need is the right kind of medical insurance.

Who will pay for your healthcare cost when you retire?

Your employer may insure you under a Group Hospitalisation and Surgical Insurance policy, but the insurance coverage is limited and insufficient to meet the cost of hospitalisation and surgery. Furthermore, when you retire, you are no longer protected by the Group Hospitalisation and Surgical Insurance policy. At the time of your retirement, you may no longer qualify to purchase your own medical insurance policy due to age or poor health.

We have the answer to your needs

With MediSecure Plus 2015, you can “top-up” your hospitalisation and surgical insurance and be prepared for any major medical treatment. MediSecure Plus 2015 acts as an insurance of last resort to take care of the shortfall after you have exhausted all other avenues of compensation from other insurances.

Lower premium because of deductible

Premium is lower because the claims are subject to a deductible per disability.

What is so special about MediSecure Plus 2015?

Comprehensive Coverage

As charged benefits

Claims are paid as charged, subject to reasonable, customary, and necessary charges but are subjected to a Per Disability Limit and Deductible Per Disability.

Additional benefits

Other benefits payable include Organ Transplant, Sales and Services Tax (if applicable), Medical Report Fee, Nursing at Home, Outpatient Cancer Treatment and Outpatient Kidney Dialysis Treatment.

Caters for inflation

Automatic increase in limits

Room and Board Rates, Per Disability Limit, Overall Annual Limit and Deductible Per Disability increases automatically by 10% every three years.

- Increase is automatic
- Increase is not subject to re-underwriting
- Increase is irrespective of claims experience, except for disability for which a claim has already been intimated

Certainty of coverage

Guaranteed renewability

Policy is renewable at the option of the Policyholder. During renewal, the terms and conditions of coverage shall not be amended.

No unilateral amendment

No amendment to this Policy shall be valid unless mutually agreed upon by the Company and the Policyholder.

No lifetime limit

Although there is no Lifetime Limit, claims are subject to the Per Disability Limit and Overall Annual Limit.

No age limit for renewal

The policy is valid until 30 June 2115 and is renewable annually at the option of the Policyholder. Last entry age is 70 years at next birthday. Once accepted, you can continue to renew your policy with no age limit. Furthermore, the Company cannot refuse the renewal of the Policy and cannot impose new terms or exclusions.

No portfolio withdrawal condition

The product cannot be withdrawn during the validity period which ends on 30 June 2115.

Affordability and fairness of premium

Fixed date for premium review

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

Portfolio pricing of premium

Premium changes, if any, shall be applicable to all policyholders irrespective of their claims experience and shall be in accordance with the Company's risk assessment.

Unisex premium rates

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

Convenience during claims

Hospital Admission Assistance

Our appointed service provider will provide assistance during hospital admission and arrange for payment to the approved panel of hospitals. Payment for hospitalisation and surgery are subjected to Deductible and Per Disability Limit.

Choice of plans

You have a choice of six plans and may purchase this Policy as a “stand-alone” Policy or as a “top-up” Policy. You should ensure that the plan you purchase meets your needs and affordability.

Premium payable

The premium applicable is based on the age at next birthday and is payable annually at the rate applicable during renewal, but you may choose the monthly premium payment frequency for ease of cash flow.

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

The renewal premium will automatically increase as the Insured Person enters the next age band.

The premium published in this brochure is for standard risks only and premium loading may be charged to non-standard risks. Premium rate is non-guaranteed and will be revised every three years.

Validity of policy

This insurance product was launched on 1 July 2015 and will be valid until 30 June 2115.

What is not covered

The Policy does not cover pre-existing disabilities and other exclusions contained in the Policy. Treatment for illnesses is not covered during the first thirty (30) days of 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.

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 LONPAC INSURANCE BHD for cancellation provided such request for cancellation is delivered by You to LONPAC INSURANCE BHD within fifteen (15) days from the date of delivery of the Policy. You are entitled to the return of the full premium paid less deduction of medical expenses (medical examination or medical report fees) incurred by LONPAC INSURANCE BHD in the issuance of the Policy.

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 to the hospitals the deductible (where applicable) and other non-payable expenses. We will pay directly to the hospitals all eligible treatment costs.

Who can 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, your parents or your employee. Each person will be insured under a separate Policy.

The last entry age of a person to be insured is 70 years at next birthday.

Dependent children between the ages of 30 days and 18 years (up to 23 years if full-time student) may also be insured.

Schedule of Benefits (On Launch Date: 1 July 2015)						
Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
Section A: Hospitalisation and Surgical Expenses						
Before the patient is admitted to hospital or surgically treated in a hospital > Pre-Surgical Consultation & Diagnosis > Pre-Hospital Specialist Consultation > Pre-Hospital Diagnostic Tests	As Charged, subject to reasonable, customary and necessary expenses which is incurred within 31 days prior to hospital admission or surgery					
When the patient is being treated as a bed-paying patient in a hospital or is surgically treated > Intensive Care Unit > Hospital Supplies & Services > Surgical Fees (including Anaesthetist & Operating Theatre Fees) > In-Hospital Physician Visit not exceeding two visits a day	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
After the patient is discharged from hospital for a non-surgical treatment > Post Hospitalisation Treatment	As Charged, subject to reasonable, customary and necessary expenses which is incurred up to 60 days from the date of discharge from the hospital					
If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis > Ambulance Fees	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
Other Benefits > Organ Transplant > Sales and Services Tax (where applicable) > Medical Report Fee > Nursing at Home	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
Section B: Specific Outpatient Treatments						
Outpatient Cancer Treatment, per disability	240,000	180,000	120,000	60,000	30,000	25,000
Outpatient Kidney Dialysis Treatment, per disability	240,000	180,000	120,000	60,000	30,000	25,000
Limits of Coverage (Section A & B)						
Room & Board, per day limit incurred during the policy period	2,000	1,500	1,000	500	400	300
Deductible Per Disability	40,000	30,000	20,000	10,000	7,500	5,000
Per Disability Limit	1,000,000	750,000	500,000	200,000	100,000	75,000
Overall Annual Limit	2,000,000	1,500,000	1,000,000	400,000	200,000	150,000

Schedule of Benefits (from 1 July 2024 to 30 June 2027)						
Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
Section A: Hospitalisation and Surgical Expenses						
Before the patient is admitted to hospital or surgically treated in a hospital > Pre-Surgical Consultation & Diagnosis > Pre-Hospital Specialist Consultation > Pre-Hospital Diagnostic Tests	As Charged, subject to reasonable, customary and necessary expenses which is incurred within 31 days prior to hospital admission or surgery					
When the patient is being treated as a bed-paying patient in a hospital or is surgically treated > Intensive Care Unit > Hospital Supplies & Services > Surgical Fees (including Anaesthetist & Operating Theatre Fees) > In-Hospital Physician Visit not exceeding two visits a day	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
After the patient is discharged from hospital for a non-surgical treatment > Post Hospitalisation Treatment	As Charged, subject to reasonable, customary and necessary expenses which is incurred up to 60 days from the date of discharge from the hospital					

Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
Section A: Hospitalisation and Surgical Expenses (Con't)						
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					
> Ambulance Fees						
Other Benefits	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
> Organ Transplant						
> Sales and Services Tax (where applicable)						
> Medical Report Fee						
> Nursing at Home						
Section B: Specific Outpatient Treatments						
Outpatient Cancer Treatment, per disability	240,000	180,000	120,000	60,000	30,000	25,000
Outpatient Kidney Dialysis Treatment, per disability	240,000	180,000	120,000	60,000	30,000	25,000
Limits of Coverage (Section A & B)						
Room & Board, per day limit incurred during the policy period	2,600	1,950	1,300	650	520	390
Deductible Per Disability	52,000	39,000	26,000	13,000	9,750	6,500
Per Disability Limit	1,300,000	975,000	650,000	260,000	130,000	97,500
Overall Annual Limit	2,600,000	1,950,000	1,300,000	520,000	260,000	195,000

Table of Annual Premium (from 1 July 2024 to 30 June 2027)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
30 days - 18 years	863.00	812.00	653.00	551.00	285.00	283.00
19 years - 25 years	963.00	904.00	729.00	613.00	320.00	313.00
26 years - 35 years	1,134.00	1,065.00	859.00	720.00	359.00	353.00
36 years - 45 years	1,268.00	1,189.00	959.00	803.00	465.00	457.00
46 years - 55 years	1,372.00	1,288.00	1,037.00	869.00	656.00	644.00
56 years - 60 years	1,924.00	1,807.00	1,450.00	1,213.00	987.00	971.00
61 years - 65 years	2,773.00	2,601.00	2,086.00	1,745.00	1,480.00	1,448.00
66 years - 70 years	4,073.00	3,819.00	3,062.00	2,556.00	2,386.00	2,309.00
71 years - 75 years (renewal only)	4,610.00	4,325.00	3,466.00	2,893.00	2,700.00	2,613.00
76 years - 80 years (renewal only)	6,210.00	5,825.00	4,664.00	3,893.00	3,632.00	3,514.00
Above 80 years (renewal only)	7,557.00	7,085.00	5,674.00	5,205.00	4,783.00	4,556.00

Table of Monthly Premium (from 1 July 2024 to 30 June 2027)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
30 days - 18 years	80.50	75.80	60.90	51.40	26.60	26.40
19 years - 25 years	89.90	84.40	68.00	57.20	29.90	29.20
26 years - 35 years	105.80	99.40	80.20	67.20	33.50	32.90
36 years - 45 years	118.30	111.00	89.50	74.90	43.40	42.70
46 years - 55 years	128.10	120.20	96.80	81.10	61.20	60.10
56 years - 60 years	179.60	168.70	135.30	113.20	92.10	90.60
61 years - 65 years	258.80	242.80	194.70	162.90	138.10	135.10
66 years - 70 years	380.10	356.40	285.80	238.60	222.70	215.50
71 years - 75 years (renewal only)	430.30	403.70	323.50	270.00	252.00	243.90
76 years - 80 years (renewal only)	579.60	543.70	435.30	363.30	339.00	328.00
Above 80 years (renewal only)	705.30	661.30	529.60	485.80	446.40	425.20

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

Important Notes

1. Lonic Insurance Bhd is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia to transact all classes of general insurance business.
2. 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.
3. 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 imposition of less favourable terms or non-acceptance of application.
4. The Table of Premium is based on standard health status and occupational risk. Renewal premium will automatically increase as the Insured Person enters the next age group.
5. 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

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