

PRODUCT DISCLOSURE SHEET



LONPAC INSURANCE BHD 199401021735 (307414-T)

Please read this Product Disclosure Sheet before you decide to take out *MediSecure Plus 2015*. Be sure to also read the general terms and conditions.

MediSecure Plus 2015
(Major Medical Expenses Insurance)

01 July 2021 to 30 June 2024

1. What is this product about?

This is a major medical insurance product providing "Top-Up" insurance for those whose hospitalisation and surgical insurance is insufficient to meet current healthcare costs.

It is a Policy of last resort which will only make payment after all avenues of compensation from other medical insurance policies have been fully utilised.

The product may also serve as a very affordable basic hospitalisation and surgical insurance Policy for those who are prepared to self-fund the amount of the deductible.

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 01 July 2015 and the product will no longer be valid after 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)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
Room & Board	2,400	1,800	1,200	600	480	360
Deductible Per Disability	48,000	36,000	24,000	12,000	9,000	6,000
Per Disability Limit	1,200,000	900,000	600,000	240,000	120,000	90,000
Overall Annual Limit	2,400,000	1,800,000	1,200,000	480,000	240,000	180,000
Outpatient Cancer Treatment	240,000	180,000	120,000	60,000	30,000	25,000
Outpatient Kidney Dialysis	240,000	180,000	120,000	60,000	30,000	25,000

Example:

Mr. Tan purchases Plan 4 on 01 July 2015. His insurance coverage will be as follows:

Revision Effective Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1/7/2015	RM500	RM10,000	RM200,000	RM400,000
1/7/2018	RM550	RM11,000	RM220,000	RM440,000
1/7/2021	RM600	RM12,000	RM240,000	RM480,000
1/7/2024	RM650	RM13,000	RM260,000	RM520,000
1/7/2027	RM700	RM14,000	RM280,000	RM560,000
1/7/2030	RM750	RM15,000	RM300,000	RM600,000
1/7/2033	RM800	RM16,000	RM320,000	RM640,000
1/7/2036	RM850	RM17,000	RM340,000	RM680,000
1/7/2039	RM900	RM18,000	RM360,000	RM720,000
1/7/2042	RM950	RM19,000	RM380,000	RM760,000
1/7/2045	RM1,000	RM20,000	RM400,000	RM800,000
1/7/2048	RM1,050	RM21,000	RM420,000	RM840,000
1/7/2051	RM1,100	RM22,000	RM440,000	RM880,000
1/7/2054	RM1,150	RM23,000	RM460,000	RM920,000
1/7/2057	RM1,200	RM24,000	RM480,000	RM960,000
1/7/2060	RM1,250	RM25,000	RM500,000	RM1,000,000
1/7/2063	RM1,300	RM26,000	RM520,000	RM1,040,000
1/7/2066	RM1,350	RM27,000	RM540,000	RM1,080,000
1/7/2069	RM1,400	RM28,000	RM560,000	RM1,120,000
1/7/2072	RM1,450	RM29,000	RM580,000	RM1,160,000
1/7/2075	RM1,500	RM30,000	RM600,000	RM1,200,000
1/7/2078	RM1,550	RM31,000	RM620,000	RM1,240,000
1/7/2081	RM1,600	RM32,000	RM640,000	RM1,280,000
1/7/2084	RM1,650	RM33,000	RM660,000	RM1,320,000
1/7/2087	RM1,700	RM34,000	RM680,000	RM1,360,000
1/7/2090	RM1,750	RM35,000	RM700,000	RM1,400,000
1/7/2093	RM1,800	RM36,000	RM720,000	RM1,440,000
1/7/2096	RM1,850	RM37,000	RM740,000	RM1,480,000
1/7/2099	RM1,900	RM38,000	RM760,000	RM1,520,000
1/7/2102	RM1,950	RM39,000	RM780,000	RM1,560,000
1/7/2105	RM2,000	RM40,000	RM800,000	RM1,600,000
1/7/2108	RM2,050	RM41,000	RM820,000	RM1,640,000
1/7/2111	RM2,100	RM42,000	RM840,000	RM1,680,000
1/7/2114	RM2,150	RM43,000	RM860,000	RM1,720,000

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	Description of Benefits (on launch date)	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
A HOSPITALISATION AND SURGICAL EXPENSES							
Before the patient is admitted to hospital or surgically treated in a hospital							
	a. Pre-Surgical Consultation & Diagnosis						
	b. Pre-Hospital Specialist Consultation	As Charged, subject to reasonable, customary and necessary expenses which is incurred within 31 days prior to hospital admission or surgery					
	c. Pre-Hospital Diagnostic Tests						
When the patient is being treated as a bed-paying patient in a hospital or is surgically treated							
	a. Intensive Care Unit						
	b. Hospital Supplies & Services						
	c. Surgical Fees (including Anaesthetist & Operating Theatre Fees)	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
	d. In-Hospital Physician Visit not exceeding two visits a day						
After the patient is discharged from hospital for a non-surgical treatment							
	a. 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							
	a. Ambulance Fees	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
Other Benefits							
	a. Organ Transplant						
	b. Goods and Services Tax (where applicable)	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
	c. Medical Report Fee						
	d. Nursing at home						
B SPECIFIC OUTPATIENT TREATMENTS							
	Outpatient Cancer Treatment, per disability	240,000	180,000	120,000	60,000	30,000	25,000
	Outpatient Kidney Dialysis, per disability	240,000	180,000	120,000	60,000	30,000	25,000
LIMITS OF COVERAGE (Section A & B)							
	a. Room & Board, per day limit incurred during the policy period	2,000	1,500	1,000	500	400	300
	b. Deductible Per Disability	40,000	30,000	20,000	10,000	7,500	5,000
	c. Per Disability Limit	1,000,000	750,000	500,000	200,000	100,000	75,000
	d. Overall Annual Limit	2,000,000	1,500,000	1,000,000	400,000	200,000	150,000

Important Note:

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:-

- 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 increased deductible and limits will not be applicable to claims already reported.

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 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 payment less than RM50.00.

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)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
30 days - 18 years	750.00	706.00	568.00	479.00	248.00	246.00
19 years - 25 years	837.00	786.00	634.00	533.00	278.00	272.00
26 years - 35 years	986.00	926.00	747.00	626.00	312.00	307.00
36 years - 45 years	1,103.00	1,034.00	834.00	698.00	404.00	397.00
46 years - 55 years	1,193.00	1,120.00	902.00	756.00	570.00	560.00
56 years - 60 years	1,673.00	1,571.00	1,261.00	1,055.00	858.00	844.00
61 years - 65 years	2,411.00	2,262.00	1,814.00	1,517.00	1,287.00	1,259.00
66 years - 70 years	3,542.00	3,321.00	2,663.00	2,223.00	2,075.00	2,008.00
71 years - 75 years (renewal only)	4,009.00	3,761.00	3,014.00	2,516.00	2,348.00	2,272.00
76 years - 80 years (renewal only)	5,400.00	5,065.00	4,056.00	3,385.00	3,158.00	3,056.00
Above 80 years (renewal only)	6,571.00	6,161.00	4,934.00	4,526.00	4,159.00	3,962.00

Table of Monthly Premium

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	70.00	65.90	53.00	44.70	23.10	23.00
19 years - 25 years	78.10	73.40	59.20	49.70	25.90	25.40
26 years - 35 years	92.00	86.40	69.70	58.40	29.10	28.70
36 years - 45 years	102.90	96.50	77.80	65.10	37.70	37.10
46 years - 55 years	111.30	104.50	84.20	70.60	53.20	52.30
56 years - 60 years	156.10	146.60	117.70	98.50	80.10	78.80
61 years - 65 years	225.00	211.10	169.30	141.60	120.10	117.50
66 years - 70 years	330.60	310.00	248.50	207.50	193.70	187.40
71 years - 75 years (renewal only)	374.20	351.00	281.30	234.80	219.10	212.10
76 years - 80 years (renewal only)	504.00	472.70	378.60	315.90	294.70	285.20
Above 80 years (renewal only)	613.30	575.00	460.50	422.40	388.20	369.80

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:

- › Non-payment of premium or premium not made on time.
- › Fraud or misrepresentation of material fact during application.
- › The Policy is cancelled at the request of the Policyholder.

- › On the death of the Insured Person.
- › 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

MediSecure Centuria
MediSecure Booster

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.