

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-MAJOR

(Major Medical Expenses Insurance)

1. What is this product about?

This policy is a major medical insurance product and provides a "Top-Up" cover to other basic hospitalisation and surgical insurance policy. 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 utilized.

2. What are the covers or benefits provided?

SCHEDULE OF BENEFITS (Ringgit Malaysia)	Plan A	Plan B	Plan C	Plan D
SECTION A				
1. Hospital Room & Board, daily maximum incurred during policy	400	300	200	100
2. Medical Treatment Expenses comprising: <ul style="list-style-type: none"> ▪ Intensive Care Unit, daily maximum incurred during policy period ▪ Hospital Supplies & Services ▪ Surgical Fees, including post-surgery care up to 31 days ▪ Anaesthetist Fee ▪ Operating Theatre ▪ Pre-Hospital Specialist Consultation, within 31 days prior to admission ▪ Pre-Hospital Diagnostic Tests, within 31 days prior to admission ▪ In-Hospital Physician Visit, daily maximum incurred during policy period ▪ Post-Hospitalisation Treatment, within 60 days from the date of discharge ▪ Ambulance Fees ▪ Nursing at Home ▪ Organ Transplant 	As charged (subject to reasonable and customary charges)			
SECTION B				
1. Outpatient Cancer Treatment, per disability	30,000	25,000	20,000	10,000
2. Outpatient Kidney Dialysis Treatment, per disability	30,000	25,000	20,000	10,000
Maximum Limit (SECTION A & B)				
(a) Per Disability	100,000	75,000	50,000	25,000
(b) Annual Overall Limit	100,000	75,000	50,000	25,000
(c) Per Lifetime	400,000	300,000	200,000	100,000
Deductible Per Disability	7,500	5,000	3,500	2,000

Duration of cover is for one year. Once your application has been accepted, The Pacific Insurance Berhad 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.

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:

Age Next Birthday	Annual Premium In Ringgit Malaysia			
	Plan A	Plan B	Plan C	Plan D
30 days – 18 years	178	177	151	109
19 years – 25 years	203	198	173	137
26 years – 35 years	231	226	202	160
36 years – 45 years	305	299	273	212
46 years – 55 years	439	431	401	307
56 years – 60 years	673	661	616	470
61 years – 65 years (renewal only)	1,070	1,046	969	746
66 years – 70 years (renewal only)	1,738	1,681	1,533	1,199

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 at the time of renewal. Such changes, if any shall be applicable to all policyholders irrespective of their claims experience according to The Pacific Insurance Berhad risk assessment.

4. Apart from the premium, what other fees and charges that I have to pay?	
Commission paid to the insurance agent	15% of Gross Premium
Stamp Duty	RM10.00
Government Tax (non-individual)	5% of Gross Premium
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.	
Deductible Per Disability This is the amount of expenses you will bear for each disability. Only the amount exceeding this deductible (and all other avenues of compensation from other insurance policies) 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 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 years next birthday The policy is renewable at the option of the policyholder. The Pacific Insurance Berhad cannot refuse renewal of the policy or impose new exclusions for renewal. However the product may be withdrawn from the market in accordance with the portfolio withdrawal condition.	
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 resides 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 an illness or accident 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) 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 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 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?

Submit all supporting claim documents to The Pacific Insurance Berhad within 30 days from the date of disability:

- completed claim form
- original medical report
- original hospital invoices or medical bills and original official receipts. If the original bills and receipts have been used for other insurance claim or payment by employer, certified true copies of the bills and receipts are acceptable
- evidence of other medical insurance payments

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 change 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:

- (a) Medi-Care
- (b) Medi-Help
- (c) Medi-Pac
- (d) Home Healthcare

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. If you have any other enquiries, please contact:

The Pacific Insurance Berhad,
Level 6 Menara Prudential, 10 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.
Tel: 03-21761188 Fax: 03-20784928 Toll Free line: 1800 88 1629
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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.