



LONPAC INSURANCE

MediSecure Plus 2015

Hospitalisation and Surgical Insurance
(Major Medical Expenses Insurance)



LIVING SECURE

Are you prepared for rising healthcare cost?

The cost of hospitalisation and surgery has been increasing very rapidly and having insufficient insurance protection could put you in a serious financial predicament. Your individual medical insurance may not be designed to address the impact of medical inflation.

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.

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, Per Disability Limit, Overall Annual Limit and Deductible Per Disability increases every three years.

No lifetime limit

There is no Lifetime Limit. As long as your claim does not exceed the Per Disability Limit and the Overall Annual Limit you can continue to claim as long as the treatment cost is incurred during the Policy period.

No age limit

The policy is valid for 100 years and is renewable annually at the option of the Policyholder. Last entry age is 70 years. Once accepted, you can continue to renew your policy until 30 June 2115. 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 but 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.

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), subject to its Maximum Limit as indicated in the Schedule of Benefits.

Outpatient kidney dialysis treatment

The Policy covers kidney dialysis treatment (excluding consultation, examination tests and take home drugs), subject to its Maximum Limit as indicated in the Schedule of Benefits.

Hospital admission assist

Our appointed service provider will provide assistance during hospital admission and arrange for payment to the approved panel of hospitals. You only need to pay the deductible amount to the hospital.

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.

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 for standard risks only and premium loading may be charged to non-standard risks.

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

Annual premium rate is non- guaranteed and will be revised every three years.

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.

Validity of Policy

This insurance product is launched on 1 July 2015 and will be valid for 100 years from the launch date.

What is not covered

The Policy does not cover pre-existing disabilities and other exclusions contained in 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 Assist, 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.

Elective treatment in Singapore and Brunei

For 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. Dependent children between the ages of 30 days and 19 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 the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company 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 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 imposition of less favourable terms or non-acceptance of application.
- The Annual Premium Table is based on standard health status and occupational risk. Renewal premium will automatically increase as the Insured enters the next age group.

Product Disclosure Sheet

(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.)

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 or 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 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.

Example:

Mr. Tan purchases Basic Cover Plan 4 on 1 July, 2015. His insurance coverage will be as follows:

Year	Effective Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1	1/7/2015	500	10,000	200,000	400,000
2	1/7/2016	500	10,000	200,000	400,000
3	1/7/2017	500	10,000	200,000	400,000
4	1/7/2018	550	11,000	220,000	440,000
5	1/7/2019	550	11,000	220,000	440,000
6	1/7/2020	550	11,000	220,000	440,000
7	1/7/2021	600	12,000	240,000	480,000
8	1/7/2022	600	12,000	240,000	480,000
9	1/7/2023	600	12,000	240,000	480,000
10	1/7/2024	650	13,000	260,000	520,000
11	1/7/2025	650	13,000	260,000	520,000
12	1/7/2026	650	13,000	260,000	520,000

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

Description of benefits (as at 1 July 2015)
Section A: Hospitalisation and surgical expenses
Before the patient is admitted to hospital or surgically treated in a hospital
<ul style="list-style-type: none"> › Pre-Surgical Consultation & Diagnosis › Pre-Hospital Specialist Consultation › Pre-Hospital Diagnostic Tests
When the patient is being treated as a bed-paying patient in a hospital or is surgically treated
<ul style="list-style-type: none"> › Intensive Care Unit › Hospital Supplies & Services › Surgical Fees (including Anaesthetist & Operating Theatre Fees) › In-Hospital Physician Visit not exceeding two visits a day
After the patient is discharged from hospital for a non-surgical treatment
<ul style="list-style-type: none"> › Post Hospitalisation Treatment
If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis
<ul style="list-style-type: none"> › Ambulance Fees
Other benefits
<ul style="list-style-type: none"> › Organ Transplant › Goods and Services Tax › Medical Report Fee › Nursing at home
Section B: Specific outpatient treatments
Outpatient Cancer Treatment, per disability
Outpatient Kidney Dialysis Treatment, per disability
Limits of coverage (Section A & B)
Room & Board incurred during the Policy period, per day limit
Deductible Per Disability
Per Disability Limit
Overall Annual Limit

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.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
	As charged, subject to reasonable, customary and necessary expenses which is incurred within 31 days prior to hospital admission or surgery					
	As charged, subject to reasonable, customary and necessary expenses which is incurred during the Policy period					
	As charged, subject to reasonable, customary and necessary expenses which is incurred up to 60 days from the date of discharge from the hospital					
	As charged, subject to reasonable, customary and necessary expenses which is incurred during the Policy period					
	As charged, subject to reasonable, customary and necessary expenses which is incurred during the Policy period					
	RM240,000	RM180,000	RM120,000	RM60,000	RM30,000	RM25,000
	RM240,000	RM180,000	RM120,000	RM60,000	RM30,000	RM25,000
	RM2,000	RM1,500	RM1,000	RM500	RM400	RM300
	RM40,000	RM30,000	RM20,000	RM10,000	RM7,500	RM5,000
	RM1,000,000	RM750,000	RM500,000	RM200,000	RM100,000	RM75,000
	RM2,000,000	RM1,500,000	RM1,000,000	RM400,000	RM200,000	RM150,000

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 and are inclusive of the Goods and Services Tax:

Table of Annual Premium (Inclusive of Goods and Services Tax)						
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	677	637	514	434	215	214
19 years - 25 years	756	710	573	482	242	236
26 years - 35 years	889	836	674	566	271	266
36 years - 45 years	994	934	753	631	350	343
46 years - 55 years	1,076	1,010	814	683	492	483
56 years - 60 years	1,507	1,415	1,137	952	740	727
61 years - 65 years	2,172	2,037	1,636	1,367	1,161	1,135
66 years - 70 years	3,188	2,990	2,398	2,002	1,869	1,808
71 years - 75 years (renewal only)	3,609	3,386	2,714	2,266	2,115	2,047
76 years - 80 years (renewal only)	4,860	4,558	3,652	3,048	2,843	2,751
Above 80 years (renewal only)	5,913	5,545	4,441	4,073	3,744	3,567

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.

Table of Monthly Premium (Inclusive of Goods and Services Tax)						
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	60	57	46	39	19	19
19 years - 25 years	67	63	51	43	22	21
26 years - 35 years	79	74	60	50	24	24
36 years - 45 years	88	83	67	56	31	31
46 years - 55 years	96	90	72	61	44	43
56 years - 60 years	134	125	101	85	66	65
61 years - 65 years	192	180	145	121	103	101
66 years - 70 years	282	265	212	177	166	160
71 years - 75 years (renewal only)	319	300	240	201	187	181
76 years - 80 years (renewal only)	430	403	323	270	252	244
Above 80 years (renewal only)	523	490	393	360	331	316

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

Stamp Duty:

RM10.00

Goods and Services Tax:

6% of Gross Premium

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 Cover 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.
- › Total claims of the Policy have reached the limit specified.
- › 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

Application for upgrading of plan can only be made on renewal and is subject to underwriting and acceptance by LONPAC INSURANCE BHD upon renewal.

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 where 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.
- › 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.
- › 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, sterilisation, 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 sterilisation.
- › Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
- › 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.
- › 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.
- › Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- › Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- › 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.
- › Expenses incurred for sex change.
- › 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.

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.
- › MediSecure Centuria.

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 at 1 July, 2015.

If you have any enquiries, please contact us at:

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