

**PRODUCT DISCLOSURE SHEET**

Please read this Product Disclosure Sheet before you decide to take up the following product.  
Be sure to also read the general terms and conditions of the policy.

**MEDI-CARE**

(Hospitalisation and Surgical Insurance)

**1. What is this product about**

This policy provides for reimbursements of hospitalisation and surgical expenses incurred due to illness and accident. The policy is extended to cover accidental death.

**2. What are the covers or benefits provided?**

<b>SCHEDULE OF BENEFITS (Ringgit Malaysia)</b>		<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan D</b>	<b>Plan E</b>
1.	Hospital Room & Board, daily maximum up to 120 days	400	200	150	100	80
2.	Intensive Care Unit, daily maximum up to 20 days	1,200	600	450	300	240
3.	Hospital Supplies & Services	6,000	5,000	4,000	3,000	2,000
4.	Surgical Fees (including Anaesthetist Fee & Operating Theatre ) and post-surgery care up to 31 days	40,000	25,000	22,000	20,000	15,000
(Subject to Surgical Schedule )						
5.	In-Hospital Physician Visit, daily maximum up to 120 days	400	200	150	100	80
6.	Pre-Hospital Specialist Consultation, within 31 days prior to admission	2,000	1,500	1,250	1,000	500
7.	Pre-Hospital Diagnostic Tests, within 31 days prior to admission					
8.	Pre-Surgical Consultation & Diagnosis, within 31 days prior to surgery					
9.	Post Hospitalisation Treatment, within 60 days from the date of discharge	600	600	500	400	400
10.	Ambulance Fees	200	200	200	200	200
11.	Daily Cash Allowance at Government Hospital, up to 120 days	50	50	50	-	-
12.	Nursing at Home, per disability	600	600	500	400	400
13.	Organ Transplant, per disability	60,000	37,500	33,000	30,000	22,500
14.	Emergency Accidental Outpatient Treatment, per accident including follow-up up to 31 days	4,000	3,000	2,750	2,500	2,000
15.	Outpatient Kidney Dialysis, per year	25,000	20,000	17,500	15,000	10,000
16.	Outpatient Cancer Treatment, per year	25,000	20,000	17,500	15,000	10,000
17.	Accidental Death	50,000	40,000	30,000	20,000	10,000
18.	Hospitalisation whilst abroad (excluding Singapore and Brunei)	Benefits on Item 1 to 8 are doubled				
<b>Overall Annual Limit</b>		<b>400,000</b>	<b>250,000</b>	<b>200,000</b>	<b>175,000</b>	<b>150,000</b>

Duration of cover is for one year. The policy is renewable at the option of The Pacific Insurance Berhad and at the premium rates in effect at that time as notified by The Pacific Insurance Berhad. Policy renewal may be declined if there is a change in the insured's risk profile as well as occupation class. These conditions are not exhaustive and policy renewal may be declined under other justified circumstances.

**3. How much premium do I have to pay?**

The premium payable is based on age of next birthday but a premium loading may apply depending on underwriting requirements of The Pacific Insurance Berhad. The premium for standard risks are as follows:

<b>Age Next Birthday</b>	<b>Annual Premium In Ringgit Malaysia</b>				
	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan D</b>	<b>Plan E</b>
30 days – 18 years	837	699	587	451	335
19 years – 25 years	861	721	607	469	352
26 years – 35 years	1,012	847	712	550	412
36 years – 45 years	1,397	1,168	981	756	565
46 years – 55 years	2,076	1,734	1,456	1,119	834
56 years – 60 years	3,072	2,565	2,152	1,653	1,230
61 years – 65 years (renewal only)	4,376	3,652	3,063	2,350	1,747
66 years – 70 years (renewal only)	5,941	4,956	4,157	3,188	2,368

**Terms of Payment: Cash-Before-Cover**

The renewal premium is not guaranteed and The Pacific Insurance Berhad reserves the right to revise the premium rate applicable at the time of renewal. The Pacific Insurance Berhad shall give 30 days written notice in the event of revision in premium. The premium could be revised due to deterioration in claims experience, changes in the product benefits as well as a change in the risk profile of the insured. These conditions are not exhaustive and the premium rates may be reviewed under other justified circumstances.

**4. Apart from the premium, what other 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
Government Tax (non-individual)	6% of Gross Premium
Third-Party Administrator Fees (included in Gross Premium)	RM13 for a child, RM26 for an adult

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

You must disclose all material facts such as medical condition and state your age correctly.

**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 Pacific Insurance Berhad for cancellation provided such request for cancellation is delivered by the insured person to The Pacific Insurance Berhad 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 Pacific Insurance Berhad in the issue 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 expiry date and The Pacific Insurance Berhad 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 hospitalized at a published room and board rate which is higher than what you are entitled to.

**Renewal up to age 70 next birthday**

The policy is renewable at the option of The Pacific Insurance Berhad.

**Upgrading Insured Plan**

Application for upgrading of plan can only be made on renewal and is subject to underwriting and acceptance by The Pacific Insurance Berhad upon renewal.

**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 specialized 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 The Pacific Insurance Berhad.

**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, 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.

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 changes.

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 aroma therapy or other alternative treatment.

**8. Can I cancel my policy?**

You may cancel your policy by giving a written notice to The Pacific Insurance Berhad. Upon cancellation, you are entitled to a certain amount of refund of the premium provided that you have not made a claim on the policy.

<u>Period</u>	<u>Refund of Annual Premium</u>
Not exceeding 15 days	90% (applicable to renewal only)
Not exceeding 1 month	80%
Not exceeding 2 months	70%

Not exceeding 3 months	60%
Not exceeding 4 months	50%
Not exceeding 5 months	40%
Not exceeding 6 months	30%
Not exceeding 7 months	25%
Not exceeding 8 months	20%
Not exceeding 9 months	15%
Not exceeding 10 months	10%
Not exceeding 11 months	5%
Exceeding 11 months	No refund of Premium

#### 9. How do I make a claim?

There are 2 claim methods:

For admission to The Pacific Insurance Berhad panel of hospitals

The insured is issued with a Hospital Admission Assist (HAA) card to facilitate hospital admission. For hospital admission assistance, just call the 24-hour alarm centre telephone number 03-76283992 or 03-79653992.

For admission to non-panel hospitals

Pay first and file your claim with The Pacific Insurance Berhad by submitting the following supporting claim documents:

- i. completed claim form
- ii. original medical report
- iii. original hospital invoices or medical bills
- iv. original official receipts
- v. referral letter from the general practitioner, if any
- vi. any other evidence or claim documents

#### 10. What do I need to do if there are changes in my contact or personal details?

It is important that you inform The Pacific Insurance Berhad of any changes in your contact or personal details to ensure that all correspondences reach you in a timely manner.

#### 11. What other types of Medical and Health Insurance cover are available from The Pacific Insurance Berhad?

Other types of medical insurance covers are available which include but is not limited to:

- (a) Medi-Help
- (b) Medi-Major
- (c) Medi-Pac

#### 12. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the insuranceinfo booklet on 'Medical & Health Insurance', available at any of The Pacific Insurance Berhad branches or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my). If you have any other enquiries, please contact :

The Pacific Insurance Bhd,  
 Level 6, Menara Prudential, 10 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.  
 Tel: 03-21761188 Fax: 03-20784928 Toll Free line: 1800 88 1629  
 Email: [customerservice@pacificinsurance.com.my](mailto:customerservice@pacificinsurance.com.my) Website: [www.pacificinsurance.com.my](http://www.pacificinsurance.com.my)

#### 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 INSURANCE AGENT OR CONTACT THE PACIFIC INSURANCE BERHAD DIRECTLY FOR MORE INFORMATION.**

The information provided in this disclosure sheet is valid as at 01/01/2011.