

INSURANCE FEES BY AGE:

AGE	GEC PRICE (RM) (Years)
30 Days to 18 Years (Child)	180
19 – 35 Years	220
36 – 40 Years	246
41 – 45 Years	269
46 – 50 Years	313
51 – 55 Years	360
56 – 60 Years	427
61 – 65 Years	513
*Fees already included RM 10 stamp duty	

- The premium payable at each renewal shall be determined based on the age (next birthday) and the premium rates in effect at that time.

Benefits

Hospital Room & Board

Reimburse the daily charges made by the hospital for room accommodation and meals incurred by the Insured Person for each day of confinement as a registered bed-paying patient in a Hospital.

Intensive Care Unit

Reimburse daily charges for confinement in an Intensive Care Unit or Cardiac Care Unit where prescribed by attending Physician or Surgeon.

Surgeon Fees

Reimburse the professional fees for surgical procedure, ward visits, pre-surgical and post surgical care 60 days before and after the operation. 2nd opinion is also covered.

Anaesthetist Fees

Reimburse the professional fees for the supply and administration of anaesthesia.

Operating Theatre

Reimburse Operating Room charges incidental to the performance of a Surgery.

In-Hospital Physician Visits

Reimburse the professional fees for treatment and ward visits for a non surgical disability.

Hospital Services & Supplies

Reimburse charges incurred in hospital for general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, X-ray, diagnostic tests, laboratory examinations, electrocardiograms, physiotherapy, rental of appliances, surgical implants, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma, oxygen and its administration.

Pre-Hospital Diagnostic Tests

Reimburse charges for ECG, X-ray, laboratory and diagnostic tests incurred within sixty (60) days preceding hospitalisation and only upon recommendation of a doctor.

Pre-Hospital Specialist Consultation

Reimburse specialist consultation fees for the first time consultation and incurred within 60 days preceding hospitalisation and only upon recommendation of a doctor.

Post-Hospitalisation Treatment

Reimburse medical charges incurred for follow-up treatment by the same attending physician and incurred within sixty (60) days immediately following discharged from hospital for a non-surgical disability. Cost of medicines prescribed for the Disability only is also covered but limited to the said sixty (60) days period.

Home Nursing Care

Reimburse the daily professional fees of a nurse and incurred within 60 days immediately following discharged from hospital, provided it is recommended by the attending physician.

Organ Transplant

Reimburse medical charges incurred on transplantation surgery for the Insured Person being the recipient of the transplant of a Kidney, Heart, Lung, Liver or Bone Marrow. Payment for this Benefit is applicable only once per Lifetime of an Insured Person whilst the Policy is in force. The costs of acquisition of the organ and all costs incurred by the donors are not covered.

Outpatient Physiotherapy Treatment

Reimburse the daily professional fees of physiotherapist for outpatient physiotherapy treatment and incurred within hundred (100) days immediately following discharged from hospital, provided it is recommended by the attending physician.

Outpatient Cancer Treatment

Reimburse the medical charges incurred for radiotherapy &/or chemotherapy treatment on outpatient basis (including costs for consultation, examination tests, take home drugs).

Outpatient Kidney Dialysis Treatment

Reimburse the medical charges incurred for kidney dialysis treatment on outpatient basis (including costs for consultation, examination tests, take home drugs).

Accidental Death Benefit

Pay a stated lump sum benefit if death occurs within six (6) months from the date of the accident.

Medic Plus Insurance

Read this Product Disclosure Sheet before you decide to take up the Medic Plus Insurance. Be sure to also read the general terms and conditions.



TOKIO MARINE
INSURANCE GROUP

1. What is this product about?

Medic Plus is a comprehensive medical policy which covers medical cost incurred by you for hospitalization due to accidents or sickness. No coverage for outpatient medical expenses which is not related to the hospitalisation.

This policy however carries a deductible of RM10,000 per disability per year as the main purpose of this policy is to complement any existing coverage that you may have or if you have no existing medical coverage, it offers high limits of cover with affordable premium. This plan also provides you with medical card facilities for admission and discharge from hospitals. If you take up this policy below age 65, the renewal is at the option of the insured member up to 100 years provided renewal premium is paid before expiry of the policy.

2. What are the covers / benefits provided?

The policy covers :

- | | | |
|--------------------------------|--------------------------------------|--|
| ■ Hospital Room & Board. | ■ Operation Theatre | ■ Outpatient Kidney Dialysis, per year |
| ■ Surgeon Fees | ■ In Hospital Physician Visit | ■ Accidental Death Benefit |
| ■ Anaesthetist Fees | ■ Outpatient Physiotherapy Treatment | ■ High Overall Annual Limit |
| ■ Intensive Care Unit | ■ Outpatient Cancer Treatment | ■ Pre-Hospital diagnostic tests |
| ■ Hospital Services & Supplies | ■ Post-Hospitalization Treatment | ■ Pre-Hospital specialist consultation |
| ■ Home Nursing Care | ■ Organ Transplant | |

3. How much premium do I have to pay?

The total premium that you have to pay depends on your age (next birthday), occupation, health status and selected plan of your choice. However, it may vary depending on the company's underwriting requirements. Kindly refer to the brochure for the complete premium table.

Example:

Age (Next birthday) : 30	Premium : RMXXX
Plan : MPD	Health Status : Standard risk / health

Premium rates are not guaranteed. The premium payable at each renewal shall be determined based on the age (next birthday) and the premium rates in effect at that time.

Premium rates may also be adjusted on a portfolio basis resulting in adjustments to each insured member's renewal premium. Premiums may be adjusted in consideration of medical inflation and any other factors which may materially affect the sustainability of the portfolio. The company will notify the insured person in writing at least 30 days before the policy anniversary for any revision of premium.

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

- | | |
|---|--|
| ■ Service Tax | : Exempted for Individual policy
: 6% for Corporate/Group policy |
| ■ Stamp duty | : RM10.00 |
| ■ Commissions paid to the insurance intermediaries (if any) | : 15% of premium for Individual policy
: 10% of premium after Group discount for Group policy |
| ■ Group discount | : 5% of premium for Group policy |

5. What are some of the key terms and conditions that I should be aware of?

Age Limit

- New Application : 30 days old to 65 years old (next birthday).
- Renewal : Up to age 100.

Importance of Disclosure

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance wholly for purposes unrelated to your trade, business or profession, 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.

Compensation / Indemnity

- You will be compensated on reimbursement basis on the actual amount incurred subject to the limit specified in the policy. You cannot make multiple claims on medical expenses.

Cash Before Cover

- It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by us before cover commences. If this condition is not complied with then this insurance Policy is automatically null and void.

Premium Rates

- Premium charged is based on age at next birthday and it will increase with age upon renewal. However, the premium rates are not guaranteed.

Duration of Cover

- Duration of Cover is for one year. You need to renew your cover annually.

Free Look Period

- You may cancel your policy by returning the policy within 15 days after the policy has been delivered to you. The premiums that you have paid (less any medical fee incurred) will be refunded to you.

Qualifying/Waiting Period

- The eligibility for benefits under the policy will only start [30] days after the effective date of the policy.

Policy Expired

- Unless renewed, the coverage will cease on expiry date and the insurance company shall strictly not be liable for any expenses that take place after the expiry date

6. What are the major exclusions under this policy?

Generally, the Policy does not cover :

- a. Sickness arising within the first 30 days of insurance.
- b. Pre-existing Condition, except Disabilities that are declared to the Company in the proposal form and for the companies does not imposed any condition on will be covered after 12 months of your insurance cover.
- c. Specified Illness occurring during the first one hundred twenty (120) days of continuous cover of an Insured person.
- d. Cosmetic treatment, dental conditions or refractive errors of the eyes except due to accidental injury. Congenital abnormalities, pregnancy related conditions, AIDS or sexually transmitted disease, self-inflicted injuries, drug addiction, mental or nervous disorders, non-medically necessary expenses, weight control, sexual dysfunction, medical examinations, investigative procedures, preventive treatment, nuclear or military - related activities, racing (other than foot racing), professional sports, underwater activities and criminal activities.

Note: This list is non-exhaustive. Please refer to the sample policy contract for the full list of exclusions under this policy.

7. What is Pre-existing Condition?

Pre-existing Condition means Disability that the insured Person has reasonable knowledge of on or before the effective date of insurance of the Insured person. An insured person may be considered to have reasonable knowledge of a Pre-existing Condition where the condition is on of which:

- The insured person had received or is receiving treatment,
- Medical advice, diagnosis, care or treatment has been recommended,
- Clear and distinct symptoms are or were evident,
- Its existence would have been apparent to a reasonable person in the circumstances.

8. What is Specified Illness?

Specified Illness means the following Disabilities and its related complications :

- Hypertension, cardiovascular disease and diabetes mellitus,
- All tumours, cancers, cysts, nodules, polyps, stones of the urinary and biliary system,
- All ear, nose (including sinuses) and throat conditions,
- Hernias, haemorrhoids, fistulae, hydrocele, varicocele,
- Endometriosis including disease of the Reproductive system,
- Vertebro-spinal disorders (including disc) and knee conditions.

9. What is Deductible?

This is the amount that must be borne by you before Medic Plus can indemnify you.

10. Can I cancel my Policy?

You may cancel your policy at any time by giving written notice to us, provided that no claims have been made during the current Policy Year. Upon cancellation, you are entitled to a refund of the annual premium based on the schedule of unexpired period of insurance.

11. 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 contact details to ensure that all correspondences reach you in a timely manner.

12. Where can I get further information?

Should you require additional information about our other Medical Insurance, please refer to the insurance info booklet on 'Medical & Health Insurance' available at all our branches or you can obtain a copy from your insurance intermediary or visit our website at www.insuranceinfo.com.my.

If you have any enquiries about our Medic Plus Insurance or any other types of Medical insurance product, you can contact us or any of our branches or your insurance intermediary or visit our website at www.tokiomarine.com

Tokio Marine Insurans (Malaysia) Berhad
Level 20, Menara Hap Seng 3,
Plaza Hap Seng, No. 1, Jalan P. Ramlee,
50250 Kuala Lumpur.

Customer Service Hotline: 1800 88 0812
Email: letusknow@tokiomarine.com.my

13. Other types of similar insurance cover available

- Premier Medic Partner

IMPORTANT NOTE

You should satisfy yourself that this policy will best serve your needs and that premium payable under this plan is an amount you can afford. You should read and understand the insurance policy and contact the insurance company directly for more information.

The information provided in this disclosure sheet is a brief summary for quick and easy reference.

The exact terms and conditions that apply are stated in the policy contract.

The information provided in this disclosure sheet is valid as at 01/09/2018.