

# PRODUCT DISCLOSURE SHEET



LONPAC INSURANCE BHD 199401021735 (307414-T)

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

MediSecure Centurial  
(Hospitalisation and Surgical Insurance)

1 April 2025

## 1. What is this product about?

This is an individual medical insurance product providing for expenses incurred due to hospitalisation or surgery.

## 2. What are the covers / benefits provided?

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

This product shall only be valid for 100 years from the launch date. The launch date is 1 April 2016 and the product will no longer be valid after 31 March 2116.

The Room and Board Limit and Overall Annual Limit will increase every three years as stipulated in the Schedule of Limits. The respective new limits will only apply to new policies issued or policies renewed on or after the effective date of the respective increase in limits.

The effective limits for policies commencing from 1 April 2025 till 31 March 2028 are as follows:

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

Example:

Mr. Tan purchases Plan 8 on 1 April 2025. His insurance coverage will be as follows:

Revision Effective Date	Room and Board (RM)	Overall Annual Limit (RM)
1/4/2025	390	195,000
1/4/2028	420	210,000
1/4/2031	450	225,000
1/4/2034	480	240,000
1/4/2037	510	255,000
1/4/2040	540	270,000
1/4/2043	570	285,000
1/4/2046	600	300,000
1/4/2049	630	315,000
1/4/2052	660	330,000
1/4/2055	690	345,000
1/4/2058	720	360,000
1/4/2061	750	375,000
1/4/2064	780	390,000
1/4/2067	810	405,000

Revision Effective Date	Room and Board (RM)	Overall Annual Limit (RM)
1/4/2070	840	420,000
1/4/2073	870	435,000
1/4/2076	900	450,000
1/4/2079	930	465,000
1/4/2082	960	480,000
1/4/2085	990	495,000
1/4/2088	1,020	510,000
1/4/2091	1,050	525,000
1/4/2094	1,080	540,000
1/4/2097	1,110	555,000
1/4/2100	1,140	570,000
1/4/2103	1,170	585,000
1/4/2106	1,200	600,000
1/4/2109	1,230	615,000
1/4/2112	1,260	630,000

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 premiums shall be applicable at the time of renewal.

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

## 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

## 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

### 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 the next birthday age of the Insured but a premium loading may apply depending on underwriting requirements of LONPAC INSURANCE BHD.

Renewal premium will automatically be adjusted on entering the next age group. Premium may also be adjusted should there be changes to your occupation at the time of renewal.

The 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 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.

The premium for standard risk is as per the Table of Premium:

**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

#### 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.

#### 4. What are the fees and charges that I have to pay?

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Commission to the insurance agent (included in Gross Premium)</li> <li>• Service Tax</li> <li>• Stamp Duty</li> </ul> | <p>15% of Gross Premium<br/>0% (if the Policyholder is an Individual)<br/>8% (if the Policyholder is a Company)<br/>RM10</p> |
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## 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.

### 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 refund of the full premium paid less deduction of medical expenses (medical examinations or medical report fees) 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 accidents. 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 your eligible benefit.

### Upgraded Policies

If you choose to replace your existing policy with a higher plan, you will need to submit a new **Proposal Form** and the **Takeover Policy Form**. Your application will be re-underwritten and a new policy will be issued as your existing policy only guarantees renewal subject to no change in plan, terms and conditions. The Takeover Policy Condition may be applicable at the discretion of the Company.

### 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 required quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aromatherapy or other alternative treatment.
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
- Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
- Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex change.

## 8. Can I cancel my policy?

You may cancel the policy at any time by giving written notice to us. Provided that no claim(s) have been made during the policy year, you shall be entitled to a refund of the premium as 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

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

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

## 10. Where can I get further information?

If you have any enquiries, please contact us at:

**Customer Service Department**  
**Lonpac Insurance Bhd**  
**9<sup>th</sup> Floor, Bangunan Public Bank**  
**6 Jalan Sultan Sulaiman**  
**50000 Kuala Lumpur**  
**Tel : 03 2262 8666**  
**Fax : 03 2715 1332**  
**E-mail : [customerservice@lonpac.com](mailto:customerservice@lonpac.com)**  
**Website: [www.lonpac.com](http://www.lonpac.com)**

**Authorised agent:**

## 11. Other types of Hospitalisation and Surgical Insurance cover

- MediSecure Plus 2015
- MediSecure Booster
- Medisecure
- Medisecure Kasih

### 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 1.4.2025.