

Features

1) Complete Health Care Plan

This is a comprehensive Hospital & Surgical Insurance plan that offers you an attractive range of benefits. You have 4 options to choose from and premiums are charged according to Age Bands.

2) Worldwide Coverage

You are covered 24 hours a day, 7 days week wherever you may be (Please refer to Exclusions).

3) Hong Leong Assurance Medical & Emergency Assistance Service

Hong Leong Assurance has contracted with a Managed Care Organization (MCO) to provide 24 hours assistance for:

- a) Admission in Panel Hospital's within Malaysia, subject to Pre-Certification of your impending condition. This Pre-Certification requires a validation of your condition which must satisfy the following criteria:
 - The condition requiring treatment is covered by the policy.
 - The required treatment is the best option for you and conforms to all standard medical protocols and practice.
 - You may be required by the Hospital to pay a token deposit.
- b) Settlement of validated Hospital bills upon discharge.
- c) Domestic Assistance when you travel more than 100km from your place of residence.
- d) International Assistance when you are overseas.
- e) These services are not guaranteed benefits and the availability of these services will be reviewed from on time.

Services provided by the Emergency Assistance Company include: 24 Hour Hotline Assistance, medical referrals, emergency evacuation or repatriation in the event of a life threatening condition.

¹ These services are subject to eligibility, benefit limit of your option and a waiting period of 3 months after rider issuance.

² These services are not guaranteed benefits and availability of these services will be reviewed from time to time.

Summary of Benefits:

For detailed description of the covered benefits, please refer to the Policy Contract. The Company reserves the right to amend the terms and provisions of this Policy by giving a 30 days prior notice and such amendment will be applicable from the next renewal of this Policy.

1) Hospital Room and Board

Reimbursement of the Reasonable Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefits shall be equal to the actual charges made by the Hospital during the Life Assured's confinement, but in no event shall the benefit exceed, for any 1 day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Life Assured will only be entitled to this benefit while confined to a Hospital as an in-patient.

2) Daily Cash as a result of hospitalization due to road accidents on a Malaysian Highway

Payment of daily cash allowance if the Life Assured is hospitalized due to road accident on Malaysian Highway. The police report accident shall be used to determine whether the accident has actually occurred at the highway.

3) Daily Cash Allowance of Government Hospital

Pays a daily allowance for each day of confinement for a covered Disability in a Malaysian Government Hospital, provided that Life Assured shall confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefits. No Payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital for the covered Disability.

4) Home Nursing Care

Reimbursement of daily charges of full-time or part-time services of a State-registered or Government licensed Nurse in the Life Assured's home when prescribed by treating physician for the continued treatment of the specific medical condition for which the Life Assured was hospitalized and only when such services are considered medically necessary by the treating physician following discharge from the Hospital. The Life Assured shall from time to time at its cost expense, provide evidence of the continuance of such necessity, if required by the Company. Services for activities of daily living that are not medically necessary will not be covered. In addition, treatment for functional disorder of the physical or mental constitution including their physiological or psychosomatic manifestations such as neuropsychosis and schizophrenia will not be covered. Cover is limited to a maximum period of 180 days per life time.

5) Intensive Care Unit

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Hospital. This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any 1 day, and maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.

No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.

6) Lodger Expenses

Reimbursement of the daily charges made by the Hospital for an additional bed in the same room with the Life Assured, for any accompanying adult during Hospital confinement of the Life Assured.

7) Hospital Supplies & Services

Reimbursement of the Reasonable and Customary Charges actually incurred for Medical Necessary general nursing, prescribed and consumed drugs and medicines, oxygen supply, dressings, splints, plaster casts, X-ray, laboratory examinations, electrocardiograms, physiotherapy and facilities for extracorporeal shockwave lithotripsy machines, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Life Assured is confined as an in-patient in a Hospital, up to the amount stated in the Schedule of Benefits.

8) Surgical Fees

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary Surgery by the Specialists, including pre-surgical assessment Specialist's visits on the Life Assured and post-surgery care up to the maximum number of days from the date of Surgery, but within the maximum indicated in the Schedule of Benefits. If more than 1 Surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

9) Operating Theatre

Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure.

10) Anesthetist Fee

Reimbursement of the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of the anesthesia not exceeding the limits as set forth in the Schedule of Benefits.

11) In-Hospital Physician Visit

Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting in-paying patient while confined for a non-surgical Disability subject to a maximum of 1 visit per day not exceeding the maximum number of days as set forth in the Schedule of Benefits.

12) In-Hospital Physiotherapy Treatment Fees

Reimbursement of physiotherapy Treatment Fees actually levied by the Physiotherapist for treatment rendered while the Life Assured is confined to a Hospital.

13) Pre-Hospital Diagnostic Tests

Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, x-ray and laboratory tests which are performed for diagnostic purposes on account of an Injury or Illness when in connection with a Disability preceding Hospitalization within maximum number of days and amount as set forth in the Schedule of Benefits in a Hospital and which are recommended by a qualified Medical Practitioner. No payment shall be if upon such diagnostic services, the Life Assured is not hospitalized for the treatment of the medical condition diagnosed. Medications and consultation charged by the Medical Practitioner will not be payable.

14) Pre Hospital Specialist Consultation

Reimbursement of the Reasonable and Customary Charges for the first time consultation by a Specialist and any second medical opinion by another Specialist in connection with a Disability within the maximum number of days as set forth in the Schedule of Benefits preceding confinement in a Hospital and provided such consultation is Medically Necessary and has been recommended in writing the attending general practitioner.

15) Post-Hospitalization Treatment

Reimbursement of the Reasonable and Customary Charges incurred in Medically Necessary follow-up treatment by the same attending Physician, within the maximum number of days and amount set forth in the Schedule of Benefits immediately following discharge from hospital for non-surgical Disability. This shall include medicines prescribed during the follow-up the treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Schedule of Benefits.

16) Organ Transplant

Reimbursement of the Reasonable and Customary Charges incurred on transplantation Surgery for the Life Assured being the recipient of the transplant of a kidney, heart, lung, liver or bone marrow. Payment for this Benefit is applicable only once per life time whilst the Policy in force and shall be subject to the limit as set forth in the Schedule of Benefits. The costs of acquisition of the organs and all costs incurred by the donor are not covered.

17) Day Surgery

Reimbursement of the Reasonable and Customary Charges incurred for any surgical procedures performed during a Day surgery as defined in the Policy. Reimbursement of Hospital charges will be made in respect of all charges for services rendered by the Hospital if confinement is at least 3 hours.

18) Ambulance Fees

Reimbursement of the Reasonable and Customary Charges incurred for necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Life Assured is not hospitalized and subject to the limit set forth in the Schedule of Benefits.

19) Government Service Tax

Reimbursement of the Government tax on reimbursable charges actually incurred. In any case tax reimbursable shall be limited to the amount of tax based on the maximum Hospital Room and Board benefit of Designated Plan.

20) Emergency Accident Outpatient treatment

Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum stated in the Schedule of Benefits, as a result of covered bodily Injury arising from an accident for Medical Necessary treatments as an outpatient at any registered clinic or Hospital within 24 hours of the accident causing the covered bodily Injury. Follow up the treatment by the same doctor or same registered clinic or hospital for the same covered bodily Injury will be provided up to the maximum number of days as set forth in the Schedule of Benefits.

21) Emergency Accidental Dental Treatment

Reimbursement of the Reasonable and Customary Charges levied services and supplies provided by a Hospital or clinic in connection with pain relieving dental treatment for sound natural teeth if such treatment is resulted y an accident.

22) Outpatient Physiotherapy Treatment

Reimbursement of Reasonable and Customary Charges for Outpatient physiotherapy treatment rendered after Surgery or in-Hospital treatment, within 90 days from the date of Hospital discharge or Surgery for Any One Disability provided that the said Outpatient physiotherapy treatment is referred in writing by a licensed Specialist Physician.

23) Second Opinion

A Second Opinion may be obtained from an approved medical institution in the United States as the Company may determine from time to time. It can be a document report discussing the diagnosis and treatment of the medical condition and followed by a telephone consultation from the Specialist. The Company shall pay for the consultation fee only for the second opinion service i.e. it shall exclude any expenses relating to treatment and shall only apply to the diagnosis of those medical conditions specified by the Company as prescribed in the Policy contract.

24) Outpatient Cancer Treatment

If a Life Assured is diagnosed with Cancer as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of cancer performed at a legally registered cancer treatment center subject to the limit of this Disability as specified in the Schedule of Benefits. Such Treatment (radiotherapy or chemotherapy excluding consultation, examination tests, take home drugs) must be received at the outpatient department of a Hospital or a registered cancer treatment center immediately following discharge from Hospital confinement or Surgery.

Cancer defined as the uncontrollable growth and spread of malignant cells and the invasions and destruction of normal tissue for which major interventionist treatment or Surgery (excluding endoscopic procedure alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.

The following conditions are excluded:

- a) Carcinoma in situ including of the cervix;
- b) Ductal Carcinoma of the breast;

- c) Papillary Carcinoma of the bladder & Stage 1 Prostate Cancer;
- d) All skin cancers except malignant melanoma.
- e) Stage 1 Hodgkin's disease;
- f) Tumor manifesting as complications of AIDS.

It is a specific condition of the Benefit that notwithstanding the exclusion of pre-existing conditions, this Benefit will not payable for Any Life Assured who had been diagnosed as a cancer patient and/or receiving cancer treatment prior to the Effective Date of Coverage under this plan.

25) Outpatient Kidney Dialysis Treatment

If a Life Assured is diagnosed with Kidney Failure as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at a legally registered dialysis center subject to the limit of the Disability as specified in the Schedule of Benefits.

Such treatment (dialysis excluding consultation, examination tests, take home drugs) must be received at the Outpatient department of Hospital or a registered dialysis treatment center immediately following discharge from Hospital confinement or Surgery.

Kidney Failure means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

It is a specific condition of this Benefit that notwithstanding the exclusion of Pre-existing Illness, this Benefit will not payable for any Life Assured who has developed chronic renal diseases and/or receiving dialysis treatment prior to the Effective Date of Coverage.

Eligibility

Any Malaysian who is in good health and age between 1 month and 60 years is eligible. Your policy may be renewed up to age 70.

Commencement of Cover

Coverage will commence immediately of Hospitalization and Surgery caused by accidents. For all other causes, it will only commence 30 days after acceptance of risk.

Premiums

- 1) The premium you pay of this insurance is based on the Schedule of Annual Premiums. The Premium is charge according to your age at entry, health status, occupation, etc. and our fees for administering this class of business.
- 2) Your premiums in future policy years will increase by your attained age according to the Age Bands. Generally, the older you get, the more you have to pay for the risk of this insurance.
- 3) If you do not pay the premiums or if you fail to pay the premiums when due, your plan may lapse. We will remind you to pay but we cannot be made responsible for your non-payment.
- 4) We may revise the premiums in future, as the premiums rates are not guaranteed. If we need the revise, this will be based firstly on your individual claims experience and claim experience for the entire business portfolio as a whole.

- 5) Any revision of premiums will only be done on policy anniversary. We shall notify you of such review in writing at least 90 days before the review takes place. However, the increase in the premium in the past does not necessarily reflect the trend in future.

Renewal of Plan

Renewal is at the option of the Policy Owner at each Policy Anniversary Date up to age 70 at the premium rate applicable at the times renewal as notified by the Company and subject to the terms, condition and termination. The renewal premiums may be charged according to:

- 1) The original scale if the current environment (claim ratio, inflation rate etc.) continues; or
- 2) A higher scale as compared to the original premium table if the current environment deteriorates i.e. increase in claim ratio, high inflation, increase in medical cost, etc; or
- 3) The plan is not renewed according to the Portfolio Withdrawal Condition as state in the Policy Contract.

The above scenarios are not exhaustive and the premium rates may be reviewed under other justified circumstances.

Cooling-Off Period

If the Policy inclusive on this plan have been issued and for any reason whatsoever you shall decide not take up the Policy, you may return the Policy to the Company for cancellation provided such request for cancellation is delivered by you to the Company within 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 incurred by the Company in the issue of the Policy.

Cancellation

This plan may be cancelled by the Policy Owner at any time by giving a written notice to the Company; and provided that no claims have been made during the current Policy Year, the Policy Owner shall be entitled to a refund of the premium as prescribed in the policy contract.

Claims

You have written a notice, of the event covered under this plan, to Hong Leong Assurance Berhad within 30 days of occurrence or commencement of diagnosis, Hospitalisation or Surgery (whichever is earlier).

Switching

Please be aware that there may be implications that will effect your health insurance application if you are switching from 1 type of health plan to another or from another insurer to Hong Leong Assurance Berhad.

Tax Relief

This plan may qualify you for the personal tax relief under education and medical insurance up to RM 3,000, subject to the final decision of the Inland Revenue Board.

Exclusions

This contract does not cover any Hospitalisation, Surgery or changes caused directly or indirectly, wholly or partly, by any 1 of the following occurrences:

- 1) Pre-existing Illness.
- 2) Specified Illness occurring during the first 120 days of the continuous cover.
- 3) Any medical or physical conditions arising within the first 30 days of the Life Assured's cover or date of reinstatement whichever is latest except for Accidental Injuries.
- 4) 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 a artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- 5) 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.
- 6) 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 disease, and any communicable Disease required quarantine by law.
- 7) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- 8) 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.
- 9) Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability for any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician and treatments specially for weight reduction or gain.
- 10) Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- 11) 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.
- 12) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 13) Expenses incurred for donation of any body organ by a Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complication.
- 14) 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, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.

- 15) Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
- 16) Psychotic, mental or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations).
- 17) Costs/expenses of services of non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical terms.
- 18) Sickness or injury arising from racing of any kind (except foot racing), hazardous spots such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- 19) Private flying other than a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- 20) Expenses incurred sex changes.
- 21) Medical treatment provided outside of Malaysia to a Life Assured who is not a citizen of Malaysia.
- 22) Medical treatment provided outside of Malaysia to a Life Assured who does not ordinarily reside in Malaysia.
- 23) Medical treatment provide outside of Malaysia to a Life Assured who travels or reside outside Malaysia for more than 90 consecutive days.
- 24) Medical treatment provided any country (other than Malaysia) to a Life Assured who is permanent resident of such country.
- 25) Medical treatment provided outside of Malaysia to a Life Assured pursuing a course of study outside of Malaysia; and
- 26) Medical treatment provide outside of Malaysia to a Life Assured who is exercising employment (whether temporary or otherwise) outside of Malaysia unless notice such employment outside of Malaysia shall have been given to the Company and the Company shall have agreed that this plan shall cover the Life Assured while exercising such employment outside of Malaysia.

Overseas Treatment

If the Life Assured seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in the Policy and all Benefits will be payable based on the official exchange rate ruling on the last day of the period of confinement and shall exclude the cost of transport to the place of treatment provided:

- 1) A Life Assured traveling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medical Emergency.
- 2) A Life Assured upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialized nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas treatment of a Disease, Sickness or injury which diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.

Schedule of Benefits

Designated Plan	MGIII 100 (RM)	MGIII 200 (RM)	MGIII 300 (RM)	MGIII 400 (RM)
Hospital & Surgical				
Hospital Room & Board (up to 150 days per Any One Disability)	100	200	300	400
Daily cash as a result of hospitalization due to road accidents Highway ³ (up to 150 days per Any One Disability)	100	200	300	400
Daily Cash Allowance at Government Hospital (up to 60 days per Any One Disability)	50	100	150	200
Home Nursing Care (up to 180 days per lifetime)	40	60	80	100
Intensive Care Unit (up to 75 days per Any One Disability)	Reasonable & Customary Charges ⁴			

Schedule of Benefits

Designated Plan	MGIII 100 (RM)	MGIII 200 (RM)	MGIII 300 (RM)	MGIII 400 (RM)
Lodger Expenses (up to 150 days per Any One Disability)	Reasonable & Customary Charges ⁴			
Hospital Supplies & Services				
Surgical Fees				
Operating Theater				
Anaesthetist Theater				
In-Hospital Physician Visit				
In-Hospital Physiotherapy Treatment Fees				
Pre-Hospital Diagnostic Tests (within days prior to hospitalisation)				
Pre-Hospital Specialist Consultation (within 60 days prior hospitalisation)				
Post-Hospitalisation Treatment (within 60 days following discharge from hospital)				
Organ Transplant				
Day Surgery Benefit				
Ambulance Fees				
Government Service Tax				

Outpatient Treatment Benefit				
Emergency Accidental Outpatient Treatment (within 30 days following such emergency treatment)	Reasonable & Customary Charges ⁴			
Emergency Accidental Dental Treatment				
Outpatient Physiotherapy Treatment				
Second Opinion				
Outpatient Cancer Treatment				
Outpatient Kidney Dialysis Treatment				
Overall Annual (per Policy Year) limit	50,000	100,000	150,000	200,000
Aggregate Term Limit	150,000	300,000	450,000	600,000
Emergency Evacuation, Repatriation & Hotline Assistance Service (Limit per event)	150,000	150,000	150,000	150,000

³ Malaysian Highway means North-South Expressway, Kuala Lumpur-Karak Expressway and East-Coast Highway as listed by the Malaysian Highway Authority.

⁴ Please refer to the definition of "Reasonable & Customary Charges" as specified below.

Schedule of Annual Premiums

Occupational Classes I and II, based on last birthday				
Male				
Age (Years)	MGIII100 (RM)	MGIII 200 (RM)	MGIII 300 (RM)	MGIII 400 (RM)
0 - 25	349.55	546.18	729.71	903.87
26 - 30	377.64	589.25	787.76	976.91
31 - 35	407.60	634.20	855.18	1,057.44
36 - 40	439.44	688.51	926.35	1,147.33
41 - 45	495.62	780.27	1,051.82	1,302.76
46 - 50	615.47	975.04	1,312.13	1,628.62
51 - 55	952.56	1,514.38	2,044.36	2,538.76
56 - 60	1,164.18	1,849.60	2,501.31	3,106.20
61 - 65 ⁵	1,488.16	2,370.22	3,207.33	3,986.38
66 - 70 ⁵	2,304.67	3,679.25	4,980.80	6,194.33
Female				
0 - 25	501.24	784.02	1,049.95	1,297.15
26 - 30	544.31	853.31	1,141.71	1,415.13
31 - 35	602.36	941.33	1,267.18	1,570.56
36 - 40	722.22	1,079.91	1,452.58	1,800.91
41 - 45	742.82	1,169.80	1,574.31	1,952.60
46 - 50	894.51	1,418.87	1,911.40	2,370.22
51 - 55	1,211.00	1,918.89	2,591.20	3,216.69
56 - 60	1,358.95	2,156.73	2,917.05	3,619.33
61 - 65 ⁵	1,877.69	2,988.22	4,036.95	5,018.25
66 - 70 ⁵	3,005.07	4,793.53	6,488.65	8,068.93

⁵ For renewals only

The above premiums are based on occupational classes I and II. Extra premium may be charged for adverse medical attributes or for any unusual occupational or territorial exposures. The above rates are applicable for MedGLOBAL III plan attached the traditional policy. For MedGLOBAL III plan attached to a unit linked policy, a monthly insurance charge will be levied (e.g. Male aged 35 years is charged RM32.13 per month for plan MedGLOBAL III 100).

Definition

- 1) "Pre-existing Illness" shall mean disabilities that the Life Assured has reasonably knowledge of A Life Assured may be considered to have reasonably knowledge of a pre-existing condition where the condition is one for which:
 - a) The Life Assured had received or receiving treatment;
 - b) Medical advice, diagnosis, care or treatment has been recommended to the Life Assured by a qualified physician.
 - c) Clear and distinct symptoms are or were evident; or
 - d) Its existence would have been apparent to a reasonable person in the circumstances.

- 2) "Specified Illness" shall mean the following disabilities and its related complications, occurring within the first 120 days of Effective Date of Coverage of the Life Assured:
 - a) Hypertension, diabetes mellitus and Cardiovascular Disease.
 - b) All tumors, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - c) All ear, nose (including sinuses) and throat conditions.
 - d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - e) Endometriosis including Disease of the Reproduction system.
 - f) Vertebro-spinal disorders (including disc) and knee condition.

- 3) "Reasonable and Customary Charges" shall mean charges for medical care which is Medically Necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar Sickness, Disease or Injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Life Assured's medical condition.

- 4) "Medically Necessary" shall mean a medical service which is
 - a) Consistent with the diagnosis and customary medical treatment for a covered Disability; and
 - b) In accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical benefits, and
 - c) Not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an in-patient)
 - d) Not of an experimental, investigational or research nature, preventive or screening nature, and
 - e) For which the charges are fair and reasonable and customary for the Disability.

Notes

- 1) This brochure is intended to assist you to understand the basic and important features of a Medical and Health Insurance (MHI) product so that you are able to make an informed decision before purchasing the product. You are advised to refer to the sample policy contract for the details of important health insurance features of the plan that you intend to purchase.
- 2) You should ensure that important information regarding the plan is disclosed to you and that you understood the information disclosed. Where there is ambiguity, please seek an explanation/clarification from the Company or its intermediary. To find out more about the basics of health insurance, please refer to the consumer education booklet on medical and health insurance available at most branches of insurance and takaful companies. You may also log on to www.insuranceinfo.com.my for information.
- 3) Please refer to the enclosed Medical and Health Insurance (MHI) checklist to ensure that you have received important information regarding the health insurance plan you intend to purchase.
- 4) Prior to making a decision to purchase any Medical and Health Insurance (MHI) policy, you should satisfy that this plan will best serve your needs and resources and the premium payable under the policy is an amount you can afford.
- 5) MedGLOBAL is not a savings plan and therefore does not have any cash value upon surrender or termination.

Checklist

This checklist serves to guide you to seek an explanation on the essential features of a Medical and Health Insurance (MHI) policy so that you are able to make an informed decision before purchasing the Policy. When in doubt or where there is ambiguity, you are advised to seek further clarification/information from the Company or its intermediary.

- 1) The booklet "The Introduction to Medical and Health Insurance Products" issued by Bank Negara Malaysia on the basics of Medical and Health Insurance (MHI).
- 2) The policy documents for details of the important features of the policies purchased.
- 3) Avenues where details of the important features of the policy are also available.
- 4) Benefits payable under the policy.
- 5) Significant medical or technical exclusions or restrictions available.
- 6) Limits of benefits (e.g. % of costs covered by the policy, co-payment, ceiling to total claims costs and deductible amounts).
- 7) Amount of premium payable and the payable term.
- 8) Nature and extent of the insurer's right to review and revise the premiums payable, and the notice to be given by the insurer in the event of any revision.
- 9) Pre-existing Illness, Specified Illness and qualifying period and the relevant periods applicable.
- 10) For yearly renewable policies, whether policy renewal is guaranteed.

- 11) Possible conditions that would lead to the following scenarios on policy renewal:
 - a) A policy is renewed with a level premium;
 - b) A policy is renewed with an increased premium; or
 - c) A policy is not renewed.
- 12) Likely implications of switching policy from 1 insurer to another or transferring from 1 type of Medical and Health Insurance (MHI) plan to another.
- 13) A "free-look period" of 15 days given to review the suitability of the newly purchased Medical and Health Insurance (MHI) product. If the product is returned to insurer during this period, the full premiums would be refunded to the policy owner minus the expenses incurred for the medical examination.
- 14) This right of insurer to repudiate liability in the event that you failed to disclose relevant information that would affect the decision of the insurer to accept or reject the risk, and the on premiums and terms to be applied to you.